

# Etowah Baptist Association Summer Missions Application

## Personal Information

Name: \_\_\_\_\_ . Preferred: \_\_\_\_\_ .

Date of Birth: \_\_\_\_\_ . Age: \_\_\_\_\_ . Gender: \_\_\_\_\_ .

Licensed to Ministry? \_\_\_\_\_ . Date: \_\_\_\_\_ . Ordained? \_\_\_\_\_ . Date: \_\_\_\_\_ .

Address: \_\_\_\_\_

City: \_\_\_\_\_ . State: \_\_\_\_\_ . Zip code: \_\_\_\_\_ .

Phone Number: \_\_\_\_\_ . Cell Phone Number: \_\_\_\_\_ .

Pager Number: \_\_\_\_\_ . E-mail Address: \_\_\_\_\_ .

Name of Parents or Guardians: \_\_\_\_\_ .

In case of emergency: Mothers work and/or cell/pager number: \_\_\_\_\_ .

Fathers work and/or cell/pager number: \_\_\_\_\_ .

Are you a (circle one) High School or College Student?

**High School Students: What High School?** \_\_\_\_\_

Grade Level: \_\_\_\_\_ . G.P.A. \_\_\_\_\_ .

School Organizations involved in: \_\_\_\_\_

\_\_\_\_\_ .

Church Organizations involved in: \_\_\_\_\_

\_\_\_\_\_ .

College you plan to attend: \_\_\_\_\_ .

Tentative Vocational Choice: \_\_\_\_\_ .

**College Students:**

College attending: \_\_\_\_\_.

Major: \_\_\_\_\_. Minor: \_\_\_\_\_.

Hours completed at the end of this semester. \_\_\_\_\_. G.P.A. \_\_\_\_\_.

Tentative Vocational Choice: \_\_\_\_\_.

Are you considering attending Seminary? \_\_\_\_\_.

Address at School: (only if different from above)

\_\_\_\_\_. Phone: \_\_\_\_\_.

City: \_\_\_\_\_. State: \_\_\_\_\_. Zip code: \_\_\_\_\_.

Where did you attend High School? \_\_\_\_\_.

**Church Information**

Present Church Membership:

Name: \_\_\_\_\_.

Address: \_\_\_\_\_.

City: \_\_\_\_\_. State: \_\_\_\_\_. Zip code: \_\_\_\_\_.

Phone Number: \_\_\_\_\_. Fax Number: \_\_\_\_\_.

Pastor: \_\_\_\_\_.

How long a member: \_\_\_\_\_. Attend Regularly: \_\_\_\_\_.

Check all church activities you are involved in:

\_\_\_\_\_. Sunday Morning Worship.      \_\_\_\_\_. Sunday Evening.

\_\_\_\_\_. Sunday School.                      \_\_\_\_\_. Discipleship.

\_\_\_\_\_. Choir                                      \_\_\_\_\_. Other (explain)

**Health Information:**

Current Health: \_\_\_\_\_. Are you taking Medication? \_\_\_\_\_.

If so, what. \_\_\_\_\_.

Do you have any medical conditions which may make it difficult to perform the tasks required of you? \_\_\_\_\_. If so, please explain.

Are you currently, or have you ever had Psychiatric Care? If so, please explain.

**Experience and Ability Levels**

Please rate the following: 1 = none; 2 = very little; 3 = some; 4 = much; and 5 = extensive.

_____ Preaching	_____ Recreation	_____ VBS		
_____ Day Camp	_____ Share Testimony	_____ Evangelism		
_____ Drama	_____ Clowning	_____ Puppets		
_____ Leading Music	_____ Singing Solos	_____ Computer		
_____ Sign Language	_____ Youth Ministry	_____ Teaching		
_____ Lead Fellowships	_____ Lead Devotion	_____ Sports		
_____ Teaching ESL	_____ Troubled Youth	_____ Sr. Adults		
_____ Guitar	_____ Other Instruments	_____ Piano		
_____ Other Languages				
1. _____	Read	Write	Speak	Fluent
2. _____	Read	Write	Speak	Fluent
3. _____	Read	Write	Speak	Fluent

Other Experience:

**Previous Missions Experience**

Have you served as an EBA Summer Missionary?

If so, what year(s)?

Have you been on mission trips with your Church or BCM?

If so, where and when?

**College Students**, have you served through BCM or NAMB?

If so, where and when.

Any other?

**ALL Applicants**

Are you licensed to drive a car?

Do you have your own transportation?

Do you have automobile insurance?

Are your parents/guardians supportive of your desire to serve as an EBA Summer Missionary?

**Parents need to sign the following statement.**

**I, \_\_\_\_\_ acknowledge that my son/daughter desires to serve as an EBA Summer Missionary and I give them my approval and support in this endeavor.**

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Expressions of Faith**

Use *only* the space provided. **Additional pages will be ignored!**

**Describe your initial encounter with Jesus Christ and baptism experience. How have these experiences and continuing relationship with Christ affected your life?**

**How are you involved in witnessing to non-believers? Briefly relate a recent experience of sharing your faith with someone who was not a Christian?**

**Have you had any experience working with people of other races, cultures, socio-economic classes, etc? How have these experiences led you to believe you can work effectively in another cultural setting?**

**Give a brief statement of the basic Christian message you hope to proclaim or share with persons you encounter in you ministry?**

**Have you ever taken a Spiritual Gifts inventory? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If so, please list the spiritual gifts God has given you and how you believe they may be used in this ministry.**

**What is your main motivation leading you to apply for summer missions?**

**How do your parents feel about your desire to serve as a Summer Missionary?**

### **Lifestyle Questions**

**A yes answer will not necessarily disqualify you from serving as a Summer Missionary.**

**Have you ever been arrested? If so, please explain.**

Are you, or have you ever struggled with anorexia or bulimia?

Do you currently use any of the following?

Narcotics:	Never	Some	Regularly	In the past
Alcohol:	Never	Some	Regularly	In the past
Tobacco:	Never	Some	Regularly	In the past

Are you now or ever been in a sexual relationship? (This does not include sexual abuse.)

Have you ever been a victim of abuse? (physical, emotional, or sexual)

Please use the following space to explain any of the Lifestyle Questions.

**References: Please give your reference sheets to the following.**

**Pastor or Youth Minister.**

Name: \_\_\_\_\_ . Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ . State: \_\_\_\_ . Zip: \_\_\_\_\_

**Sunday School Teacher or Adult Friend.**

Name: \_\_\_\_\_ . Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ . State: \_\_\_\_ . Zip: \_\_\_\_\_

**Teacher or Employer.**

Name: \_\_\_\_\_ . Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ . State: \_\_\_\_ . Zip: \_\_\_\_\_

**Personal Friend:**

Name: \_\_\_\_\_ . Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ . State: \_\_\_\_ . Zip: \_\_\_\_\_