

Application Form

Cole Short Term Mission

Application and reference forms due by date listed on project flier.
Please refer to Cole STM Application Procedure for instructions.

Short Term Project you are applying for: _____

Section A Personal Information (Please print your full legal name as on birth certificate or passport)

First Name _____ Middle Name _____ Last _____

Nickname _____ Male Female Date of birth: ____/____/____ Age: _____

Country of birth: _____ Country of citizenship: _____

Marital Status: Single Married Separated Divorced Widowed

If married spouse's name _____

Is your spouse in full agreement with you going on this project: ____ Yes ____ No

Mailing address: _____

City: _____ State: _____ Zip: _____

Email: _____

Home Phone: (____) _____ Cell phone: _____ Work Phone: (____) _____

Occupation: _____ Work hours: _____

Is it okay to call you at work? Yes No Do you have a passport? Yes No

Passport number: _____ Expiration Date: _____

Section B In case of emergency notify:

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Home _____ Work _____ Cell _____

Email address: _____

Relationship to you: _____

Section C Legal Waiver

I recognize that participation on a project of this nature may be hazardous or dangerous. Therefore, I am, for myself, my heirs, executor and/or administrator, releasing and forever discharging Cole Community Church and all its officers, agents, servants, and employees, acting officially or otherwise, from any and all reason of injury, illness, damage (including property damage to any of my belongings), loss or death which may occur from any cause including, but not limited to, any accident and/or occurrence while participating individually or with others while with this mission agency and/or on this mission project.

I am aware that all positions are voluntary, without financial remuneration. Furthermore, I realize all contributions to Cole Missions are tax-deductible, and are nonrefundable in the event that the applicant chooses not to participate in the program. The financial disbursement of these funds is at the discretion of Cole Community Church.

I also give Cole Short Term Mission the right to use my picture, voice and/or testimony in any form of promotional advertising materials. My enclosed signature (*and signature of my parent/guardian if I am under 18*) signifies authorization.

I have read the above and understand my commitment to participate and my financial commitment.

Signature _____ Date ____/____/____

Signature of Guardian (*if under 18*) _____ Date ____/____/____

Section D General Health

Medical History – Indicate if and when you have had any of the following: None

- | | | |
|---------------------------------------|--|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Leukemia |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Stomach Ulcers | <input type="checkbox"/> Fainting Spells |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> Incapacitating Headaches |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Excessive Fatigue | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Other: _____ | | |

General Health – Please describe the current state of your health. Please mention anything physical or psychological/emotional for which you are seeing a health care provider, taking medication, or which tends to be recurring; any allergies or dietary restrictions (and your reaction to exposure); or anything else that might affect your participation in strenuous physical activity or stressful conditions.

NOTE: Team members will be asked to complete a comprehensive Medical Information Form during training.

Condition – Is there any reason why you cannot tolerate any of the following? No Yes

- | | | |
|--|---|--|
| <input type="checkbox"/> Rigorous Outdoor Activity | <input type="checkbox"/> High Altitudes | <input type="checkbox"/> High Humidity |
| <input type="checkbox"/> High Temperatures | <input type="checkbox"/> Low Temperatures | <input type="checkbox"/> Other |

Please explain: _____

Temperament – Indicate which characteristics seem to apply to your temperament.

- | | | | | |
|--|---|--------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Impulsive | <input type="checkbox"/> High-strung | <input type="checkbox"/> Moody | <input type="checkbox"/> Calm | <input type="checkbox"/> Easy-going |
| <input type="checkbox"/> Introspective | <input type="checkbox"/> Self-conscious | <input type="checkbox"/> Shy | <input type="checkbox"/> Aggressive | <input type="checkbox"/> Dominant |
| <input type="checkbox"/> Other: _____ | | | | |

Section E Personal Testimony

Write a brief paragraph sharing your salvation experience and current relationship with Christ. Attach an additional page if necessary. _____

Section F Church / Ministry

Do you attend Cole Community Church? Yes _____ How long? _____ No _____

What is your previous church background? _____

In what ways are you involved with your local church and other ministries? _____

Please list any previous missions experience and include the sending mission organization, ministry location and duration (include dates and activities). _____

Section G Cross-Cultural / Education

Have you ever traveled overseas or had any cross-cultural ministry experience (i.e. inner city, international students, refugees, etc)? If so, where and when? _____

Are you fluent/conversational in languages other than English? Yes No Language(s): _____

What is your highest educational level completed or degree earned? _____

Please list any specialized skills you have developed and are able to use (i.e. medical, music, drama, graphics, bricklaying, carpentry, electronics, computers, athletics, financial planning, etc.)

Section H Reference Forms

Pastor Reference Form given to:

Name: _____ Phone: _____ Date given _____

Parental Reference Form given to:

Name: _____ Phone: _____ Date given: _____

Friend Reference Form given to:

Name: _____ Phone: _____ Date given: _____

Employer Reference Form (for new applicants) or STM Team Leader Reference Form (alumni) given to:

Name: _____ Phone: _____ Date given: _____

Section I Applicant Commitment

The \$100 application fee must accompany this application. If this fee presents a hardship, please contact Brian Grant, Cole Missions Pastor, at 375-3565.

Remember that participation in this project requires that you:

- Attend all team meetings and training sessions (*see project flier*)
- Participate fully in the training assignments, team activities, local outreach project, team retreat and fundraising activities (including required letters and thank you notes)
- Demonstrate enthusiasm, hard work, and an unselfish attitude of serving others
- Attend the post-project debriefing meetings
- Present with your team the “Scoop on Short Term Mission” report to the church body

Unexcused absences or inability to participate may result in your being asked to give up your space on the team.

Do you agree to these requirements? _____

Applicant's Signature: _____ Date: _____

Parent/Guardian Signature (if under 18): _____ Date: _____