



## Medical History

- Seizures     Fainting Spells     Eating Disorder     Respiratory Problems     Psychiatric Care     Self Harm  
 Allergies     Diabetes     Other \_\_\_\_\_

Do you have a history of: \_\_\_\_\_  
( If you have checked any of these boxes or have any other relevant health concerns, please explain in detail )

Please provide us with the contact details of the person who leads your church who can provide a leadership reference for you.

\_\_\_\_\_ ( ) \_\_\_\_\_ ( )  
Church Name Phone Number Fax Number

\_\_\_\_\_ City \_\_\_\_\_ Province / State \_\_\_\_\_ Postal / Zip Code

\_\_\_\_\_ ( ) \_\_\_\_\_ ( )  
Reference Name Email Address Home Phone Cell Phone

Have you spoken to this person about your involvement with Street Invaders?  Yes  No Does he / she support your involvement?  Yes  No

Are you currently involved in your home church or another ministry?  Yes  No ( please explain in detail )

How did you find out about Street Invaders? \_\_\_\_\_ Have you read our statement of faith?  Yes  No

Can you work with us based on your knowledge of who we are and what we believe? \_\_\_\_\_

Please check the program in which you are interested in being involved:

**British Columbia August 5 - 19, 2012**

Training Location – Surrey, BC

**Saskatchewan July 22 - August 12, 2012**

Training location – Eston College, Eston Sask.

**Quebec August 6 - 19, 2012**

Training location – Gatineau, QC

### Staff/Leadership Agreement

Please Read Before Signing

Specific Limitations: The purpose of Street Invaders is to minister the gospel of Jesus Christ. Street Invaders requires strict compliance with rules and regulations including rules concerning conduct, dress, and Christian lifestyle. These will be explained to all leaders. Failure by leaders, or staff to comply with Street Invaders policy is grounds for dismissal, without refund or reimbursement.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date