



Section 1: *Personal Information*

Full Name					
Sex					
Date of birth (D/M/Y)					
Present Address					
City		State		Zip Code	
Phone Number					
E-mail Address					
Permanent Address (If different from above)					
City		State		Zip Code	

Name(s) of Parent(s)/Guardian(s) (If under 18)					
Address					
City		State		Zip Code	
Phone Number					
E-mail Address					

Citizenship					
Do you have a valid passport?			Passport Number		
Do you speak any languages besides English?					
If "yes" please list:					

Emergency Contact Name			Relationship	
Phone Number				



Name of Church		Denomination	
Address			
City		State	Zip Code
Church Phone Number			

Pastor's Name	
E-mail Address	
Pastor's Phone Number	

Name of University or College			
Year		Field of Study	

Name of Employer			
Years of Service		Job Tasks	

Name of Previous Employer			
Years of service		Job Tasks	



Section 2: *Medical Information*

Doctor's Name		Specialty	
Phone Number			

Medical Insurance Company		Policy No.	
Phone Number			

What was your overall state of health during the past year?	
Elaborate if needed	
Do you take any medications regularly?	
If "yes" please list name(s) of medications and why you take them:	
Do you have any allergies?	
If "yes" please list:	
Please list any physical limitations or dietary needs that we should know about:	
Please list any special care or considerations you'll need:	
If you know of any health related issues that could necessitate your returning home, please explain:	



Section 3: *You, Your Friends & How You Relate*

1. Which one of the following describes you best? Check off as many as you wish

<input type="checkbox"/> I love adventure	<input type="checkbox"/> Teaching children or working in an orphanage attracts me
<input type="checkbox"/> I like to organize events	<input type="checkbox"/> People tell me that I'm easy to get along with
<input type="checkbox"/> I'm physically active	<input type="checkbox"/> I have a heart for others and their struggles
<input type="checkbox"/> I'm basically quiet, but friendly	<input type="checkbox"/> I like the idea of a building project, rather than drama or music
<input type="checkbox"/> I'm not all that active.	<input type="checkbox"/> I'm more oriented toward travel, adventure and service than academics
<input type="checkbox"/> I'm pretty handy with the computer, email, surfing the net, etc.	<input type="checkbox"/> I'd like to learn another language
<input type="checkbox"/> I'm quite active in my school/church intervarsity group	

2. Other people describe me as: (Check off as many as apply to you)

<input type="checkbox"/> A leader	<input type="checkbox"/> Challenging...I often push the edges
<input type="checkbox"/> A good athlete	<input type="checkbox"/> Pretty quiet
<input type="checkbox"/> A team player	<input type="checkbox"/> Nice, but a little hard to get to know
<input type="checkbox"/> Pretty much normal	<input type="checkbox"/> A thinker
<input type="checkbox"/> A servant, I love to help people	<input type="checkbox"/> Life of the party
<input type="checkbox"/> A little odd at times	<input type="checkbox"/> A good student
<input type="checkbox"/> Artistic	<input type="checkbox"/> A hard worker
<input type="checkbox"/> Funny	



3. Tell us a bit about how you came to know Christ as your Lord and Savior.

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4. Tell us a bit about how you're relating to God and those around you right now. Where do you feel you are spiritually?

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5. Who is the most important person you leave behind when you leave home? Why?

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6. How are you currently serving in your local church or other ministry?

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Section 4: *The Program and You*

1. What do you think will be your biggest challenge if you are accepted into our program?

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2. What are the three best things that you believe you will personally bring to the Ministry?

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3. What long term plans or aspirations, if any, do you have for your life?

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4. Do you think this is the type of program you could see repeating for the duration of your years at school?

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Section 5: *Music/Drama/Sports etc.*

Do you play an instrument?	
If "yes" please list:	

<i>3. What phrases below would best describe your level of physical activity?</i>	
<input type="checkbox"/> Couch potato	<input type="checkbox"/> Bungee jumping and mountaineering are in my blood
<input type="checkbox"/> Short walks to the corner store	<input type="checkbox"/> I work out regularly on my own
<input type="checkbox"/> The odd ball game is a lot of fun to play	<input type="checkbox"/> I'm training pretty seriously for a major competition
<input type="checkbox"/> I'm part of a sports team	<input type="checkbox"/> Health issues have made me a great spectator

Do you have any Lifeguard or CPR Training?	
Do you have experience coaching any sports?	
Do you have other teaching experience?	
If "yes" please list/describe	

Would you be interested in teaching English as a second language?	
Which Age do you prefer to teach?	
Anything else that you love to do that might contribute to the whole experience?	



Section 6: *Your Turn.*

Tell us some things about yourself. What is it about missions in Guatemala that makes it feel like a good choice for you? What was the prayer process you went through to reach this conclusion? How do you think you will handle this? How will you support yourself? Please include any other information about yourself that you would like us to know about you as a person. (attach an extra sheet as needed with the rest of your answer).

Section 7: *Attachments and requirements*

- o Three references (use the provided forms)
 - give these forms to those you are asking to give reference
 - ask them to email them directly to the address below.
- o Include a 3 x 5 picture of yourself. (Shoulders and face)