



For Office Use Only:

ID #: \_\_\_\_\_

Project Code: \_\_\_\_\_

## Short-Term Participant Application Form

Applying (check all that apply to you):

- as an individual
  as a church team member from: \_\_\_\_\_  
 as a volunteer for this service project: \_\_\_\_\_  
 as a married couple
  as a family

### Personal Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Gender: M / F

Date of Birth (MM/DD/YY): \_\_\_\_\_ Citizenship: \_\_\_\_\_

Marital Status:
  Single
  Engaged
  Married (Name of Spouse): \_\_\_\_\_  
 Other \_\_\_\_\_  Maiden name \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

### Home or Permanent Address:

Street/Box #: \_\_\_\_\_

City: \_\_\_\_\_ Prov/State: \_\_\_\_\_

Postal/ZIP: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

### Current Address: (if different than home address)

Valid until: \_\_\_\_\_ (MM/DD/YY)

Street/Box#: \_\_\_\_\_

City: \_\_\_\_\_ Prov/State: \_\_\_\_\_

Postal/Zip \_\_\_\_\_ Country: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

T-Shirt Size (circle one): **S M L XL XXL**

Where did you hear about MBMSI? \_\_\_\_\_

I agree that the above information is correct (sign below).

Signature

Or Parent's Signature if 18 years or younger.

Date

## Academic History:

	NAME OF INSTITUTION	MAJOR	DEGREE RECEIVED	PROJECTED YEAR OF COMPLETION	
HIGH SCHOOL					
COLLEGE/UNIVERSITY					
GRADUATE SCHOOL					

## Church Information:

Home church: \_\_\_\_\_ Years attended: \_\_\_\_\_

Home church address: \_\_\_\_\_

City: \_\_\_\_\_ Prov./State: \_\_\_\_\_ Postal/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Current church: \_\_\_\_\_ Years attended: \_\_\_\_\_

Current church address: \_\_\_\_\_

City: \_\_\_\_\_ Prov./State: \_\_\_\_\_ Postal/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

## List your two references: A pastor who knows you well, and someone who has mentored you in a ministry setting

\* please include information for the leader of your church's Missions Committee (or elder)

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov./State: \_\_\_\_\_ Postal/Zip: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov./State: \_\_\_\_\_ Postal/Zip: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

3. Missions Committee Leader: \_\_\_\_\_ Email: \_\_\_\_\_

## Instructions:

Send in your completed Participant Application with a non-refundable deposit of \$300 CAD / \$200 USD, *Release of Liability*, *Emergency Form*, *Tell Us About Yourself*, and personal photo.

mail to: MBMS International  
302-32025 George Ferguson Way  
Abbotsford, BC V2T 2K7  
CANADA



## Emergency Contacts

Participant Name: \_\_\_\_\_  
 Emergency Contact Name: \_\_\_\_\_  
 Relationship to participant: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
 Street: \_\_\_\_\_ City: \_\_\_\_\_  
 Prov/State: \_\_\_\_\_ Country: \_\_\_\_\_ Postal/Zip: \_\_\_\_\_  
 Parent's names (if not included above): \_\_\_\_\_  
 Family Doctor: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

## Insurance Information *(you must provide your own health insurance as a participant on this program)*

The following insurance will cover the participant during the MBMSI program. It is appropriate for travel outside of his/her home country. Provider: \_\_\_\_\_ Group #: \_\_\_\_\_ Policy #: \_\_\_\_\_  
 For Canadian Participants: Provincial Health Card #: \_\_\_\_\_

## Health Information

Are you aware of any physical or emotional problems that may limit you? Please explain.

\_\_\_\_\_

Please list any serious illnesses and surgeries you have had, giving the dates.

\_\_\_\_\_

Please list any prescription medications you will bring on the program.

\_\_\_\_\_

Please list any medical conditions, allergies (including food allergies), and diet considerations (i.e. lactose or gluten intolerance).

## Passport Information:

Name as it appears on passport: \_\_\_\_\_  
 Passport No: \_\_\_\_\_ Country: \_\_\_\_\_  
 Place of Issue: \_\_\_\_\_ Date of Issue: \_\_\_\_\_  
 Valid until (MM/DD/YY): \_\_\_\_\_

*\* passports must be valid at least 6 months past the expected return date from your international assignment*

Spouse's Passport:

Name as it appears on passport: \_\_\_\_\_  
 Passport No: \_\_\_\_\_ Country: \_\_\_\_\_  
 Place of Issue: \_\_\_\_\_ Date of Issue: \_\_\_\_\_  
 Valid until:(MM/DD/YY): \_\_\_\_\_

**If you do not have a passport, apply for one TODAY!**



PLEASE PRINT CLEARLY

1. On a separate piece of paper (or Word doc.), please provide a one page testimony describing your life before you became a Christian, how and when you accepted Christ, and how your life has been transformed as a result. Describe ways in which you invest in your relationship with God (devotionals, worship, etc.).

