



Expressions of Interest 2022

Please fill out and return to pioneering@freshhope.org.au by 31/01/2022

| YOUR DETAILS | |
|--|--|
| Name: | |
| Date of Birth: | |
| Gender: | |
| Mobile: | |
| Email | |
| Address: | |
| Australian Citizen (Y/N?): | |
| Tell us a bit about yourself: Work (name of your employer), Study, Family Commitments: | |
| Do you have any disability, impairment or medical condition which may affect your ability to participate mentally, physically or socially in the program? (If Yes, please provide details): | |

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|--|--|
| Previous study | <div> <div>Year12 (Y/N?)</div> <div>University/College (Y/N)?</div> </div> <div>Are you studying with ACOM currently? (Y/N)?</div> |
| How and when did you become a Christian? | |
| How would you describe your current walk with God? | |
| Why are you interested in applying for Frontier 2022? | |
| What churches have you attended in the last 5- 10 years? (Note any positions you have held within these churches) : | |
| My ministry passion is in the area of: | |

| | |
|---|--|
| What kind of ministry participation and volunteer roles have you been in over the last 3 years? | |
| References: Please provide name, relationship to you, email and phone number. | |
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| Have you currently got a mentor or supervisor? | |
| Anything else we should know? | |

| <p align="center">MEDICAL INFORMATION</p> <p align="center">Due to the nature of the activities that you may undertake as a part of Frontier, we require the following information in the case of medical or other emergency.</p> | |
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| List any existing medical conditions: | |
| List any medications currently taking: | |
| List any allergies or intolerances: | |
| Health fund name and number: | |
| Medicare number: | |

| EMERGENCY CONTACT | |
|----------------------|--|
| Name: | |
| Relationship to you: | |
| Mobile number: | |
| Alternate number: | |
| Email address: | |

Some retreats will take place in group settings where children and young adults under 18 will be present. In order to prioritize safety and compliance, we ask that all participants over the age of 18 have a Working with Children's Check (WWCC) completed (or your state's equivalent).

| WORKING WITH CHILDREN CHECK | |
|-----------------------------|--|
| WWCC Number: | |

| DECLARATION | |
|---|--|
| <p>Acceptance of risk: I acknowledge and accept all risks associated with the activities of Frontier, and release Churches of Christ in NSW and its servants and agents from all claims, actions, suits and demands from loss or injury to the participant. I also give permission for medical and ambulance services to treat me and to be given my medical and emergency contact information in the case of an emergency and agree to pay such costs. I understand that the information provided on this form will be held on file.</p> <p>Media: I give permission for Churches of Christ in NSW/Fresh Hope/The Tops/ACOM to use any and all photographic imagery and video footage taken of me/my child, including my/my child's image, likeness and/or voice during this program without payment or any other consideration. I understand that such materials may be published electronically or in print, with or without my name and for any lawful purpose, including for example publicity, illustration, presentations, advertising and web content.</p> <p>Privacy: I understand that I am disclosing personal information and have no objection to this information being stored and accessed as part of the NSWCOCC database. (Details of the Fresh Hope Privacy Policy are available on the Fresh Hope website).</p> <p>I declare the information contained and/or attached to this form is true and correct.</p> | |
| Signature: | |
| Date: | |