

Applicant Name: \_\_\_\_\_



# Application For Short Term Missions

*Adult Short Term experience edition*



## **Instructions:**

Please prayerfully fill out this application to participate in a Mission Project. When completed, return this application to the Team leader, Missions Team or a member of the Pastoral Staff in an envelope or bring it to your interview at designated time. If you do not have an interview set up, please contact the Missions Ministry Team or one of the Pastors most closely related to your project to set up an interview. If you have any questions contact the Missions Team representative or your project coordinator. A copy of this application will be returned to you with a response.

This record is good for two years before it will need to be updated. An additional copy of this information will be kept for future project involvement with the Missions Pastor. If you would like this record returned to you after the project, please indicate here.

- Keep this record on file for future Mission Projects  
 Please return this information to me after the project

# APPLICATION FOR SHORT TERM MISSIONS

*Adult Short Term Missions experience edition*

## Personal Information

All information is confidential and used only as necessary

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  Male  Female

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Permanent address if different from above: \_\_\_\_\_

Telephone (home): \_\_\_\_\_ (work/cell): \_\_\_\_\_ (email): \_\_\_\_\_

Date of birth: \_\_\_\_\_ age at application: \_\_\_\_\_ Grade at application: \_\_\_\_\_

Citizenship: \_\_\_\_\_ Country of birth: \_\_\_\_\_

Passport number: \_\_\_\_\_ Date of issue/expiration date: \_\_\_\_\_ / \_\_\_\_\_

In case of emergency notify: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone number: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (e-mail) \_\_\_\_\_

Any Additional information needed:

## Personal Information (continued)

Have you ever been convicted of or pleaded guilty to a criminal offense that would include the sale or use of drugs, child abuse, alcohol consumption, or a crime involving actual or attempted sexual molestation of a child or sexual misconduct. (*this does not disqualify you*) Yes No

Explain if yes: \_\_\_\_\_

Do you have a current drivers license Yes No DL# \_\_\_\_\_ restrictions \_\_\_\_\_

Do you currently use alcohol, drugs, tobacco? Yes No If so, state your use parameters or explain: \_\_\_\_\_

\_\_\_\_\_

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### Please check the following and sign:

\*I will participate in each training meeting including *Pre-project* or make up the meeting I miss for possible unavoidable reasons. Yes No

\*I believe that through prayer and wise counsel, God has directed me to be a participant on the Mission Trip indicated. Therefore, I will be a person of faith as well as faithfulness, believing that as I am diligent to uphold the commitment I am making to this trip, God will be faithful in His provide and prepare me for what He has for me. Yes No

\*I will communicate openly with all the adult leaders and will adhere to the instructions to the best of my ability without reproach. Yes No

\*I am excited to see what God will do in my life through this Mission Trip experience. Yes No

\*I am a Christian and I also support the ARBC Constitution belief summary as an explanation of my beliefs. Yes No

\*The information on this form and attached forms is correct to the best of my knowledge. I authorize any references to release all such information to assist in evaluation. I release all references from liability for any damage that may result from furnishing such evaluations to Ashley River Baptist Church (ARBC) and I waive any right that I may have to inspect references provided on my behalf. I hereby, give ARBC, permission to contact my references and appropriate government & mission related agencies. Yes No

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Mission Field Information

Name of this Mission Project \_\_\_\_\_

Dates of Mission Project \_\_\_\_\_ Field assignment (City, Country) \_\_\_\_\_

Please describe the ministry you will have on the field \_\_\_\_\_  
\_\_\_\_\_

Please list any foreign language training and your level of proficiency \_\_\_\_\_  
\_\_\_\_\_

Please indicate any special skill, talents, or Christian service experience that you feel may be helpful on the field \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list or update missions experience: \_\_\_\_\_

Country	Mission Organization	Dates	Ministry done
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Church Ministry Involvement

Church Membership:  Ashley River Baptist Church  Other (*Name of Church*) \_\_\_\_\_

How long have you been a member? \_\_\_\_\_

**(Please include time of involvement and any leadership positions held when answering the following):**

Please list the recent ministries with which you have been involved at your church.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list the ministries with which you have been involved outside of your church. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Other civic or school involvement that you have been involved in. \_\_\_\_\_

\_\_\_\_\_

# Medical Information

*A detailed participation form to be filled out separately and notarized.*

\_\_\_ I would rather discuss this information in person, with my Missions Team leader.

How would you describe your present health?       Excellent    Good    Average    Poor

Please state any major illness(es) you have had in the last five years. \_\_\_\_\_  
\_\_\_\_\_

Are you presently under the care of a physician?  Yes    No   If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Please list any medication you are taking \_\_\_\_\_  
\_\_\_\_\_

Please list any allergies or illness that may possibly limit or impede you on this project. \_\_\_\_\_  
\_\_\_\_\_

## References

Please provide at least three references. One reference should be a church pastor or department director in a ministry in which you serve. One should be a teacher, coach, etc. (school or other) that has observed you in working with others. The other reference should be someone who knows your ministry abilities as well as your strengths and weaknesses.

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Numbers(home) \_\_\_\_\_ (work) \_\_\_\_\_ (e-mail) \_\_\_\_\_

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Numbers(home) \_\_\_\_\_ (work) \_\_\_\_\_ (e-mail) \_\_\_\_\_

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Numbers(home) \_\_\_\_\_ (work) \_\_\_\_\_ (e-mail) \_\_\_\_\_

(Office use only)

**Interviewer name(s):** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Comments on interview:**

**Response:** \_\_\_\_\_ Accepted to project \_\_\_\_\_ See note attached