

Kila Country Church
Kila, Montana
SUMMER MISSIONARY APPLICATION

Student Name _____ Name you go by _____

Sex: Male _____ Female _____ Date of Birth ____/____/____ Age _____

Marital Status: Single _____ Engaged _____ Serious Relationship _____

Contact Address: _____

Email address: _____ Contact Phone Number: _____

School Name Attending: _____

Class: Freshman Sophomore Junior Senior (circle one)

Major Area of Study: _____ Approx. GPA _____

Vocational Choice: _____

Semester Ending Date: _____ Date Available: _____

Church Membership: _____ How Long _____

Do you attend church on a regular basis? Yes _____ No _____

Pastor's Name: _____

Denominational Affiliation: _____

Parents Names: _____

Permanent Address: _____

List Activities During College:

List Activities During High School: _____

Areas of Preferred Ministry: (i.e., VBS, Backyard Bible Club, Survey Work, Preaching, Song Leading, Music Performance, Youth Ministry, etc.) _____

Musical Instruments Played and How Long: _____

Secular Employment Experience:

Name of Company	City/State	Position	Dates (from/to)
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

List Your Previous Missions Experience: _____

Degrees of Experience in Following Areas:

	None	Some	Lots		None	Some	Lots
VBS	___	___	___	Solo	___	___	___
Choir	___	___	___	Sign Language	___	___	___
Preaching	___	___	___	Lead Singing	___	___	___
Lifeguard	___	___	___	Youth	___	___	___
Drama	___	___	___	Children	___	___	___

Other Useful Talents/Skills in Ministry: _____

Physical Limitations: _____

Medical Information: (check any applicable)

___ Asthma ___ Heart Trouble ___ Psychiatric Counsel
___ Diabetes ___ Stomach Trouble ___ Nervous Disorder
___ Migraines ___ Serious Illness (Specify _____)

Have you been hospitalized in the last year? If yes, why? _____

Are you on medications on a regular basis? If yes, what and why? _____

My Health is: Excellent Good Fair Poor (circle one)

Please List People Who Will Serve as References For You:

	Name & Relationship	Address	Phone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Are you a licensed driver? _____ yes _____ no

Describe Driving Record: _____

Do You Have a Criminal Record? If so, describe: _____

EXPRESSION OF CHRISTIAN FAITH

1. Describe briefly your initial encounter with Jesus Christ and baptism experience. How have these experiences and continuing relationship with Christ affected your life?

2. As a college student, how have you shared your faith with others/ If possible, describe a recent experience of sharing your faith with someone who was not a Christian.

3. What is your vocational call and how do you anticipate sharing your faith through your call?

Signature

Date