GLOBAL XPOSURE Leadership Application

Complete these questions AND the Global Xposure Application form. Email your responses to your state YAC or Director.

| Name | Contact number / email | Contact number / email | |
|--|---|------------------------|--|
| | | | |
| Why do you want to lead a Global Xposure team? What are your aims and motivations? | | | |
| | | | |
| What leadership experience / training have you had? | | | |
| | | | |
| What are your leadership strengths? | | | |
| | | | |
| What young adult ministry experience have you had? | | | |
| | | | |
| What are your concerns / fears / hesitations regarding this Global Xposure? | | | |
| | | | |
| What experiences have you had with cross-cultural workers / mission? | | | |
| | | | |
| What experience have you had with Global Interaction? What are your impressions of Global Interaction? | | | |
| | | | |
| Are you willing to undergo training for | your team and to communicate regularly with Global Interaction? | Y N | |

GLOBAL XPOSURELeader Reapplication Form

Thank you for your interest in leading another Global Xposure team. Please complete this form and forward it together with your medical certificate to your state Global Interaction Young Adult Consultant or Director.

| _ | | | |
|--|---------------|--|--|
| eam | | | |
| | | | |
| Church | Destination | | |
| Personal Details | | | |
| MR MRS | | | |
| MS MISS REV DR Name | Date of Birth | | |
| ALV SA HUMO | | | |
| Address Postcode | | | |
| | | | |
| Phone (home) (work) | (mobile) | | |
| | | | |
| Email | | | |
| | | | |
| Nationality as shown on passport | | | |
| Passport Number | Place issued | | |
| r assport Number | Flace issued | | |
| Date Issued | Expiry date | | |
| | | | |
| List on the cure books weeklens / | | | |
| List any known health problems / conditions / mental illness / allergies | | | |
| / dietary requirements | | | |
| | | | |
| Emergency Contact Details in Australia | | | |
| inorgonoy contact betane in Adottana | | | |
| 1.Name | Phone | | |
| | | | |
| Address | | | |
| 2 Nama | Dhana | | |
| 2.Name Phone | | | |
| Address | | | |
| mergency Contact Details Overseas | | | |
| inergency Contact Details Overseas | | | |
| Name | Phone | | |
| 11000 | | | |
| Address | | | |