



etowah**baptist**association

Dear Prospective Summer Missionary,

I am excited you are considering being a Summer Missionary. If you are selected, know that this will be a summer that you will never forget.

Here are a few dates you need to be made aware of:

Applications are due Monday, April 6th

Interviews begin on Saturday, April 10th

Here are some other dates to take note of:

Kids Camp will be June 29th- July 1st

(If you have scheduling conflicts with any of these dates, please note them in your application)

Orientation and Commissioning:

Orientation will begin May 23..

The commissioning service will be Sunday, June 5th at the Etowah Baptist Association

Call us with any questions you may have at 256-547-1691. You may have to leave a message, but we will get back with you ASAP.

Sincerely,

Steven Fraser and Emily Hamilton

Summer Missions Co-Directors

Etowah Baptist Association

Summer Missions Application

Personal Information

Name: _____ Preferred: _____

Date of Birth: ___/___/___ Age: _____ Gender: M / F

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: (____) _____-_____ Cell Phone Number: (____) _____-_____

E-mail Address: _____

Name(s) of Parent(s) or Guardian (s): _____

In case of emergency: Mother's work and/or cell number: (____) _____-_____

Father's work and/or cell number: (____) _____-_____

What High School do you attend? _____

Grade: _____ G.P.A.: _____

School Organizations you are involved in: _____

College Students:

College you are enrolled in: _____

Major: _____ Minor: _____

G.P.A.: _____ Tentative Vocational Choice: _____

Are you considering attending Seminary? Y / N

Address at school (only if different from home address)

City: _____ State: _____ Zip Code: _____

Where did you attend high school? _____

Social Media Information

Facebook? Y / N

Twitter? Y / N If yes, username: _____

Instagram? Y / N If Yes, Username: _____

Church Information

Church Name: _____

Pastor's Name: _____

How long have you been a member? _____

Have you been baptized? Y / N

How often do you attend? _____

Check all church activities you are currently involved in:

- | | |
|------------------------------|------------------------------|
| _____ Sunday Morning Worship | _____ Sunday Evening Worship |
| _____ Sunday School | _____ Discipleship |
| _____ Choir/Praise Team | _____ Other (explain) |

Experience and Ability Levels

How much experience and ability do you have with the following?

1 = none, 2 = very little, 3 = some, 4 = much, 5 = extensive

- | | | |
|--|----------------|---------------------------|
| _____ Recreation | _____ VBS | _____ Personal Evangelism |
| _____ Leading Music | _____ Singing | _____ Teaching |
| _____ Youth | _____ Children | |
| _____ Musical Instruments (please list): _____ | | |

Health Information

Are you taking medication(s)? Y / N

If so, what and why? _____

Do you have any medical conditions which may make it difficult to perform tasks required of you? Y / N If yes, please explain: _____

Are you currently, or have you ever had psychiatric care? Y / N

If yes, please explain: _____

Lifestyle Questions

Have you ever been arrested? Y / N

(A "yes" answer will not necessarily disqualify you from serving as a summer missionary)

Are you, or have you ever struggled with anorexia or bulimia? Y / N

Do you currently use any of the following?

Narcotics:	Never	Some	Regularly	In the past
Alcohol:	Never	Some	Regularly	In the past
Tobacco:	Never	Some	Regularly	In the past

Are you currently involved in a sexual relationship? (This does not include sexual abuse.) Y / N

Please use the following space to explain any of the Lifestyle Questions.

Previous Missions Experience

Have you been on mission trips with your church, BCM, or others? Y / N

If yes, where and when? _____

What kind of work did you do? _____

College Students, have you served through BCM or NAMB? Y / N

If yes, where and when? _____

What kind of work did you do? _____

All Applicants

Are you licensed to drive a car? Y / N

Do you have your own transportation? Y / N

Do you have automobile insurance? Y / N

Are you allowed to have teenage passengers in your car? Y / N

Are your parents/guardians supportive of your desire to serve as an EBA Summer Missionary? Y / N

Parents of high school students need to sign the following statement, signifying their agreement.

I, _____ acknowledge that my son/daughter desires to serve as an EBA Summer Missionary and I give them my approval and support in this endeavor.

