



## 2012 Summer Ministry Application

**Please include a recent picture  
(either digital or actual) with this application.**

**DEADLINE: March 31, 2012**

1. Full Name: \_\_\_\_\_  
2. Present Mailing Address: \_\_\_\_\_

Phone: Daytime ( \_\_\_\_ ) \_\_\_\_\_ Evening ( \_\_\_\_ ) \_\_\_\_\_

E-mail address: \_\_\_\_\_

3. Date of birth (mm/dd/yy): \_\_\_\_\_ Sex: \_\_\_\_\_ Citizenship: \_\_\_\_\_  
4. Marital Status: \_\_\_\_ single \_\_\_\_ engaged \_\_\_\_ married \_\_\_\_ widow(er) \_\_\_\_ separated  
\_\_\_\_ divorced \_\_\_\_ divorced and remarried  
5. Date of marriage, if applicable: \_\_\_\_\_  
6. Name and age of child(ren) and other dependents coming with you: \_\_\_\_\_

7. Please indicate which ministry opportunity you are applying for:

\_\_\_\_ *EnGage!* (Canada) June 22<sup>th</sup>-August 10<sup>th</sup>, 2012

\_\_\_\_ Face of Russia (Russia/Siberia) June 13<sup>th</sup>-July 30<sup>th</sup>, 2012

\_\_\_\_ Business for the Kingdom (Russia/Siberia) June 27<sup>th</sup> – July 25<sup>th</sup>, 2012

Do you intend to serve for the entire period of time?  Yes  No

If not, what dates will you be available? \_\_\_\_\_

8. Have you read the *Expanded Ministry Position Profile* for your #1 choice?  Yes  No  
(Profiles can be viewed/printed at [www.interactministries.org/summer/profiles](http://www.interactministries.org/summer/profiles))  
9. If married, have you read and discussed the trip details with your spouse?  Yes  No  
10. Do you understand the trip requirements and expectations?  Yes  No  
11. Do you have any questions about the trip requirements or expectations (list here)? \_\_\_\_\_

12. Your home church: \_\_\_\_\_

Address \_\_\_\_\_

Phone ( \_\_\_\_ ) \_\_\_\_\_ Denomination/Affiliation \_\_\_\_\_

Pastor's name \_\_\_\_\_

Pastor's email \_\_\_\_\_

Are you a member?  Yes  No

13. Church you are presently attending (if different): \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Phone ( \_\_\_\_ ) \_\_\_\_\_ Denomination/Affiliation \_\_\_\_\_  
 Pastor's Name \_\_\_\_\_

14. List any church activities and other spiritual responsibilities you have had.  
 \_\_\_\_\_  
 \_\_\_\_\_

15. School attending now: \_\_\_\_\_ Major: \_\_\_\_\_  

<i>Other schools attended</i>	<i>Course/Major</i>	<i>Years</i>	<i>Graduated/Degree</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*Please list all missions-related courses that you have taken:*

_____	_____	_____
_____	_____	_____
_____	_____	_____

School honors and activities: \_\_\_\_\_  
 \_\_\_\_\_

16. Employer \_\_\_\_\_  
 Mailing address \_\_\_\_\_  
 \_\_\_\_\_  
 Supervisor or Department name: \_\_\_\_\_  
 Position/job \_\_\_\_\_ Full or Part-time? \_\_\_\_\_

17. What special training, certifications or other work experiences have you had that are pertinent to this application? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

18. Do you play any musical instruments? \_\_\_\_\_

19. Do you use tobacco in any form?.....  Yes  No  
*If "yes," are you willing to forsake this practice while serving with InterAct? .....*  Yes  No  
 Do you drink alcoholic beverages? .....  Yes  No  
*If "yes," are you willing to forsake this practice while serving with InterAct? .....*  Yes  No  
 Have you ever used illegal drugs? .....  Yes  No  
 Have you ever been a *victim* of sexual or child abuse?.....  Yes  No  
 Have you ever been *convicted* of sexual abuse or a felony?.....  Yes  No

If you answered "yes" to any of the above, please explain here or on a separate page: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



## Beliefs

Please state your beliefs concerning the following:

28. **The Bible** Is it true? To what extent does it guide your life and actions? How does it compare to other religious books?

