

Applicant Name: _____



Application For Short Term Missions

Youth edition

Instructions:

Please prayerfully fill out this application to participate in a Student Ministry Mission Project. When completed, return this application to the Student Ministry Office in an envelope or bring it to your interview at designated time. If you do not have an interview set up, please contact the Student Ministry Office to set up an interview. A copy of this application will be kept in the Student Ministry office and a copy will be returned to you with an answer. If you have any questions, do not hesitate to contact the Student Ministry Office.

This record is good for two years before it will need to be updated. 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

Youth Ministry 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: _____ / _____

Parents Names: Father: _____ Mother: _____

Other Guardians (step parents, grandparents, etc) _____ (relationship) _____

Parents whom you live with: _____

Brothers and sisters: _____ (age/grade) _____ / _____

_____ (age/grade) _____ / _____

_____ (age/grade) _____ / _____

_____ (age/grade) _____ / _____

_____ (age/grade) _____ / _____

In case of emergency notify: _____

Name: _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Phone number: (home) _____ (work) _____ (e-mail) _____

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: _____

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 believe the Baptist Faith & Message 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: _____

Your parents / guardian should read and sign:

*I have read and understand the commitment made by my child and agree to my child's participating. I commit to help them fulfil their responsibilities as team members to the best of my ability. Yes No

Signature of Parents: _____ Date: _____

_____ 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