

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 631 Bondi Junction NSW 1355

OR

(02) 9380 2776

Please contact us if you have any problems or questions.

Email: 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 \$200. See 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: _____



