





Do you have any chronic health problems or physical limitations?

Yes:

NO:

If YES, please list all:

Is there any reason you would not be able to engage in rigorous outdoor activity, primitive living, high altitudes, extreme temperatures, etc.?

Yes:

NO:

If YES, please explain further:

**CHRISTIAN LIFE INFORMATION:** List and comment on your three greatest strengths and weaknesses

<u>GREATEST STRENGTHS</u>	<u>GREATEST WEAKNESSES</u>

Briefly describe any Christian Ministries you have been OR are currently involved with:

How well do you deal with uncertainty and change? And would you willing to forego personal preferences to honour the culture of the country in which you are going?

What aspects of teamwork would you find challenging? And what aspects would you enjoy?

Answer the following on a separate sheet of paper:

1. What are your regular habits of prayer?
2. How and when did you come to know Christ personally? *(about a page)*
3. In 50 words or less, what do you hope to gain from this mission's project?

# MISSION PERU



## MINISTRY EXPERIENCES:

- |  |                               |                              |
|--|-------------------------------|------------------------------|
| 1. Can you briefly share your testimony with another person? | Yes: <input type="checkbox"/> | NO: <input type="checkbox"/> |
| 2. Can you effectively share your faith?                     | Yes: <input type="checkbox"/> | NO: <input type="checkbox"/> |
| 3. Do you feel comfortable praying in public?                | Yes: <input type="checkbox"/> | NO: <input type="checkbox"/> |

## REFERENCES:

To assist us in evaluating your application, we need references from people who know you well, and NOT A RELATIVE.

### PASTOR / ELDER (Mr. / Mrs. / Miss / Ms.)

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_  
                    First                    Middle                    Last

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_ PHONE#: (    ) \_\_\_\_\_

### CHRISTIAN FRIEND (Mr. / Mrs. / Miss / Ms.)

NAME: \_\_\_\_\_ PHONE #: (    ) \_\_\_\_\_  
                    First                    Middle                    Last

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_ PHONE#: (    ) \_\_\_\_\_

### EMPLOYER / TEACHER (Mr. / Mrs. / Miss / Ms.)

NAME: \_\_\_\_\_ PHONE #: (    ) \_\_\_\_\_  
                    First                    Middle                    Last

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_ PHONE#: (    ) \_\_\_\_\_

## NOTE:

**APPLICATIONS ARE DUE NOVEMBER 30, 2011.**

**APPLICATIONS MUST BE FILLED OUT WITH THE YOUTH PASTOR OR KEY YOUTH LEADER RETAINING A COPY OF THE APPLICATION.**

**PLEASE SUBMIT A \$100 DEPOSIT ALONG WITH YOUR COMPLETED APPLICATION.**