

## REFEREES

Please indicate the contact details of the people you have selected to be referees for your application. If applicable one of your referee's should be a mentor, corps officer, youth pastor or church leader.

### Referee 1

NAME: \_\_\_\_\_

PHONE: ( ) \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

### Referee 2

NAME: \_\_\_\_\_

PHONE: ( ) \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**I declare that the information supplied in this application is correct. I understand that all reasonable safety precautions will be taken at all times by The Salvation Army and that the leaders and those connected with the group cannot be held responsible for personal injury.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Mail or fax your completed application to:

Attn: Edify, PO Box 349 Darlinghurst NSW 1300

OR

(02) 9380 2776

Please contact us if you have any problems or questions.

Email: [edify@ae.salvationarmy.org](mailto:edify@ae.salvationarmy.org)

Phone: (02) 9360 1710

# STUMP

## SHORT TERM URBAN MISSION PROJECT

Please print clearly and answer **ALL** questions.

NOTE: STUMP participants must be over the age of 16 and pay course fee of \$250. See [salvos.org.au/edify](http://salvos.org.au/edify) for more information on the program.

### CONFIDENTIAL

## GENERAL INFORMATION

FULL NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY/SUBURB: \_\_\_\_\_ STATE: \_\_\_\_\_

POSTCODE: \_\_\_\_\_ HOME PHONE: ( ) \_\_\_\_\_

EMAIL: \_\_\_\_\_

MOBILE PHONE: \_\_\_\_\_

GENDER: MALE/FEMALE DOB: \_\_\_/\_\_\_/\_\_\_ AGE: \_\_\_\_\_

DATES OF STUMP YOU'RE APPLYING FOR: \_\_\_\_\_

***Please supply an emergency contact:***

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

HOME PHONE: ( ) \_\_\_\_\_

MOBILE PHONE: \_\_\_\_\_



