



CWU SUMMER OUTREACH APPLICATION FORM

Title:	Forenames:	Surname:
Address:		
Post code:	Country:	
Telephone no:		
Email:		
T-shirt size (s/m/l/xl):		
1. Please tell us how you became a believer *		
2. Please list your Christian activities (e.g involvement in your church, positions held, work with Christian organisations, etc)*		

3. Why do you wish to attend the Paris outreach? *

4. Place the appropriate letter next to each of the following which best describes your level of witnessing experience:

a. Extensive Experience	b. Some Experience	c. Hardly Any Experience	d. No Experience
Literature Distribution <input type="checkbox"/>	Public Testimony <input type="checkbox"/>	Jewish Evangelism <input type="checkbox"/>	
Personal Evangelism <input type="checkbox"/>	Street Preaching <input type="checkbox"/>	Leading Music <input type="checkbox"/>	

5. Would you have difficulty serving together with Christians of other denominations? Yes No

6. Please give details of present employment

7. Please give details of any hobbies or spare-time activities that you participate in regularly:

8. Have you ever been convicted of a criminal offence? (if yes please give details below) Yes No

9. Have you any special/dietary requirements that we need to be aware of? (if so please give details below)

10. Do you have health insurance valid for this trip? (Please give details below) Yes No

Insurance provider:

Policy number:

<p>11. Rate the condition of your health:</p> <p style="text-align: center;"> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> </p>
<p>12. Are you presently under a doctor's care for any health condition? please give details below) Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>13. Please tell us about your language skills</p>
<p>What is your primary language ?</p>
<p>What other languages do you speak and to what level of proficiency?</p>
<p>14. Are you in agreement with our statement of faith? This can be found at www.cwi.org.uk/whoweare/ourbeliefs.html Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>15. Minister's details (in the absence of a minister, please obtain a reference from a church leader who knows you well). Please give the attached Reference Form to the minister /church leader.</p>
<p>Minister/church leader's name:</p>
<p>Name of church:</p>
<p>Address:</p>

Please return as soon as possible by post to:

CWI (Paris 2018),
 1 Oasis Park,
 Stanton Harcourt Road,
 Eynsham, Witney,
 OX29 4TP

...or by email to info@cwi.org.uk

If your application is accepted a deposit of £400 will be required to secure a place.

Signed: _____

Date: _____

* Please write on a separate sheet of paper, if space is not sufficient.



PARIS OUTREACH 2018 REFERENCE FORM

(TO BE COMPLETED BY THE REFEREE)

1. Referee's name:	
Referee's position:	
2. Address:	
Telephone no:	Email address:
3. Applicant's name:	
4. Referee's comments*	

Please return as soon as possible by post to:

CWI (Paris 2018),
1 Oasis Park,
Stanton Harcourt Road,
Eynsham, Witney,
OX29 4TP

...or by email to info@cwu.org.uk

Signed: _____

Date: _____

* Please write on a separate sheet of paper, if space is not sufficient.