



CONFIDENTIAL

Prov. Health Card #: _____
 Expiry Date: _____
 Birthdate: _____

Please circle: Mr., Mrs., Miss, Ms.

Name (First) _____ Family/Surname: _____

ADDRESS INFORMATION

CURRENT ADDRESS

Mailing Address: _____
 City/Town: _____ Province: _____ Postal Code: _____
 Phone (Mobile): _____ Phone (Other): _____
 E-mail Address: _____

In case of an emergency, please list who we should contact (below).

EMERGENCY CONTACT INFORMATION

Full Name: _____
 Mailing Address: _____
 City/Town: _____ Province: _____ Country: _____ Postal Code: _____
 Phone Number: _____ Work Phone: _____
 Relationship to you (please circle): Parent Relative Guardian Other: _____

PERSONAL INFORMATION

Date of Birth: Day ____ Month ____ Year ____ Age (as of June 24, 2020): ____
 Sex (please circle): Male Female
 Marital Status (please circle): Single Dating Engaged Married Separated Divorced Widowed Remarried
NOTE: For married couples, a separate application form for each person is required.
 Occupation: _____

Describe how you would explain the gospel to a non-believer.

EDUCATIONAL INFORMATION

High School: _____ Grade Completed: _____

College: _____ Year/Diploma/Degree: _____

Seminary: _____ Year/Degree: _____

University: _____ Year/Degree: _____

Other: _____

PREVIOUS MINISTRY INFORMATION

Where have you been involved in serving in City Centre Baptist Church or other local fellowships/organizations?

If you have previous missions experience, short-term or long-term, please list that information here (*locations/dates*)

Other Christian groups you have been involved with (e.g. IVCF, NAVs, YFC, P2C, etc.) Indicate any formal roles.

FAMILY INFORMATION

Do you have any family support or resistance to your participation on this mission team? Please explain.

LANGUAGE INFORMATION

What language(s) do you speak in everyday life? _____

List any other languages you speak, understand, or read and at what level (beginner, intermediate, advanced)

SPECIFIC MINISTRY INFORMATION

Please answer the following questions.

Why do you want to participate in a short-term mission (STM) with City Centre Baptist Church?

What do you hope to accomplish or see accomplished through your engagement in this team/project?

What are your expectations in applying to take part in this STM experience?

List any of your skills, abilities, and gifts you believe could be useful on this mission team:

MEDICAL INFORMATION

This information is kept confidential. Please provide the following:

Family Doctor Name: _____ Phone Number: (____) _____

Do you have any pre-existing health or dietary issues that we should be aware of?

If yes, what impact might that have in your involvement serving cross-culturally?

Are you currently taking any prescription medication? If so please list these medications and what they are for.

Do you have any allergies (food medications, hay fever, etc.), special dietary needs, or anything else that we should be aware of? If yes, please explain.

What is your blood type? _____

Is your tetanus shot current? Date of last tetanus shot: _____

It is extremely important to give your Passport information EXACTLY as it is printed on the document.

PASSPORT or ID INFORMATION

Full Name: _____ Country of Passport: _____

(Note: Please write your name as printed on your passport)

Passport Number: _____ Passport Nationality: _____

Issue Date: _____ Passport Expiration Date: _____

Travel Document Type: (Circle one of the following) Full Passport Visitor's Passport

IMPORTANT: Please inform the Missions Team Director (Pastor Greg) before scheduling your interview, if you do not presently possess a valid Canadian passport that expires after January, 2021.

If you do not, that does not mean you cannot still apply and be admitted to the team, but it is your responsibility to ensure you obtain all necessary travel documents to Colombia that may also include a layover in another country, and for you to lay out the steps you will be taking for the Missions Team Director.

Applicant's signature: _____ Date: _____

REFERENCES

We require three personal references--with **COMPLETE** address information. These people should have known you at least for the last two years. A leader or someone you've served with within the church should be one reference, and please exclude relatives.

PLEASE PRINT.

Pastoral/ Mentor Reference

Name: _____

Address: _____

City/Province/Code: _____

Phone Number: _____

Email: _____

Leader of a ministry you served with or someone who has supervised you

Name: _____

Address: _____

City/Province/Code: _____

Phone Number: _____

Email: _____

Friend/Co-worker

Name: _____

Address: _____

City/Province/Code: _____

Phone Number: _____

Email: _____

City Centre Baptist Church

1075 Eglinton Ave West Mississauga, ON L5V 2W3

Pastor Greg Armstrong: greg.armstrong@citycentrebaptist.ca

Fellowship International

PO Box 457, Guelph, ON N1H 6K9

Emma Clayson: eclayson@fellowship.ca

www.fellowship.ca