

CALVARY BAPTIST CHURCH

Summer Missions Application

Student Missions Application

Instructions:

1. Please type or print clearly.
2. Do not abbreviate
3. Carefully complete each section which applies to you.

Applying for: YEAR _____

Summer Fall Special Project

Dates Available

Earliest date available to go _____/_____/_____

Latest date to be back _____/_____/_____

Personal Information

Name: Last _____ First _____ Middle _____ Age _____ Date of Birth ____/____/____

Street Address _____ City _____ State _____ Zip _____ Phone _____

Name of Parents or Guardian _____

Have you discussed your desire to participate in student missions with your parents? yes no

If yes, were they infavor opposed neutral

Education

Name of School or School you plan to attend: _____

Freshman Sophomore Junior Senior Graduate Student Expected Graduation Date _____

Grade Point Average _____

Health Information

My Health is:

Excellent Fair

Good Poor

Are you under any medication

Are you under the care of a physician due to physical conditions which may limit your ability to serve in some assignments, serious allergies requiring medications, vision problems, back problems, etc? Yes No
If yes, explain please _____

Experience

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

Indicate Experience in the following:

	None	Some	Extensive		None	Some	Extensive
Preaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Camp Staffer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lifeguard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recreation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Summer Mission Application

	None	Some	Extensive		None	Some	Extensive
Share Testimony	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Work w/ Hearing Impaired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VBS/DAY Camps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Typing/Computer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evangelism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Youth Ministry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drama	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bible Teaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Puppets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lead Fellowship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clowning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lead Devotional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Juggling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Survey/Visitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Song Leading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Construction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Singing Solo's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Are you licensed to drive a car? yes no

Can you play an instrument? yes no If yes, what kind? _____

Languages/Proficiency Level (Including American Sign Language)

	Read	Write	Speak Some	Fluent
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Long-Range Career Plans: Specify your projected long-range plans (beyond one year).

_____ Attend Seminary	_____ Graduate Studies
_____ Work in my field of study	_____ Other mission opportunities
_____ Other full-time ministry	_____ North America
_____ International	_____ Other

Expression of Christian Faith

We shall appreciate your sharing candidly in these areas. We are looking for no specific words. Please type or provide a word processed copy. This form is an important document which will be copied as submitted and shared with staff. Please limit your answers to the space allowed and carefully check spelling and punctuation. Please remember to sign this document.

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