29. **Prayer** What is it? How important is it?

30. **Salvation** How does one get “saved?” Can one get “un-saved?”

31. **The Person of Christ** Was He God? Was He real? Why did He come?

32. **The ministry of the Holy Spirit** What role does the Holy Spirit play in your life today?

33. **Life after death** What happens to the believer & unbeliever at death? Are heaven and hell real?

34. **The local church and the Body of Christ** Is fellowshiping in a local church important to you?

35. Do you adhere to speaking in tongues, or any other “sign gifts” as a necessary evidence of salvation?  
 Yes  No

36. Would you characterize yourself as being “charismatic” and/or “Pentecostal” in your theology or practice?  
 Yes  No

37. Have you read the doctrinal statement\* of InterAct Ministries and do you find yourself in agreement?  
If not, please explain on a separate page.  Yes  No

\*Viewable at [www.interactministries.org/summer/doctrinal\\_statement.html](http://www.interactministries.org/summer/doctrinal_statement.html)

38. Why do you want to participate in InterAct's *Summer Missions* program this summer?

39. How do you see this mission trip being used to enhance your future missions involvement?

## Personal References

List below (please print) five persons who know you and your experience and can give an honest evaluation of you. Suggestions: leaders from past mission trips, your roommate, faculty advisor, teacher, employer, classmate, co-worker, a non-Christian friend, or a church staff member other than the pastor (you already gave us his name!). Please include no more than one family member and if at all possible, please provide an e-mail address.

Mr Mrs Miss \_\_\_\_\_ Relationship: \_\_\_\_\_  
Street address \_\_\_\_\_  
City \_\_\_\_\_ State/Prov \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_  
Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Mr Mrs Miss \_\_\_\_\_ Relationship: \_\_\_\_\_  
Street address \_\_\_\_\_  
City \_\_\_\_\_ State/Prov \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_  
Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
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City \_\_\_\_\_ State/Prov \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_  
Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

I certify that the information in this application is true and complete to the best of my knowledge. I understand that any misrepresentation or omission may be grounds for rejection or dismissal.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Health & Medical Summary

Name \_\_\_\_\_ Sex: M F Birth Date \_\_\_\_\_

Home Address \_\_\_\_\_  
Street & Number City State/Prov Postal Code

**EMERGENCY CONTACTS**

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_ State/Prov \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_ State/Prov \_\_\_\_\_ Phone \_\_\_\_\_

**INSURANCE**

Company \_\_\_\_\_ Policy # \_\_\_\_\_

Phone \_\_\_\_\_ Insured Name \_\_\_\_\_

**YOUR PHYSICIAN**

Name \_\_\_\_\_ Phone \_\_\_\_\_

**SPECIALIST**

Name \_\_\_\_\_ Phone \_\_\_\_\_

**HEALTH HISTORY**

List all medical/health conditions, including emotional, which may effect your ability to work, or require others to help you:

\_\_\_\_\_

List any drug allergies: \_\_\_\_\_

List surgeries or serious injuries, w/dates: \_\_\_\_\_

List chronic or recurring illness(es): \_\_\_\_\_

Other diseases or conditions not mentioned or detailed elsewhere: \_\_\_\_\_

Yes No Will you be taking any prescription drugs while serving with InterAct?  
 If so, please name with dosage and indicate what condition is being treated: \_\_\_\_\_

Yes No Are you current on your Tetanus immunization (required within the past 10 years)? Date: \_\_\_\_\_

Yes No Do you have any special food or dietary restrictions? Any food allergies?  
 If so, please explain: \_\_\_\_\_

Yes No Are you a vegetarian or vegan?

*Any restrictions in any of the following? (Circle "yes" or "no" for each one; add appropriate comments)*

	Notes		Notes		Notes
Yes No Swimming		Yes No Strenuous activity		Yes No Walking/hiking	
Yes No Stairs/climbing		Yes No Lifting			
Yes No Other					

Please include any additional information you feel would be helpful below: