Application Form

To respond better to your request, please answer the following questions. This application is not binding. Please ***download*** this form, ***reopen*** it, ***fill it out***, and ***save*** it before sending it as an attachment back to us. Thank you!

|  |  |  |
| --- | --- | --- |
| **What are you interested in?** | Short term (3-24 months)  Long term (2 years or longer) | Internship (Bible school students)  Not sure yet  Other: Enter text here. |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Surname:** | | Enter text here. | | | | | |
| **First and Middle Names:** | | Enter text here. | | | | | |
| **Sex:** | | M  F | | **Date of Birth:** | | Enter text here. | |
| **Nationality:** | | Enter text here. | | | | | |
| **Other Nationalities** (if more than one): | | Enter text here. | | | | | |
| **Residence Permit** (if not Swiss citizen): | | Enter text here. | | | | | |
| **Address:** | | Enter text here. | | | | | |
| **Post Code / City:** | | Enter text here. | | | | | |
| **Phone Number:** | | Enter text here. | | | | | |
| **Mobile:** | | Enter text here. | | | | | |
| **Skype:** | | Enter text here. | | | | | |
| **E-Mail:** | | Enter text here. | | | | | |
| **Marital Status:** | | Please select. | | | | | |
| **Name of Spouse:** | | Enter text here. | | | | | |
| **If single, do you have a serious relationship with anyone?:** | | Enter text here. | | | | | |
| **Names of Children:** | |  | | | | | |
| Name | M  F | Date of Birth: | JJJJ.MM.DD | | Nationality: | | Enter text here. |
| Name | M  F | Date of Birth: | JJJJ.MM.DD | | Nationality: | | Enter text here. |
| Name | M  F | Date of Birth: | JJJJ.MM.DD | | Nationality: | | Enter text here. |
| Name | M  F | Date of Birth: | JJJJ.MM.DD | | Nationality: | | Enter text here. |

**Education & Profession:**

Enter text here.

**Previous Occupation:**

Enter text here.

**Current Occupation:**

Enter text here.

**Theological Education:**

Enter text here.

**What is your motivation for cross-cultural mission?**

Enter text here.

**In which opportunity are you interested?**

Enter text here.

|  |  |
| --- | --- |
| Country / Region: | Enter text here. |
| Type of Ministry: | Enter text here. |
| Duration: | Enter text here. |
| Possible Date: | Enter text here. |

**What are your hobbies and interests?**

Enter text here.

**Skills and Talents:**

Enter text here.

**First Language:**

Enter text here.

**Other Languages:** (Language certificate, e.g. Cambridge Advanced, or f=fluent, m=moderate, b=basic)

Enter text here.

**To which church do you belong?**

Enter text here.

**Contact details of person for reference (Name, Phone, Email):**

Enter text here.

**Contact details of pastor (Name, Phone, Email)** (if available)**:**

Enter text here.

**Experience in Christian activities (youth group, children’s work …):**

Enter text here.

**Have you ever participated in missionary outreaches or cross-cultural missions? When, where and how long?**

Enter text here.

**How did you get in touch with WEC?**

Enter text here.

**How do you plan to finance your mission?**

Enter text here.

**Is there any other information we should know about you** (e.g. health restrictions)**?**

Enter text here.

**Do you have any allergies or intolerances?** If yes, which ones?

Enter text here.

**My Story with God**

**How and when did you become a Christian? How has your life changed since then? How do you experience God today?**

Enter text here.

**Yes, I agree that my personal data may be stored and processed electronically for the purpose of processing my application and in the event of a WEC short term assignment. They may be forwarded to all parties involved (within WEC International and other partner organizations). WEC International Switzerland protects the privacy of each person and complies with the data protection guidelines of Switzerland (DSG and Article 13 of the Swiss Federal Constitution) and the EU (GDPR).**

Data is collected from those interested in a short-term assignment in the following form:

* Application form
* Additional information about health, special qualifications relevant to the assignment and contact details and other data important in an emergency
* References, criminal record...

I have been made aware of the potential risks of a transfer to an unsafe third country: **My data may be searched by unauthorized persons and my data subject rights may not be enforceable there.**

Name, first name of the applicant

Enter text here.

**Place, Date:** Enter text here.

***Download, complete, save and send to*** [einsatz@wec-international.ch](mailto:einsatz@wec-international.ch)**.**

**WEC International**, Falkenstrasse 10, 8630 Rüti ZH, Telefon: 055 251 52 60

[www.wec-international.ch](http://www.wec-international.ch) **|** [einsatz@wec-international.ch](mailto:einsatz@wec-international.ch)