

Teen Missions Application

FOR WHICH POSITION ARE YOU APPLYING? :

Construction team Missionary Youth Leader

TODAY'S DATE : _____ NAME YOU GO BY: _____

Facebook: _____ Email: _____

ARE YOU AN AMERICAN CITIZEN? _____

NAME ON BIRTH CERTIFICATE: _____ BIRTH DATE: _____ SEX: _____

STREET ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ phone number: _____

DO YOU HAVE A VALID PASSPORT? _____ PASSPORT #: _____

EXPIRATION DATE: ____/____/____ Place OF ISSUE: _____

Parent's/legal guardian's names: _____

Parent's/legal guardian's Address if different than above: _____

Parent's/legal guardian's phone number if different than above: _____

CHURCH CURRENTLY ATTENDED: _____ How long have you attended?: _____

CHURCH'S Address: _____

PASTOR'S NAME: _____ Church's phone number: _____

Current Grade completed: _____ name of high school: _____

Name of Reference teacher: _____

DATE OF LAST PHYSICAL EXAM?: ____/____/____ PHYSICIAN'S NAME: _____

DO YOU HAVE OR HAVE ANY HISTORY OF: (if yes, explain below)

____ tuberculosis	____ Cancer _____type	____ Typhoid fever
____ diabetes	____ Heart trouble	____ leukemia
____ High blood pressure	____ mental illness	____ epilepsy
____ Low blood pressure	____ surgery	____ syphilis

EXPLANATIONS:

GENERAL HEALTH FOR THE LAST TWO YEARS - EXCELLENT [] GOOD [] POOR [] DO YOU
USE ALCOHOL ____ TOBACCO ____ OR ILLEGAL DRUGS ____?

ARE YOU BORN AGAIN?: ____ IF YES, DATE?: ____/____/____
ANY MAJOR EXPERIENCE WITH GOD: ____/____/____ DESCRIBE:

PREVIOUS FOREIGN OR DOMESTIC MISSIONS EXPERIENCE:

AGENCY: _____ DATE: _____

Country(ies): _____

Description of
activities/responsibilities/training: _____

Please use back of page if more room is required