

WHY ARE YOU INTERESTED IN LEADING A PROJECT 32 TEAM?

WHAT GIFTS & SKILLS CAN YOU BRING TO THIS ROLE & THIS PROJECT?

REFERENCES

NAME 2 PEOPLE WE CAN CONTACT REQUESTING A REFERENCE FOR YOU.
(ONE SHOULD BE SOMEONE IN A LEADERSHIP ROLE IN YOUR CHURCH.
NEITHER OF THEM SHOULD BE RELATED TO YOU.)

REFERENCE ONE

TITLE

SURNAME

FIRST NAME

ADDRESS

EMAIL

TEL NO.

POSTCODE

REFERENCE TWO

TITLE

SURNAME

FIRST NAME

ADDRESS

EMAIL

TEL NO.

POSTCODE

DECLARATION

I declare that to the best of my knowledge, the information I have given on this form is accurate. I have read and agree to adhere to the 'YFCI Statement of Faith and Doctrinal Basis' and also the 'Guidelines for Behaviour'.

SIGNED

DATE

Thank you for taking the time to complete this form. Please return along with all completed & signed items on the check list to the YFCNI office.

CHECK LIST

make sure you send the following with your application form

MEDICAL FORM

GUIDELINES FOR BEHAVIOUR

STATEMENT OF FAITH

2X PASSPORT SIZED PHOTOGRAPHS



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Northern Ireland

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