

East Texas Baptist Encampment

Rt.2 Box 12~Newton, TX 75966
409-379-2737 www.etbe.org

Summer Missionary Application

Date: _____

Name (Last, First, Middle):		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Age:	Date of Birth:	Height	Weight:
Marital Status: Only (never married) applicants will be considered. <input type="checkbox"/> Single <input type="checkbox"/> Engaged		Ethnicity:		Citizenship:		
Name of University/College You Attend:			Social Security Number:			
Address While Attending School:			Permanent Address:			
I will be at this address until:						
School Phone:		Home Phone:		Cell Phone:		
School E-mail Address:			Home E-mail Address:			
Major:		Minor:		Grade-Point Average:		Hours Completed:
Classification at the End of Spring Term:		Date Spring Semester Ends:		Date Fall Semester Begins:		Tentative Vocational Choice:
List school organizations to which you belong, and offices held:					Are you involved in your campus Baptist Student Ministry? <input type="checkbox"/> Yes <input type="checkbox"/> No	
List secular employment experiences:			List ministry-related or church-related work experiences, part-time, full time ,or volunteer:			
If you have now, or have had any of the following, please indicate: Do you have a physical disability or serious illness? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Seizures <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart Trouble <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Stomach Trouble <input type="checkbox"/> Migraine Headaches <input type="checkbox"/> Nervous Disorder <input type="checkbox"/> Mononucleosis <input type="checkbox"/> Psychiatric Counsel <input type="checkbox"/> Severe Allergies <input type="checkbox"/> Recent Serious Injury or Surgery (List below): (Describe below):			Do you have a physical disability or serious illness? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify below;		Are you currently under any medication? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list below:	
			Date of last Tetanus shot:			
Family or personal insurance policy: Insurance Co.: Insurance Co. Address:			My health is: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		Check if applicable: I use: <input type="checkbox"/> Tobacco <input type="checkbox"/> Drugs <input type="checkbox"/> Alcoholic Beverages	
Policy & Group #:						
Have surrendered to the ministry? <input type="checkbox"/> Yes <input type="checkbox"/> No Have previously served at a Baptist Encampment? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, when? Where?			Shirt Sizes: _____ T-shirts _____ Golf Polo Shirt _____ Button-up Dress Shirt			

EMPLOYMENT HISTORY

Please list the most recent employer first.

1. Company: _____ Supervisor: _____

Phone: _____ Dates: _____

Position: _____ Reason for Leaving: _____

2. Company: _____ Supervisor: _____

Phone: _____ Dates: _____

Position: _____ Reason for Leaving: _____

CHURCH MEMBERSHIP

Present Church Membership: _____ Regular Attendee? Yes No

Church Address: _____ City: _____ State: _____ Zip: _____

Pastor's Name: _____ College Minister's Name: _____

How long a member there? _____ Church Convention Affiliation: Southern Baptist Other

List your church involvement and leadership experience: _____

Church Attended in Hometown: _____ Regular Attendee? Yes No

Church Address: _____ City: _____ State: _____ Zip: _____

Pastor's Name: _____ Associate Minister's Name: _____

How long a member there? _____ Church Convention Affiliation: Southern Baptist Other

MISSIONS

Have you ever been on a Mission Trip? _____ If yes, when and where? _____

What does "serve wholeheartedly" mean to you?

ABOUT YOUR PARENTS (FOR EMERGENCY PURPOSES ONLY)

Father's Name	Mother's Name:
Address:	Address:
Occupation:	Occupation:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:

WORK AREA OF INTEREST

Sequentially indicate all areas which you would be interested in serving with a "1" denoting your 1st choice:

_____ Food Service _____ Maintenance _____ Public Relations _____ Guest Services/Support Staff
_____ Health Tech/Medical _____ Marketing/Concession _____ Water Safety

SKILLS

Read the below list of skills and mark all that pertain to you using the following code:

