



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 3rd

Interviews begin on Saturday, April 8th

Here are some other dates to take note of:

VBS Clinic is Thursday, April 20th @ 6:00 pm, Cherry Street Baptist Church

Kids Camp will be June 27th-29th

The New Orleans mission trip will be July 15th-21st

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

Orientation and Commissioning:

Orientation will be Friday May 26th – Saturday, June 3rd.

The commissioning service will be Sunday, June 4th. Location to be determined.

Call me with any questions you may have at 256-504-6560.

Sincerely,

Eric Sexton

Collegiate/Student Ministries Director

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.**