2. What 3 things would you like to see happen in your life as a result of being on this trip?

A \_\_\_\_\_

B \_\_\_\_\_

C \_\_\_\_\_

3. List any practical skills and experience that you have acquired which will help fulfill the mission of MBMSI in the area.

4. List any activities in which you are currently involved (church, community, or club related).

5. Describe any leadership positions you have held in any capacity, whether volunteer or paid.

6. List any hobbies and/or interests you have-tell us what you do for fun.

7. Please list your mission experience:

CITY OR COUNTRY VISITED	SENDING ORGANIZATION AND PROGRAM	YEAR	LENGTH OF STAY	TYPE OF MINISTRY

8. Do you speak a language other than English? How would you describe your ability to speak the language (ie. Read, Write, Speak)?

9. How would you describe your temperament or personality?

10. Do you have any God-given dreams or goals for the future? Do you have career/ministry plans?



The itinerary of a MBMSI team typically includes travel in countries where transportation systems, housing accommodations, health care, public safety and other facilities are significantly different and are often at levels far below those customarily enjoyed by most North Americans. MBMSI participants may experience increased risk of serious bodily injury, death and property loss during the assignment tour. Applicants cannot participate unless they fully accept these risks and choose to sign the following statement.

MBMS International will not knowingly expose participants to physical conditions that are dangerous or beyond those experienced by MBMS International workers and partners. We place the highest value on the safety of program participants. Missionaries and Regional Mobilizers will make every effort to ensure the safety of participants.

As a participant in any team facilitated by MBMSI, I recognize the risks described above, and I agree that:

1. I assume full responsibility for all risk of participant injury and/or death, property damage or loss with MBMSI programs.
2. I and my successors will not sue or bring other legal action against MBMSI, its officers, board members, staff, volunteers or affiliates for any personal injury, death, property damage or loss experienced as a result of participation in the program.
3. This release is intended to be as broad and inclusive as permitted by the law of the applicable governmental jurisdiction; if a court should hold any portion of this release invalid, the balance release shall continue to be in full effect.
4. I will fully indemnify and hold harmless MBMSI from any claims whatsoever that relate to me in connection with the program, including attorney fees, costs and expense that MBMSI may incur in connection with any injury, death or loss I may suffer.
5. In the unlikely event of death during the program, I understand that MBMSI will not pay for repatriation of the body.
6. I will purchase and maintain medical insurance coverage (or an appropriate substitute supported by a community plan) during the program. I understand that adequate coverage includes a provision for my travel outside of North America.
7. I give permission to the team leader or adult sponsor to consent to any and all x-ray examination, anesthetic, dental, or surgical diagnosis or treatment or hospital care to be rendered in the exercise of his/her best judgment under the laws of the country(ies), state(s) or province(s) where the participant is located for the program.
8. I will promptly reimburse MBMSI for any sums advanced me by them to obtain medical services or other care during the program.
9. I recognize that circumstances could result in re-routing a program team or an early ending of the program team's assignment.
10. This agreement will bind me as well as my estate, heirs and successors.
11. I have carefully read this agreement, fully understand its contents and voluntarily sign it, intending to be legally bound. This authorization will remain active until the program is terminated.
12. I understand that all personal information I give to MBMSI will be used for program contact and alumni/donor mailings only. MBMSI will not sell or provide my personal information to any outside group.
13. I release the use of my photo, photos I have taken and/or quotes to MBMSI for communication material.

Participant's Name (please print)

Participant Signature or Parents Signature if 18 years or younger.

\_\_\_\_\_

\_\_\_\_\_

Date

Signed at (city, state/province)

\_\_\_\_\_

\_\_\_\_\_



Thank you for taking the time to fill this out. We look forward to receiving your comments regarding this applicant! Please return this reference form to:

Fax: 604-859-6422  
Mail: 302-32025 George Ferguson Way  
Abbotsford, BC V2T 2K7  
CANADA

Name of applicant: \_\_\_\_\_ Program: \_\_\_\_\_

Address of applicant: \_\_\_\_\_

Reference Name and Contact Information (address, phone, email): \_\_\_\_\_

What is your relationship to the applicant?  Pastor  Teacher  Friend  
 Other \_\_\_\_\_

How well do you know the applicant?  Very well  Well  Casually

How long have you known the applicant? \_\_\_\_\_

Please circle the number along the scale from 0 to 10 which best describes the applicant. If you feel you have inadequate information to form a fair judgement on a particular quality, please check the box in the center column.

