

CBM FIELD WORKER APPLICATION

INTRODUCTION – PLEASE READ

The information you supply in the Field workers Application Form is necessary for the work of the various CBM committees. It will assist in (a) Determining the most appropriate activity you can participate in as a CBM representative; and (b) Declaring your willingness to abide by the policies of the CBM.

Your application is considered confidential in that its contents are only for the consideration of the CBM Committees.

Full Travellers Insurance is required for the length of your stay. The CBM has a corporate travel insurance policy; however this must be arranged with your link man or area secretary before travelling. In any case, visits lasting more than 60 days will require special arrangements.

Medical certificates are not required. However, the CBM encourages all field workers to have a medical consultation prior to departure overseas.

1 Personal Details

Name: Brother/Sister*

Address:

..... Postcode:

Passport No: Expires: Country: UK/Other*

Telephone: (Private) (Work) (Mobile)

Age: Marital Status: Baptised (years):

Ecclesia: Previous Ecclesia if less than two years:

List accompanying unbaptised children.

The CBM operates to high moral and ethical standards and if it is necessary that some very confidential and private information is required, this can be placed in a sealed envelope and attached to this application. You must tell us, if at any time before or after becoming baptised you were charged or had any accusations levelled against you in relation to inappropriate sexual behaviour, molestation or sexual abuse of a child or adult.

2 CBM Experience

Have you represented the CBM as a field worker overseas in the past? Yes/No*

If yes, When? Where?

If yes in the last 3 years, advance to Section 6.

3 Ecclesial Experience

Tick if involved in the activities over the past 12 months:

Exhorting Lecturing Bible Class Youth Group Sunday School Personal Preaching

Seminars Study Leader Baptismal Interview Other (please specify)

4 Travel/Language Experience

Have you travelled overseas? Yes/No* If yes, where? When?

Do you speak any foreign languages? Yes/No* If yes, which? How well?

5 Special Skills

Professional:

Musical:

Hobby/Other:

6 General Information

Are you in good health? Yes/No*

Are you confident to engage in discussions on a wide range of topics? Yes/No*

Are you aware of the religious beliefs and social cultures you will encounter? Yes/No*

Have you attended CBM Publicity Evenings? Yes/No*

Have you read the CBM Handbook? Yes/No*

What prompted you to apply to be a CBM Field Worker?

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7 CBM Area/Country of Service

Do you have a preference for a particular area? 1. 2.

Why?

8 Intentions/Insurance

Intended Destination(s)

Proposed Departure Date Proposed Return Date

Total length of time away days Leisure travel component days

Deadline for notification prior to departure

(Do not make any payments for fares until CBM approval is given – allow at least one month for approval.)

Please advise company insured with (including emergency phone number) and policy no.

Pre-existing illnesses (both yours and those of your dependants)

9 Financial Details

Presuming you are accepted, are you able to contribute toward the cost? Please provide your estimate of the costs and the amount you are able to contribute. Note: Ability to make a financial contribution is **not** a condition for acceptance.

	Item	Cost Estimate	Contribution
	International Air Fares .....	.....	.....
	International Transport .....	.....	.....
	Accommodation .....	.....	.....
	Meals .....	.....	.....
	Total .....	.....	.....

AGREEMENT/COMMITMENT

1. I do not object to the CBM contacting the Recording Brother of my ecclesia for an independent assessment.
2. I have read the CBM Handbook and I am prepared to abide by the policy guidelines laid down by the CBM to which all representatives of the CBM are expected to adhere. These guidelines include reference to giving of welfare in either money or gifts, as well as my relationship with brethren and sisters, ecclesia, local peoples and government bodies in CBM areas.
3. I also understand that, unless exceptional circumstances prevail, the CBM does not accept responsibility for any loss, injury or inconvenience sustained by me during my activity as a CBM representative.
4. I will not drive any vehicle in mission areas unless approved by the CBM link man.

AGREED TO AND SIGNED DATE:

Confirmation by Ecclesial Representative (i.e. Recording Brother or Arranging Brother). I confirm that the applicant is spiritually, emotionally and morally suitable to represent the brotherhood overseas as a field worker. He/she is capable of undertaking the following field worker tasks:

Name: Position (e.g. Recorder)

Signature: Ecclesia Date:

The Ecclesial Representative to forward direct to the Link Man or the Area Secretary. If you wish to discuss any matters with either, please do not hesitate.

AREA COMMITTEE USE ONLY

Received by Area Committee date: Considered by Area Committee date:

Decision: Approve Decline Clarify with ecclesia

Comments:

Advised applicant in writing date: Database notified date Signed (Area Sec)