



Revival Fires, The Apostolic Resource Centre
117 - 120 Wolverhampton Street, Dudley, DY1 3AL
T: 01384 239 943 F: 01384 250 739
E: info@revivalfires.org.uk W: www.revivalfires.org.uk

International Missions Team

I am applying for the Trip to	<input type="text"/>	On these dates	<input type="text"/>
Full Name <i>(exactly as on passport)</i>	<input type="text"/>		
Address	<input type="text"/>		
Address <i>(continued)</i>	<input type="text"/>	Postcode	<input type="text"/>
Email	<input type="text"/>	Mobile #	<input type="text"/>
Date of birth	Age at date of travel	Daytime Phone #	<input type="text"/>
Occupation	Nationality	Evening Phone #	<input type="text"/>
Gender	First Language	Marital Status	<input type="text"/>
Passport #	<input type="text"/>		
Date of issue	<input type="text"/>	Date of expiry	<input type="text"/>
<i>Please include a recent photograph of yourself with this application</i>			
Next of Kin	<input type="text"/>		
Contact #	<input type="text"/>		

Which church do you regularly attend	<input type="text"/>		
How long have you been to this church	<input type="text"/>		
Pastor's name and address <i>(we require your pastor to complete the Pastor's Reference Form)</i>	<input type="text"/>		
Pastor's Email	<input type="text"/>	Pastor's contact #	<input type="text"/>

What connections do you have with Revival Fires <i>(conferences attended etc)</i>	<input type="text"/>
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Do you have any medical conditions that may affect your health on the trip

Are you or will you be taking any medication on the trip - please explain

Describe your conversion experience

Describe how you were baptized in the Holy Spirit

What spiritual gifting do you feel God has given to you

What ministry training have you received - please explain

Why would you like to join the International Missions Team

I declare that all of the information I have given here is correct. If accepted, I undertake to submit to the requirements and discipline of the missions team leader.

Your signature

Date

Please return this completed form to:

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