

Instructions: Please present your completed application at the beginning of your interview. Give your full legal name and complete, accurate contact information. WE require that you turn in a picture with your application. Remember to sign the application and to complete and attach the personal reflection questions. This must be finished and turned in with your application. You are required to provide references. Only sign up for one interview (your first choice preference).



OFFICE USE ONLY

Assignment: _____
Reference Sent: _____ NRN: _____

**Center for Global Connections
Participant Information**

DATES AVAILABLE: (circle all that apply)
January Spring break June July August
October break Contact Program

ASSIGNMENT PREFERENCE
1st Choice: _____
2nd Choice: _____

I. PERSONAL INFORMATION (Please Print Legibly)

Participant Legal Name (First, Middle, Last) _____ Preferred Name: _____
Age: _____ Date of Birth (m/d/y): _____ Sex: Male/Female
SBU Student ID Number: _____ T-Shirt Size: S M L XL 2XL
Eye Color: _____ Mother's Maiden Name: _____
Height: _____ Hair Color: _____
Marital Status: Single (Never Married) Married Separated Divorced Engaged (Wedding Date: _____)
E-mail address (check regularly): _____
SBU E-mail address: _____
Current Mailing Address: _____ Permanent/Parents Mailing Address: _____
City _____ State _____ Zip _____ City _____ State _____ Zip _____
Tel#:() _____ - _____ Cell#:() _____ - _____ Tel#:() _____ - _____

Names of Parents/Guardians _____
Have you discussed your desire to participate in student missions with your parents? Yes No
If Yes, were they: in favor opposed neutral

Do you have a Valid Passport: Yes No
Country of Citizenship: _____
If not U.S., are you a permanent resident? Yes No
If not born in the U.S., what year did you move to the U.S.? _____

Name of school attending: _____ City _____ State _____
Year in School: _____ Expected Graduation Date: _____
Hours completed by end of current term: _____ GPA: _____ May we check your GPA? _____
Major(s) _____ (You must meet the credit hour restrictions found in the university
Minor(s) _____ catalogue to participate in a Mission.)
Desired Vocation _____

III. HEALTH INFORMATION

Please indicate if you have now, or have had in the past, any of the following or their symptoms: (circle all that apply)
Asthma Migraine Headaches Nervous Disorder
Diabetes Mononucleosis Other: _____
Psychiatric Heart Trouble _____
Counsel Stomach Problems _____

My health is: (circle one)
EXCELLENT FAIR
GOOD POOR

Are you currently on any medication? Yes No
If so, what? _____

I use: (circle all that apply) Tobacco Alcohol Drugs

Are you under the care of a physician due to physical conditions which may limit your ability to serve in some assignments (i.e., serious allergies requiring medication, vision problems, back problems, etc.)? This information will not affect your acceptance, but may affect your placement. YES NO
If yes, please explain:

IV. CHURCH INFORMATION

Present Church Membership: _____ City _____ State _____
Church Affiliation: Southern Baptist Other _____ Do you attend church on a regular basis? Yes No
Church you currently attend (if different) _____ City _____ State _____
Current ministry activities (if applicable) _____

V. EXPERIENCE

Have you served in Student Missions before? Yes No
If yes: Group/Organization Place Date

Have you had formal witness training? Yes No
If yes, what: _____

Note instruments and skill (beginner, intermediate, advanced):
Piano _____ Guitar _____
Other _____ Other _____

List your skill, abilities, and Spiritual gift:

| Languages/Proficiency Level (including American Sign Language) | Read | Write | Speak Some | Fluent |
|--|------|-------|------------|--------|
| 1. _____ | ____ | ____ | ____ | ____ |
| 2. _____ | ____ | ____ | ____ | ____ |
| 3. _____ | ____ | ____ | ____ | ____ |

VI. REFERENCE & RECOMMENDATION

Please fill out with COMPLETE addresses. We will send a reference letter.

- An SBU faculty or staff member (who knows you personally)
Name _____ SBU Department _____
- Your church pastor
Name _____ Street Address _____
City _____ State _____ Zip _____
- Another church leader
Name _____ Street Address _____
City _____ State _____ Zip _____
- Resident Assistant (if applicable)
Name _____ Campus Address _____
- Advisor's Name _____

VII. PERSONAL REFLECTION

Please answer the following questions on an attached piece of paper: (no more than 1 page)

- Give a brief evaluation of prior missions experience including spiritual growth, relationships, & job assignment.
- Describe briefly how you came to know Jesus Christ as Savior & Lord. Tell any other significant times of growth in your walk with Him. How is the Lord working in your life right now?
- Briefly state your vision for missions and your reason(s) for wanting to be a student missionary.
- How do you respond to people in authority? How do you relate to your peers?
- Do you see yourself as a team player? Are you willing to relinquish your rights for the sake of the team? What do you think this means?

Signed _____ Date _____