

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: Mother's work and/or cell/pager number: _____

Father's 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? _____.

Do you have a My Space or Face Book page? Please list your screen names for each.

My Space _____ Face Book _____

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

How much experience and ability do you have with the following: 1 = none; 2 = very little; 3 = some; 4 = much; and 5 = extensive.

_____ Preaching	_____ Recreation	_____ VBS
_____ Personal Evangelism	_____ Leading Music	_____ Singing
_____ Audio/Visual	_____ Youth Ministry	_____ Teaching
_____ Lead Devotion	_____ Sports	_____ Youth
_____ Sr. Adults	_____ Children	_____ Adults

_____ Musical Instruments: (please list) _____

_____ Other Languages				
1. _____	Read	Write	Speak	Fluent
2. _____	Read	Write	Speak	Fluent
3. _____	Read	Write	Speak	Fluent

Other Experience:

Previous Missions Experience

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 experience?

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?

(To be filled out and signed ***only*** by the parents of High School Students.)

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 your ministry? If someone asked you how they can be saved, what would you say?

Have you ever taken a Spiritual Gifts inventory? _____ Yes _____ No
(If you do not know what a Spiritual Gifts inventory is, you probably haven't taken one)
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: _____