<b>Initiative</b> Ability to undertake new tasks.	<input type="checkbox"/>	0	1	2	3	4	5	6	7	8	9	10
		Poor					Average					Excellent
<b>Personal Maturity</b> Emotional and interpersonal maturity.	<input type="checkbox"/>	0	1	2	3	4	5	6	7	8	9	10
		Immature									Unusual Insight	
<b>Flexibility</b> Ability to adapt to new and unfamiliar circumstances	<input type="checkbox"/>	0	1	2	3	4	5	6	7	8	9	10
		Unyielding					Open to Change				Adapts quickly	
<b>Teamwork</b> Ability to function with others in a team relationship	<input type="checkbox"/>	0	1	2	3	4	5	6	7	8	9	10
		Works best alone									Works very well with others	
<b>Servant hood</b> Willingness to place self below the needs of others	<input type="checkbox"/>	0	1	2	3	4	5	6	7	8	9	10
		Places self before others									Genuine desire to serve	
<b>Responsibility</b> Ability to handle responsibility	<input type="checkbox"/>	0	1	2	3	4	5	6	7	8	9	10
		Neglectful									Honours Obligations	
<b>Leadership</b> Natural tendency to lead others in a responsible manner	<input type="checkbox"/>	0	1	2	3	4	5	6	7	8	9	10
		Poor					Average					Exceptional

<b>Communication</b> Ability to present thoughts and ideas clearly	<input type="checkbox"/>	0 Hard to understand	1	2	3	4	5	6	7	8	9	10 Always understood
<b>Social Relationships</b> Ability to function in relationships outside of a given task or job	<input type="checkbox"/>	0 Tolerated	1	2	3 Accepted	4	5	6 Well-liked	7	8	9	10 Sought after
<b>Industry</b> Ability to work hard with persistence	<input type="checkbox"/>	0 Lacks work ethic	1	2	3	4	5 Average	6	7	8	9	10 Hard Worker
<b>Judgement / Decision Making</b> Ability to make mature decisions based on objective criteria	<input type="checkbox"/>	0 Subjective	1	2	3	4	5	6	7	8	9	10 Objective
<b>Reliability</b> Ability to meet obligations in a timely fashion	<input type="checkbox"/>	0 Neglectful	1	2	3	4	5 Average	6	7	8	9	10 Meets Obligations
<b>Emotional Stability</b> How the applicant reacts to stressful situations	<input type="checkbox"/>	0 Unstable	1	2	3	4	5 Average	6	7	8	9	10 Well Balanced
<b>Social Concern</b> Concern for national or world wide social needs	<input type="checkbox"/>	0 Indifferent	1	2	3	4	5 Somewhat concerned	6	7	8	9	10 Deeply Concerned

List the Spiritual Gifts and Aptitudes which are evident in the applicant's life. \_\_\_\_\_

\_\_\_\_\_

In your opinion, what are the applicant's motives for applying for this program? \_\_\_\_\_

\_\_\_\_\_

How could this experience benefit or aid in the applicant's Christian maturity? \_\_\_\_\_

\_\_\_\_\_

Would you recommend the applicant for acceptance to this MBMSI program? If NO, please explain. \_\_\_\_\_

\_\_\_\_\_

Please add any additional comments which would be relevant for MBMSI to know about this applicant. \_\_\_\_\_

\_\_\_\_\_

If you are a pastoral reference, does this applicant have the blessing of your church to participate in the program?  Yes  No

\_\_\_\_\_

Reference Signature



**MBMS International**  
*transforming lives in mission*

## Sample Letter to References

Dear \_\_\_\_\_ ,

Greetings from MBMSI International. MBMSI is committed to the lifelong discipleship for disciples of all ages. Every year we are entrusted with many short term participants eager to exercise their faith in Jesus Christ. Through short term missions, they have been called into deeper intimacy, accountability and sacrificial service to God.

At MBMSI, we understand that references represent more than just someone willing to say the right things. References represent people who have invested in the life of the applicant and are ready and willing to continue that investment upon return from the mission trip. We welcome the opportunity to walk with you in the discipleship of this applicant's life.

Referencing is an integral part of our application process. We rely on your knowledge of the applicant in helping us discern readiness, as well as assignment placement.

Recently, \_\_\_\_\_ has applied to \_\_\_\_\_, an MBMS International sponsored program.

Please take the time to fill out the enclosed form and return it to us. We appreciate your assistance in helping us get to know the applicant. Feel free to include any additional information you deem necessary. We also invite your prayers as we discern the acceptance and placement of each applicant.

If you would like information about MBMSI, or our sponsored programs, please do not hesitate to contact us. Please return the form as soon as possible. We cannot finish processing an application without your reference.

You can return this form by:

Fax: 604-859-6422

Mail: MBMS International

302-32025 George Ferguson Way

Abbotsford, BC

V2T 2K7 CANADA

We appreciate your time and insight.

Until all have heard,

**Sam Dick**  
Mobilization Coordinator

1-866-964-7627  
[www.mbmsi.org](http://www.mbmsi.org)