

Association of Resort and Leisure Ministers
Student Missions Application
(Please type or print clearly)

Applying for: Year _____

Summer ___ Semester Sojourner ___ Special Project ___ Innovator ___ World Changer

Earliest date available to go: _____ / _____ / _____ Latest date to be back: _____ / _____ / _____
month day month day

Personal Information

Name: _____ Sex: _____ Age: _____

Date of birth: _____ Social Security Number: _____

Marital Status: _____

Current Mailing Address:

Street: _____ City: _____ State: _____ ZIP: _____

I will be at this address until ____ / ____ / ____ Phone: (____) _____

E-mail: _____

Permanent/Parents Mailing Address:

Street: _____ City: _____ State: _____ ZIP: _____

Phone: (____) _____ E-mail: _____

In case of emergency, please notify:

Name: _____ Address: _____

Phone: (____) _____ Relationship: _____

Name(s) of Parents/Guardian: _____

Have you discussed your desire to participate in student missions with your parents/guardian?

Yes No

If yes, were they: in favor opposed neutral

Education

Name of school attending (Please do not use initials): _____

Freshman Sophomore Junior Senior Graduate Student

Expected Graduation Date: _____ Hours completed by end of current term _____

Quarter Seminary.

Grade Point Average.: _____ Major/Minor: _____

Vocational Choice: _____

Other colleges or seminaries attended:

_____ No. of Hours/Degree: _____

_____ No. of Hours/Degree: _____

_____ No. of Hours/Degree: _____

Church Information

Present Church Membership:

Church: _____ City: _____ State: _____

How long a member? _____ Do you attend church on a regular basis? Yes No

Pastor's Name: _____ Church Phone: (____) _____

Are you? Licensed by church _____ Ordained by church _____
(date) (date)

Church Affiliation? Southern Baptist Other _____

Church currently attending (if different from above):

Church: _____ City: _____ State: _____

Pastor's Name: _____ Church Phone: (____) _____

Church Affiliation? Southern Baptist Other _____

Current ministry activities you are involved in through church and/or campus ministry:

Health Information

My health is: Excellent Good Fair Poor

Are you currently under any medication? Yes No If so, what? _____

Are you under the care of a physician due to physical conditions which may limit your ability to serve in some assignments (i.e., serious allergies requiring medication, vision problems, back problems, etc.) Yes No

If yes, please explain: _____

Have you ever been or are you currently under psychiatric care? Yes No

If yes, please explain: _____

Experience

Have you ever served in student missions before? Yes No

If yes, what place(s): _____ Date(s): _____

Have you had formal evangelism training? Yes No If yes, what? _____

Indicate experience in the following:

	Some	None	Extensive		Some	None	Extensive
Preaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recreation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Drama	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Camp Staffer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Song leading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lifeguard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Singing (solo)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Share Testimony	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sign Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VBS/Day Camps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medical Ministry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evangelism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Computer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children's Min.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Teaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth Ministry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lead Fellowship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lead Devotional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Church Starting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Construction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Teach ESL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are you licensed to drive a car? Yes No Other licenses/certification: _____

Instrument played (indicate skill level: Beginner, Intermediate, Advanced)

Piano _____ Guitar _____ Other _____

Please identify any other creative arts skills you may have (puppetry, clowning, mime, etc.)

along with your proficiency level: _____

Long-Range Career Plans

Specify your projected long-range/career plans (beyond one year) using the scale between 1 and 4 (where 1 = definitely planning, and 4 = not in future plans)

Attend Seminary Other full-time ministry Graduate studies
 Work in my field of study Other mission opportunities Other: _____

Personal Sketch

Please type a brief (at least 1/2 page) personal sketch (single spaced) to be shared with your field supervisor as a guide to introduce yourself. Write in first person, essay form, using clear and concise statements. Carefully check spelling, sentence structure, and punctuation. Write or type your full name in the upper right hand corner of the page. Include information from the following areas:

1. Facts about you and your family's background
2. Your gifts and ministry skills, including music, sports, drama, et cetera.
3. School you are attending, major and plans after graduation
4. Calling—your sense of leadership toward mission service

References

Please give the name and contact information for the four references below. Reference forms are included with this application. Please distribute these forms to the persons you list.

1. Pastor

Name: _____ Phone: _____
Address: _____ City: _____ State: _____ ZIP: _____

2. Campus/Student Minister

Name: _____ Phone: _____
Address: _____ City: _____ State: _____ ZIP: _____ 3.

3. Employer/Teacher/Professor

Name: _____ Phone: _____
Address: _____ City: _____ State: _____ ZIP: _____

4. Personal Friend

Name: _____ Phone: _____
Address: _____ City: _____ State: _____ ZIP: _____

I understand that I will be under the guidelines and policies of the North American Mission Board and my supervisor. I agree to abstain from the use of tobacco products, alcoholic beverages, illegal drugs, and any other behavior that would hinder my ministry during my term of service as a student missionary. I understand that use of these substances, or involvement in questionable conduct, will be cause for my dismissal as a student missionary.

Signature: _____ Date _____

Expression of Christian Faith

We would appreciate your sharing candidly in the five areas below. We are looking for no specific words. Please either type your responses in the spaces provided or submit a word processed copy. This page is an important document which will be copied as submitted and shared with leadership staff only. Please remember to sign it.

1. Describe briefly your initial encounter with Jesus Christ and baptism experience. How have these experiences and continuing relationship with Christ affected your life?
2. How are you involved in witnessing to nonbelievers? Briefly relate a recent experience of sharing your faith with someone who was not a Christian.
3. Give a brief statement of the basic Christian message that you hope to proclaim or share with individuals you encounter in your ministry.
4. List spiritual gifts God has entrusted you with and how you believe they may be used in your ministry.
5. What is the main motivation leading you to apply for student missions? What do you hope to accomplish?

Signature: _____ Date: _____