Signed: _____

Date: _____

References: Please give your reference sheets to the following.

Pastor or Youth Minister

Name: _____ Phone: (____) ____ - _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Sunday School Teacher or Adult Friend

Name: _____ Phone: (____) ____ - _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Teacher or Employer:

Name: _____ Phone: (____) ____ - _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

*** It is the applicant's responsibility to be sure the reference forms are returned to the EBA on time. Your application is incomplete without all reference forms.**

Statement of Church Endorsement

Applicants Name: _____
Last First Middle

Statement of Endorsement

**THE FOLLOWING STATEMENT MUST BE READ TO THE
CONGREGATION AND APPROVED BY A VOTE OF THE
CONGREGATION:**

Having evidence that the named applicant to the Summer Missions Program of the Etowah Baptist Association is an individual who:

1. is committed to the Christian faith,
2. evidences a divine call to the ministry of Summer Missions,
3. has moral integrity,
4. is emotionally stable so as to be able to fill leadership responsibilities in the summer missions program,
5. shows potential for responsible Christian ministry,
6. is the type of individual we would welcome to serve our church, we recommend him/her for the position of Summer Missionary,
7. and pledge our continuing interest in him/her by committing to the following,
 - a. _____ Prayer support throughout the summer,
 - b. _____ Financial giving to the EBA Summer Missions Program,
 - c. _____ and by allowing the Summer Missionary an opportunity to share his/her experience in a worship service at the end of the Summer.

Date of congregational approval: _____

Name of Church: _____

Street Address (mailing address): _____

City/ State/ Zip: _____

Telephone: _____

Signature of moderator: _____ Date: _____

Signature of clerk: _____ Date: _____

Date applicant became a member of your church (month/year) _____

The applicant is a current member of your church. Yes _____ No _____

BIOGRAPHICAL INFORMATION

This section is to be completed by an appropriate official or committee of the church. A response **IS TO BE MADE TO EACH ITEM.** If any item must be left blank, please attach a statement of explanation.

Applicant became a member of your church by: (Circle One)

1. **Profession of faith,**
2. **Letter from a Southern Baptist Church,**
3. **United from a non-Southern Baptist Church, or**
4. **Other (please explain)**

_____.

Check the categories in which the applicant displays participation equal to that of the committed laity in your church.

1. _____ **Worship service attendance**
2. _____ **Program organization involvement: Sunday School, discipleship training, church music, missions service and organizations, evangelism, etc.**

Please list positions of leadership, volunteer or paid, that the applicant has held in your church.

Position

Approx. length of service

Signature of person completing the biographical information: _____

Date: _____

Reference Form

Etowah Baptist Association
Attn. Summer Missions
P.O. Box 490
Gadsden, AL. 35902

CONFIDENTIAL REFERENCE ON: _____.
(Applicant's name)

Please be as objective as possible in your evaluation of the applicant. This reference will be most valuable to us when completed as honestly as possible by someone who knows the applicant well. Serving as a student missionary requires a genuine Christian commitment and spiritual maturity. You are an important link in helping us determine whether the applicant meets these criteria. Please keep this in mind as you fill out this evaluation.

To be filled out by the person filling out this reference:

Your Name: _____ . **Phone:** _____ .

Your Address: _____ . **City:** _____ . **Zip:** _____ .

In what capacity have you known the applicant? _____ .

How long have you known the applicant? _____. **How well do you know the applicant?** _____ .

Check any traits that characterize the applicant.

- | | | | |
|---|---|---|-------------------------------------|
| <input type="checkbox"/> Impulsive | <input type="checkbox"/> Lazy | <input type="checkbox"/> Quick Tempered | <input type="checkbox"/> Friendly |
| <input type="checkbox"/> Mature | <input type="checkbox"/> Self Starter | <input type="checkbox"/> Needs emotional support | <input type="checkbox"/> Moody |
| <input type="checkbox"/> Flexible | <input type="checkbox"/> Argumentative | <input type="checkbox"/> Low self-esteem | <input type="checkbox"/> Extrovert |
| <input type="checkbox"/> Introvert | <input type="checkbox"/> Follower | <input type="checkbox"/> Sensitive and caring | <input type="checkbox"/> Leader |
| <input type="checkbox"/> Shy/Reserved | <input type="checkbox"/> Pleasant to be with | <input type="checkbox"/> Easily discouraged | <input type="checkbox"/> Respectful |
| <input type="checkbox"/> Shares faith naturally | <input type="checkbox"/> Constant complaining | <input type="checkbox"/> Uses inappropriate humor | |
| <input type="checkbox"/> Relates well to other races/cultures | | | |

