

2014 APPLICATION FORM (please print and review "Cover Letter" for details on the trip)



NAME: _____
First Middle Last Nickname / Preference

ADDRESS: _____ CITY: _____

PROVINCE: _____ POSTAL CODE: _____

EMAIL: _____ HOME CHURCH: _____

DATE OF BIRTH: _____ CITIZENSHIP: _____
(yy/mm/dd)

PASSPORT #: _____ EXPIRY DATE: _____

EMERGENCY:

FIRST CONTACT PERSON: _____ RELATIONSHIP: _____

ADDRESS: _____ CITY: _____

PROVINCE: _____ POSTAL CODE: _____

HOME PHONE #: () _____ CEL. #: () _____ WORK #: () _____ (ext.): _____

SECOND CONTACT PERSON: _____ RELATIONSHIP: _____

ADDRESS: _____ CITY: _____

PROVINCE: _____ POSTAL CODE: _____

HOME PHONE #: () _____ CEL. #: () _____ WORK #: () _____ (ext.): _____

FAMILY AND HEALTH INFORMATION: (Please check your answer for each of the following)

Are you taking any medication under a doctor's direction? Yes: NO:

If YES, please explain why and for how long you're taking the medication for:

Do you require a special diet? Yes: NO:

If YES, please explain further:



Do you have any chronic health problems or physical limitations?

Yes:

NO:

If YES, please list all:

Is there any reason you would not be able to engage in rigorous outdoor activity, primitive living, high altitudes, extreme temperatures, etc.?

Yes:

NO:

If YES, please explain further:

CHRISTIAN LIFE INFORMATION: List and comment on your three greatest strengths and weaknesses

GREATEST STRENGTHS	GREATEST WEAKNESSES

Briefly describe any Christian Ministries you have been OR are currently involved with:

How well do you deal with uncertainty and change? And would you be willing to forego personal preferences to honour the culture of the country in which you are going?

What aspects of teamwork would you find challenging? And what aspects would you enjoy?

Answer the following on a separate sheet of paper:

1. What are your regular habits of prayer?
2. How and when did you come to know Christ personally? (*about a page*)
3. In 50 words or less, what do you hope to gain from this mission's project?

MISSION PERU



MINISTRY EXPERIENCES:

- | | | |
|--|-------------------------------|------------------------------|
| 1. Can you briefly share your testimony with another person? | Yes: <input type="checkbox"/> | NO: <input type="checkbox"/> |
| 2. Can you effectively share your faith? | Yes: <input type="checkbox"/> | NO: <input type="checkbox"/> |
| 3. Do you feel comfortable praying in public? | Yes: <input type="checkbox"/> | NO: <input type="checkbox"/> |

REFERENCES:

To assist us in evaluating your application, we need references from people who know you well, and NOT A RELATIVE.

PASTOR / ELDER (Mr. / Mrs. / Miss / Ms.)

NAME: _____ TITLE: _____
 First Middle Last

ADDRESS: _____ CITY: _____

PROVINCE: _____ POSTAL CODE: _____ PHONE#: () _____

CHRISTIAN FRIEND (Mr. / Mrs. / Miss / Ms.)

NAME: _____ PHONE #: () _____
 First Middle Last

ADDRESS: _____ CITY: _____

PROVINCE: _____ POSTAL CODE: _____ PHONE#: () _____

EMPLOYER / TEACHER (Mr. / Mrs. / Miss / Ms.)

NAME: _____ PHONE #: () _____
 First Middle Last

ADDRESS: _____ CITY: _____

PROVINCE: _____ POSTAL CODE: _____ PHONE#: () _____

NOTE:

APPLICATIONS ARE DUE October 17, 2013.

APPLICATIONS MUST BE FILLED OUT WITH THE YOUTH PASTOR OR KEY YOUTH LEADER RETAINING A COPY OF THE APPLICATION.

PLEASE SUBMIT A \$100 DEPOSIT ALONG WITH YOUR COMPLETED APPLICATION.

(made payable to your local church)