The Missionary Church, Michigan District

MISSION TEAM APPLICATION

Due date of application, deposit, references (2), & picture – February 28, 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_____

Place Recent Photo Here

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:_____

HEALTH / MEDICAL

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 #_(___)_____

REFERENCES

Please select <u>two</u> 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_____

SPIRITUAL AUTOBIOGRAPHY

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 at 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?

SIGNATURES

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.

CATEGORY	*DESCRIPTION*	*RARELY*	*USUALLY*	*ALWAYS*
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: _____

_____