Check areas of ministry you believe the student would serve best in:

- | | | | |
|---|---|--|------------------------------------|
| <input type="checkbox"/> VBS | <input type="checkbox"/> Evangelism | <input type="checkbox"/> Drama | <input type="checkbox"/> Preaching |
| <input type="checkbox"/> Teaching | <input type="checkbox"/> Recreation | <input type="checkbox"/> Missions Center | <input type="checkbox"/> Preschool |
| <input type="checkbox"/> Children | <input type="checkbox"/> Youth | <input type="checkbox"/> Music | <input type="checkbox"/> Adult |
| <input type="checkbox"/> International students | <input type="checkbox"/> Community Center | <input type="checkbox"/> Troubled teens | <input type="checkbox"/> Survey |

Check all that apply to this student:

Peer Relationships

- Generally avoided
- Slow to make friends
- Makes friends easily
- Very friendly

Social Relationships

- Avoids social relationships
- Awkward in social situations
- Average
- Well mannered
- Socially adept

Interpersonal

- Loner
- Reserved
- Average
- Outgoing/friendly
- Overbearing

Family Relationships

- Healthy and supportive
- Healthy but not supportive
- Dysfunctional but supportive
- Dysfunctional, not supportive

Relationships with Opposite Sex

- Insensitive or insecure
- Sensitive/Considerate but awkward
- Feels at ease
- Relates well

Emotional Maturity**Response to Stress/Pressure**

- Withdraws socially or emotionally
- Becomes overly critical of others
- Dominates situation or people
- Adapts slowly
- Copes well

Self-assurance

- Insecure
- Needs encouragement
- Average
- Confident
- Egotistical

Spiritual Maturity**Application of Bible Knowledge**

- Little
- Average
- Much

Level of Spiritual Maturity

- Immature/hypocritical
- Inconsistent spiritual experience
- Growing; showing signs of maturity
- Maturing Christian; fairly consistent
- Mature and consistent

Leadership**On a team of two or more, this student is most likely to be:**

- Low-initiative, follower
- Self-starting team member
- Supportive team member
- Leader

Responds to conflict with:

- Defensive/Critical attitude
- Withdrawal/Avoidance
- Lack of cooperation
- Confrontation
- Open to resolving conflict
- Peacemaking

Church Involvement:

- Not actively involved
- Occasionally involved
- Participates regularly
- Participates very frequently

Working With Others**Response to Supervision**

- Rebellious; likes to do His/Her own thing
- Usually cooperative
- Very cooperative attitude

Working Relationships

- Problems relating to others
- Sometimes has difficulty interacting with others
- Average ability to work with others
- works very well with others

Supervisory Needs

- Needs constant attention
- Needs encouragement and accountability to perform well
- Needs routine supervision
- Needs direction and support, not close supervision

Communication Skills

- Unable to communicate well
- Average ability to communicate
- Clear, confident in communicating

Ministry Setting

- Works better alone
- Needs a partner or team
- Could serve in either setting

Overall Recommendation

Do you have any reservations about the applicants suitability for missions work?

Additional comments:

Signature: _____ Date: _____

Reference Form

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P.O. Box 490
Gadsden, AL. 35902

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(Applicant's name)

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Check any traits that characterize the applicant.

- | | | | |
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| <input type="checkbox"/> Mature | <input type="checkbox"/> Self Starter | <input type="checkbox"/> Needs emotional support | <input type="checkbox"/> Moody |
| <input type="checkbox"/> Flexible | <input type="checkbox"/> Argumentative | <input type="checkbox"/> Low self-esteem | <input type="checkbox"/> Extrovert |
| <input type="checkbox"/> Introvert | <input type="checkbox"/> Follower | <input type="checkbox"/> Sensitive and caring | <input type="checkbox"/> Leader |
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