P = Very Proficient **E** = Some Experience **L** = Skills You Like to Do **W** = Skill You Want to Learn **D** = Skills You Dislike

_____ Accounting/Finance _____ Archery _____ BMX Bikes _____ Boating Rocketry _____
_____ Clowning/Puppets _____ Construction _____ Cooking _____ Drama
_____ First Aid Medical Tech _____ Grounds/Lawn-care _____ Guest Services _____ Journalism
_____ Leading Bible Studies _____ Leading Worship _____ Photography _____ Maintenance
_____ Preaching _____ Project Organization _____ Riflery _____ Organized Recreation
_____ Sales/Merchandising _____ Sound Board Operation _____ Sign Language _____ VBS
_____ Video Production/Editing _____ Witnessing _____ Speak Foreign Language? Specify: _____

WORSHIP TEAM

Are you interested in and/or willing to be a member of a Worship Team leading service in local churches? Yes No

Read the below list of skills and talents. Use the appropriate code to indicate your self-evaluation of each skill or talent. State where you gained experience.

B = Beginner **I** = Intermediate **A** = Advanced

_____ Song Leading _____
_____ Singing _____
_____ Playing Guitar for leading worship _____
_____ Playing Piano for leading worship _____
_____ Other Musical Instrument _____
_____ Preaching _____

SPECIAL CERTIFICATIONS

Are you certified in any of the following categories? If so, specify certification, expiration date, and previous experience. If certified in the past, please put a "P" in the blank with year of expiration date --- example P 1999

_____ Lifeguard _____
_____ Lakefront Safety _____
_____ Ropes/Challenge Course _____
_____ First Aid _____

Is there any other experience you would like to tell us about? _____

TESTIMONY

In no more than 1,000 words, please attach a brief autobiographical sketch, including the following information:

1. Tell how and when you became a Christian and about your personal growth in your relationship with Christ.
2. What is God teaching you right now about where you need to be and what you need to be doing within the next year?
3. Explain how and why you feel God is calling you to be a part of the Summer Missionary Team ministry.
4. What is your concept of missions and why do you want to serve in this capacity?

PERSONAL REFERENCES

NO APPLICANT WILL BE CONSIDERED FOR APPROVAL UNLESS MANDATORY PERSONAL REFERENCE REQUIREMENTS ARE MET. Please fill-in the contact information for six (6) references. In relation to the ministry, choose three (3) from the following list: pastor, associate staff member, Sunday school teacher, church leader (elder, deacon, etc.), or BSM Director/Director of campus ministry you are actively involved in. In relation to your personal life, choose three (3) from the following list: friend, older adult friend, employer, work supervisor, or professor. Please select people who have known you for at least three years.

MINISTRY RELATED			
Name and Relation to You	Address	Home Phone	Work Phone
Name and Relation to You	Address	Home Phone	Work Phone
Name and Relation to You	Address	Home Phone	Work Phone
PERSONAL			
Name and Relation to You	Address	Home Phone	Work Phone
Name and Relation to You	Address	Home Phone	Work Phone
Name and Relation to You	Address	Home Phone	Work Phone

When the application has been completed, please mail it as soon as possible to:
 East Texas Baptist Encampment • Attn: **Summer Staff Ministry**
Rt. 2 Box 12 • Newton, TX 75966

Each applicant must:

- Possess a lifestyle that demonstrates a genuine love for and faith in Jesus Christ as Lord and Savior.
- Be at least 18 years old (by the summer)
- Be actively involved in a Baptist church, Baptist college, or a college student ministry program.
- Possess a passion to share the gospel with individuals in need of salvation.
- Possess a willingness to use your God-given gifts to serve as part of an evangelism team.
- Be in good physical and emotional health, able to withstand the rigors of nonstop Christian service.
- Complete the application process by the April 20 deadline.

I, _____, guarantee that to the best of my knowledge all the above information requested has been completed accurately and completely.

 Signature of Applicant

 Date