



MISSION TRIP APPLICATION FORM

INSTRUCTIONS

- 1. Complete the Application Form with details as requested.
- 2. Attach a recent passport photo together with a copy of your passport
- 3. For those who are not yet in hold of a valid passport, they are requested to apply for a passport and submit relevant copies
- 4. Applicants must be 18 years of age and over.
- 5. Please complete all pages below and mail application to the MCCF office:

Maria Grech

MCCF offices

San Anton Palace

Attard

- 6. Each applicant is to fill a separate application form.
- 7. Form is to be submitted by not later than the 30th April 2012 (noon)
- 8. For further information kindly contact MCCF on 21 226 226 or maria.c.grech@gov.mt

Name and Surname (as printed on birth certificate or passport)	
Postal Address	Home Phone
	Mobile Phone
Email Address	Date of Birth
Age	Gender
Martial Status	Do you have a valid Passport? Yes No
Passport No.	Expiration Date of Passport
T-shirt Size S L XL XXL	If yes, please explain charges
APPLICANT EMERGENCY CONTACT INFORMATION	
PERSON A Name and Surname	PERSON B Name and Surname
Relationship to Applicant	Relationship to Applicant
Postal Address	Mailing Address
Email Address	Email Address

WORK EXPERIENCE / SCHOOL / TALENTS If you are a Student kindly indicate If yes, state details University **Identify Course MCAST Identify Course** ITS **Identify Course** Other Please specify Yes Are you working? No If Yes fill in Work Details Place of work Position of employment **Duration of employment** Full time / part time Other Brief description of duties at work Please list any specific talents, skills or interests you have Drama, singing, instruments, construction, medical, teaching, etc.... **Specialized Education or Training** Please list Tick your level of proficiency in Spanish: Excellent Very Good Good Fair None Tick your level of proficiency in other languages: Excellent **Very Good** Good Fair None Language **Excellent Very Good** Good Fair None Language **Excellent** Very Good Good Fair None Language **Excellent Very Good** Good None Fair Language **HEALTH INFORMATION**

Do you have or have you ever had:
Fainting Spells Heart Problems Diabetes Seizures Eating Disorders Respirator Problems
Frequent and/ or severe headaches/migraine Asthma /Breathing Problems Allergies Hearing Impairment
High/Low blood pressure Back or neck Problems Food Intolerance/Special Diet

Other:

N.B. Please note that a medical condition would not disqualify you, we just need to be aware of them

Do you have any other condition which might affect your ability to fully function as a Missionary volunteer on this trip or that might make it difficult for you to live and work in a country with limited medical resources? i.e. fear of flying, depression, anxiety, sleeping disorders, etc..) Are you currently taking any medication? Please list any hospitalization history / or other relevant medical history How would you describe your health and fitness? Average Needs work Excellent Good Do you perform any sport? Do you have any dietary restrictions? Other information including injuries or surgeries that might be relevant to the mission service while in Peru' Blood Type Vaccinations to be taken prior the trip to Peru Vaccinations taken to date Never had any vaccinations before Imp: All those individuals who are to be part of this group are to be covered by all vaccinations necessary to travel to Peru' PERSONAL INFORMATION Describe any previous leadership or volunteer experience? Are you currently an active member of a voluntary organisation? Yes No Have you ever participated in any Mission Trip? If yes. When? Where? Describe your voluntary work performed during the mission trip and describe briefly your experience: Why are you interested in participating in this mission trip? What are your expectations for this mission trip? What abilities, special skills or life experiences do you feel you can contribute durng this mission trip?

Kindly indicate other persons who appli	ied for this mission trip and indicate your relationship with them.	
Name	Relationship	
Name	Relationship	
Name	Relationship	
How does your family feel about you goi	ing on this trip?	
What are the most significant events th	at have occurred in your life in the past 5 years?	
TEAM DYNAMICS		
What do you see as your strongest chara	acter quality and why?	
What do you see as your weakest charac	cter quality and why?	
What fears do you have about going on t	this mission trip?	
Have you ever lived in close quarters wi	ith anyone other than your family?	
What might be difficult for you in a setti	ing where you are working and living in the same place with the potential for limited privacy?	
What kind of encouragement helps you	in a work setting?	
Rate yourself in the following areas	(1 = poor / 10 = excellent)	
1. Organization	1 2 3 4 5 6 7 8 9 10	
2. Working as a member of a team	1 2 3 4 5 6 7 8 9 10	
3. Leading and giving directives	1 2 3 4 5 6 7 8 9 10	
4. Commitment	1 2 3 4 5 6 7 8 9 10	
5. Punctuality		

CUST OF TRIP	
All inclusive package:	
Airfare Lodging Food In country transportation Total cost in the region of Eur 1,500 per person Personnel aged 18 to 30 with no gainful income will be subsidised by 50% by MCCF	
DECLARATION	
I declare that all the above information is complete and correct and I fully agree to abide to all regulations that are to be followed during this experience	e.
Signature	
Name and Surname ID card Number	

THANK YOU FOR YOUR INTEREST

You will be contacted by one of the organisers and let you informed with more details and if you will form part of the team to join us in the Mission to Peru.

Any relevant material related to your voluntary work experiences both locally and abroad can be attached with the application form.