

Application

Summer Missionary Training

1. Full Name _____
2. Address _____ City _____ Zip _____
3. Phone _____ Birthdate _____ Age ____ M/F ____
4. Parent/Guardian (if under 18) _____ Relationship _____
5. Parent/Guardian Address _____
6. What led you to apply for this training?

7. What experience have you had speaking before a group or working with children?

8. Do you believe children can be saved? _____
9. Do you practice speaking in tongues? _____
10. Do you use tobacco, drugs or alcohol in any form? _____
11. Do you have any physical disabilities? If so, explain:

12. Is your health vigorous, average or poor? _____
13. Do you have allergies? _____ To What? _____
14. Name of church you attend _____
Church Address _____ City _____ Zip _____
15. List below those people you wish to use as personal references. Do not list relatives or your pastor:
 - a. Name _____ Address _____ Occupation _____
Phone _____ City _____ St _____ Zip _____
 - a. Name _____ Address _____ Occupation _____
Phone _____ City _____ St _____ Zip _____
16. I wish to serve as a volunteer summer missionary? _____
Paid summer missionary? _____
(involves raising support)
17. Write a brief testimony. (Use separate sheet of paper if necessary.)

By signing below, I certify that to the best of my knowledge the information in this application is correct and truthful and I promise to do my best to adhere to the SMT program guidelines and standards.

Applicant's Signature _____ Date _____