trent gap year

APPLICATION FORM





To apply, just fill in this application form and return to: gapyear@trentvineyard.org with a picture of yourself!





Personal Information

Name:			
Mobile:			
Email:			

Church Information

How long have you been going there?
What areas do you serve in?

About you...

Why do you want to do the trent gap year?
What do you want to get out of it?
Driefly have did you agree to know large?
Briefly, how did you come to know Jesus?

What would you say your biggest strengths are?
What would you say your biggest weaknesses are?
If you could change one thing about yourself what would it be?

The thief comes only to steal and kill and destroy;

I [Jesus] have come that they may have life, and have it to the full.

John 10:10

viiat giit	s and skills (bring to th	e cnurch?	vvny:
an you	describe on	e person w	vho has inf	luenced yo	our life?
o you k	now what yo	ou want to	do with th	e rest of y	our life?

Health

Are there any health issues, either mental or physical, that we should be aware of?: (Note: health issues will not necessarily prevent you from doing the trent gap year, but it's important that we know so that we can offer you the best support.)
If so, please explain any ongoing medication or support needed:

Please explain how your health issues may affect your day to day life and participation in the trent gap year :

Thank you!



