

# OnEARTH MDE Application Form



**FAX TO 08 9451 8600**

Personal Details			
Full Name			
Address			
Mobile/Phone No		Email Address	
Date of birth		Telephone No.	
Emergency Contacts			
Marital Status			
If applicable, passport details	No:	Nationality:	Expiry Date:
Health Details			
Do you have any medical conditions that should be considered?			
Are you taking any prescription medicines?			
Outreach Details			
What OnEARTH are you applying for 1or2?			
Ministry Experience			
Are you a follower of Christ? Attach paragraph or two describing your faith journey.			
Why do you want to take part in this OnEARTH?			
What gifts and abilities do you have?			
What do you believe that you could like to contribute to the OnEARTH Team?			

In making this application, I understand that acceptance on to this OnEARTH MDE is at the complete discretion of Churches of Christ in WA OnEARTH leadership. I also understand that upon acceptance, that the terms include the full payment of the advertised cost by the required date. I understand I am responsible for travel insurance, injections, visas, passports and the care of my personal possessions whilst traveling.

Applicants Signature:

Date of Application:

Fax to Scott Vawser 08 94518600  
Or Post to PO Box 334 Tuart Hill WA 6939