



Affix Passport style photo here

- Which Summer Camp are you applying for?
- Summer Youth Camp (SC2):
- June 26-July 2
 - July 3-9
 - July 10-16
 - July 17-23
 - July 24-30
 - Lipnitsa Summer Camp (Aug '16)

Bulgaria Summer Camp Application Form

- Where did you here about the Summer Camp?
- Web search
 - Recommendation from Trussell Trust
 - Soul Action website
 - Other

Personal details

Name _____ Male Female

Age _____ Date of Birth _____ D'FLX (TT office only)

Usual Address _____ _____ _____	Other Address (e.g. University) _____ _____
Postcode _____ Phone _____	Postcode _____ Phone _____
Email _____ Mob _____	Email _____ Mob _____
Dates at this address _____	Dates at this address _____

Present Occupation _____

If student please give college, course & year of study _____

Christian life and experience

You don't have to be a Christian to join the team, but you'll need to be sympathetic to the Trust's values and Christian ethos.

Briefly describe the beginning and growth of your Christian faith. How do you work this out daily?

Why do you want to serve overseas on a short term basis?

What experience have you had of working in a team? _____

Do you have any experience of developing world cultures? Name any countries you have visited.

What are your strengths and weaknesses? _____

What Christian work are you presently involved with? _____

Skills You don't have to have these skills to join the programme - we're just interested in what you can do!

Creative _____

Practical _____

Teaching _____

Other _____

Church support Name of Church Leader _____

Denomination _____ Name of Church _____

Address _____

Postcode _____

General Any dietary needs? _____

Please state any general health or disability needs we should know about _____

Do you have any convictions/cautions for a criminal offence? Yes No

If yes, please give details _____

I acknowledge that I have read, understood and accepted The Trussell Trust's responsibilities as outlined in the information provided. I will abide by The Trussell Trust's policies and procedures as required. I understand that my full payment is a contribution towards the costs of the programme and that the programme is part of The Trussell Trust's charitable work. I understand that The Trussell Trust will retain my details in a private and confidential manner and for the practical purposes of this programme only. The Trussell Trust may need to pass on details about myself to partner projects, my team leader or representatives.

Signature _____ Date _____

Signature of parent/guardian if applicant under 18 _____

Please return completed form (with recent passport sized photo attached) and a scan/photocopy of the back page of your passport to lizzie.goldring@trusselltrust.org or:

Lizzie Goldring, The Trussell Trust, Unit 9 Ashfield Trading Est, Ashfield Rd, Salisbury SP2 7HL