



# Summer Missionary Program Application

Are you applying as a Full-time Missionary or as an Assistant?

Full-time  Assistant

Will you commit to the full 5 week summer missionary program?

Yes  No

## CONTACT INFORMATION

FIRST NAME:

LAST NAME:

STREET ADDRESS:

APT:

CITY:

STATE:

ZIP:

PHONE NUMBER:

DOB:

EMAIL:

Social Security Number:

## DRIVING INFORMATION

Do you have a driver's license?  Yes  No

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Yes

No

Can you drive a stick shift?

Yes

No

## PARENT INFORMATION (IF UNDER 18)

FIRST NAME:

LAST NAME:

STREET ADDRESS:

APT:

CITY:

STATE:

ZIP:

## CHURCH MEMBERSHIP

CHURCH NAME:

PASTOR'S NAME:

STREET ADDRESS:

CITY:

STATE:

ZIP:

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## APPLICATION QUESTIONS

Do you believe and will you teach according to each part of the Declaration of Faith of Gospel Ministries to Children?  Yes  No

Have you been involved in speaking in tongues? If yes, please explain:  Yes  No

Have you any physical or chronic health problems or allergies which hinder your activities in any way?  Yes  No

Do you have any experiences in sharing the gospel?  Yes  No

Do you have any experiences in other Christian services?  Yes  No

Do you understand that your final complete acceptance depends on your zeal, ability, teachability and co-operation as you show it in Training School?  Yes  No

Do you have daily devotions?  Yes  No

Will you cheerfully submit to those over you in the Lord in the Summer Missionary Program?  Yes  No

Do you really believe children are lost sinners who need Christ's salvation?  Yes  No

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## WRITTEN RESPONSES

PLEASE WRITE OUT YOUR SALVATION EXPERIENCE AND ANSWER EACH OF THE QUESTIONS BELOW.

1. Describe what you were like before you were a Christian and a **scripture** that explains what you were like in the eyes of God.

2. Describe what happened when you became a Christian and a **scripture** that explains what God did.

3. Describe what you are like now that you are a Christian and a **scripture** that explains what you are like now in the eyes of God.

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## REFERENCES

FIRST NAME:

LAST NAME:

PHONE NUMBER:

EMAIL:

PREFERRED METHOD OF CONTACT:  EMAIL  PHONE

FIRST NAME:

LAST NAME:

PHONE NUMBER:

EMAIL:

PREFERRED METHOD OF CONTACT:  EMAIL  PHONE