

# Free Presbyterian Youth Council



'Remember now thy creator in the days of thy youth' - Ecclesiastes 12:1

## 2017 Summer Outreach Application Form

**Lewes, England**  
**Sat 12th – Mon 21st August**  
**(Cost £230; Maximum 8 places; Age Limit 18+)**

*Anything written on this form will be held in confidence. The Free Presbyterian Youth Council need to know these details in order to meet the specific needs of the applicant.*

|  |  |  |  |                           |  |  |  |
|--|--|--|--|---------------------------|--|--|--|
| Surname  |  |  |  | Christian Name(s)         |  |  |  |
| Date of Birth  |  |  |  | Church Attended           |  |  |  |
| Address  |  |  |  | Youth Fellowship Attended |  |  |  |
|  |  |  |  | Telephone Number          |  |  |  |
|  |  |  |  | Mobile Number             |  |  |  |
| Postcode   |  |  |  | Email Address             |  |  |  |
| Are you a Communicant Member of your church, and if so how long have you been in Membership?   |  |  |  |                           |  |  |  |
| Outline your interest in outreach & open-air work  |  |  |  |                           |  |  |  |
|  |  |  |  |                           |  |  |  |
| Do you take part in the outreach programmes from your own congregation, and if so please give details of your involvement?                                       |  |  |  |                           |  |  |  |
|  |  |  |  |                           |  |  |  |
| What part do you have in the ministry of your Congregation to children? (E.g. Are you a Sunday School Teacher? Are you a worker at the Children's Meeting? Etc.) |  |  |  |                           |  |  |  |
|  |  |  |  |                           |  |  |  |

Detail any other previous experience in outreach & children's work (List in particular previous Youth Council Summer & Regional Outreaches you have participated in).

Have you signed the Free Presbyterian Church Child Protection Policy?

Do you have an Access NI Disclosure Certificate?

In case of Emergency (Name, Contact Numbers (inc Dialling Code) & Relationship to Applicant)

Details of GP (Name & Tel Number inc Dialling Code)

Details of any known conditions, allergies, etc. (e.g. peanuts, asthma, diabetes, epilepsy) and/or any medication being taken.

Any other special needs, requirements or directions that would be helpful for the leaders to know about?

**A letter of recommendation from your minister/session must be included with this application.**

The Youth Council would encourage all Summer Outreach applicants to be present at the Evangelism Training Weekend in the Faith Mission Centre (Portadown) from 31 March - 02 April 2017. An application form for the Training Weekend is available to download from [www.fpcyouth.org](http://www.fpcyouth.org)

**All applications will be assessed on the information provided and on the availability of places.**

Costs are inclusive of transport, accommodation & food and are subsidised by the Youth Council  
A non-refundable **£60.00 deposit** is required with this application form.  
Please make Cheques payable to:- Free Presbyterian Youth Council. (**No cash payments by post**)

**Return completed application & deposit by 31 May 2017 to:**

Mr Colin McNeill (Missionary Secretary)  
7 Churchill Crescent, Rasharkin, County Antrim, BT44 8RT  
(M: 077 6674 0690; E: [colinmcneill@hotmail.co.uk](mailto:colinmcneill@hotmail.co.uk))