

The Missionary Church, Michigan District

MISSION TEAM APPLICATION

Due date of application, deposit, references (2), & picture - January 31, 2011

INSTRUCTIONS

Mail completed application with a check from your church of \$75.00 per student non-refundable application fee to:

Michigan District of the Missionary Church
1091 Creekwood Trail, Burton, MI 48509 Ph. 810-742-7462

Check the box of the mission team for which you are applying:

- Teen Team **Missions Encounter** Home Missions Outreach S.E.M.P.

PERSONAL

- Male Female

Legal name _____ (first, middle, last)

Passport # _____ Expiration date _____

Home address _____

City _____ State _____ Zip _____

Home phone_(____)_____ Cell phone_(____)_____

E-mail address _____

Date of birth _____ Citizenship _____

Height _____ Weight _____ T-shirt size _____

Any disabilities that you feel we need to be aware of? _____

Name of church _____ Pastor _____

Name of school _____ Year in school 9th 10th 11th 12th

List hobbies _____

List spiritual gifts _____



FAMILY

Marital Status: Single Engaged _____

If married, give full name of spouse _____

Name of parents or guardian _____ (first & last)

Address _____ City _____ State _____ Zip _____

Father cell # _____ Mother cell # _____

Person to notify in case of emergency (name, address, phone number & relationship) _____

MISSION

Have you been on a Michigan District youth mission team? Yes No

If yes, which mission team/s _____

What type of work/service have you done? V.B.S. Painting Carpentry

Construction Prayer Walking Door to Door Evangelism Puppets Drama

Music/Singing _____

What other language(s) do you know? _____

List other mission opportunities in which you have participated: _____

Applicant's (Student) name _____

Contact for emergencies:

Name (other than parent/s) _____

Address _____ City _____ State ____ Zip _____

Telephone: Home_(____) _____ Cell_(____) _____

Name (other than parent/s) _____

Address _____ City _____ State ____ Zip _____

Telephone: Home_(____) _____ Cell_(____) _____

Family Physician _____

Address _____ City _____ State ____ Zip _____

Office phone_(____) _____ Date of last physical exam _____

Medical History

List any drug allergies _____

Are you allergic to: Bee stings Inhalants (mold, dust, etc.) Foods _____

Are you on a special diet? no yes Explain _____

What medications are you currently taking? _____

Any diagnosed medical conditions that we need to be aware of, such as asthma, cancer, diabetes, migraine headaches, etc _____

Date of last tetanus shot _____ (If you haven't had one in the last 10 years, you need to get one before leaving on this trip.)

Dates of your Hepatitis A shots _____ (If you haven't had both shots 6

months apart, you need to get the first shot **asap** and the second shot in June before leaving on this trip.)

Insurance Information

Name of Company _____

Name of Policy _____ Effective Date _____

Service Code _____ Contract # _____

Group # _____ Telephone #_(____) _____

Please select two people (other than your parents or relative) who knows you well enough to be objective when filling out the reference form about you. One reference must be from your pastor. If your father is the pastor, have some other pastor who knows you well fill that form out. Be sure to request their permission to use their name as a reference, and then give each person the attached reference form for them to complete and return to the District Office. Please supply them with a stamped envelope with the District address on it for their convenience.

Pastor, Youth Leader and/or church leader _____

Address _____ City _____ State ____ Zip _____ Phone _____

Adult Reference _____ Address _____

City _____ State ____ Zip _____ Phone _____

The following two exercises are an opportunity for you to reflect on God and what He has done in your life, and so we trust this will be a very meaningful moment of worship. This will better help us to know who you are and what makes you unique and important in God's kingdom.

My Personal Journey – Please type out (12 font, double spaced) your personal journey by following the outline below.

- ① Introduce yourself
 - ⇒ Tell us about you (where born, school, hobbies, interests, etc.)
 - ⇒ ...your family
 - ⇒ ...church
- ② Who you were before you received Jesus into your life
- ③ The events and your experience of when you received Jesus into your life
- ④ How has Jesus changed your life?
 - ⇒ Are there things/behaviors that you do not do anymore?
 - ⇒ How do you know that Jesus filled you with His Holy Spirit?
- ⑤ What are some ways that you cultivate your relationship with Jesus? And why do you do those things?
- ⑥ Tell us about a time in your life that you shared with a peer something about your faith, or about a person that you were praying for their personal salvation.
- ⑦ Do you know what God is calling you to do with your life? What is it? How do you know? What steps are you taking to ensure that you are obedient?

Applicant (Student)

I understand the purpose of this mission experience and I have completed this form as fairly and honestly as I know how, and believe God has led me to make this application. By signing this application, I promise to...(1) make every training session, (2) assume responsibility in making work, school and travel arrangements in order to make team meetings, (3) communicate regularly with my parents about this trip, (4) read and study all necessary materials, (5) accept the leader's authority, and (6) to live and work cooperatively with others (the team, local missionaries, nationals and churches).

Signed _____ Date _____

Parent/s/Guardian/s

We the parents/guardians of _____ understand the purpose of this mission experience, and we have read the above paragraph and understand clearly what is being asked of our youth. We accept the terms of the agreement and grant permission to participate if he/she is selected.

Signed _____ Date _____

PERSONAL REFERENCE FORM

The Student that sent this reference form to you has made application for a Michigan District youth mission trip. This program requires team work, good character and may include stressful situations involving cross cultural experiences. It is important that we select young people who will be able to function well under these conditions. Your name has been suggested as a personal reference. Would you please complete this form and return it to us in the self-addressed envelope provided by the applicant? *Thank you!*

Your name _____
 Address _____ City _____ State ____ Zip _____
 How long have you know this person? _____
 What has been your connection with him/her? _____

Would you please take a moment to evaluate how frequently the youth displays the following character attributes on a scale of one to three, with one being rarely, two being usually and three being always. In addition, please take a moment to let us know on the comment section if you think the youth demonstrates natural leadership characteristics or natural co-worker/assistant characteristics. Again, thank you for your time.

<i>CATEGORY</i>	<i>DESCRIPTION</i>	<i>RARELY</i>	<i>USUALLY</i>	<i>ALWAYS</i>
Integrity	Does the student act according to a sense of right and wrong? _____			
Responsibility	Does the student accept his duties/tasks with a sense of accountability? _____			
Cooperation	Does the student put aside self-serving interests for the common good? _____			
Honesty	Does the student demonstrate a high standard of truthfulness? _____			
Pride	Does the student seek to do his best? _____			
Courtesy	Does the student show respect and concern for others in word & action? _____			

Comments: _____
