

HYBRID TEAM APPLICATION FORM

ACTION Ventures is the training division of Action International Ministries, Canada
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Thank you for considering this opportunity of growing as you serve Jesus. Please fill out this application form, scan and email it to us at mcsorell@actioncanada.org. We will also need a copy mailed to us. Thank you!

PERSONAL INFORMATION (Please print clearly)

Full Legal Name: _____ Gender: M___ F___

Current Address: _____ City/Town _____

Prov/State _____ Postal/Zip Code _____ Country _____

Permanent Address (if different): _____

Phone: (____) _____ Email: _____

Birthdate: _____ Current age: _____

GENERAL INFORMATION

INTEREST

What motivates you to apply for this team? _____

What country has God put on your heart? _____

Do you have a group of people that you would like to join you? _____

How would you like to serve?

What window of time works best for you? _____

HEALTH

How would you describe your health (circle)? Poor___ Fair___ Good ___ Excellent ___

Do you have any ongoing medical conditions? Yes___ No___ If yes, please explain:

Please describe any health concerns you may have about participating on this trip:

Are you presently on any medication? Yes___ No___

If yes, please give the name of the medication and what it is for: _____

YOUR SPIRITUAL FORMATION

Briefly describe the why, how and when you became a follower of Jesus Christ:

What evidence is there in your life that you are a child of God?

How would you describe your relationship with God currently?

The name of my home church is _____

Denomination or organizational affiliation: _____

How are you involved in your home church? _____

What would you say are your primary gifts? What are you good at? What do you enjoy doing?

What Bible verses mean a lot to you and why?

What do you believe about...

1. The Bible

2. Salvation

3. Jesus

4. The Lost

Ministry Experience

Have you had any previous ministry/mission's experience? Yes___ No___

If yes, please describe it_____

How do you feel about functioning in a team setting?

Have you ever had to trust God for finances? Yes___ No___

If, yes, please explain the circumstances. How do you feel about having to raise support for this team?

As it relates to ministry/missions, what are you passionate about?

Describe your gifts and strengths:

Describe your weaknesses:

Do you have any longterm goals?

How would you describe your love for God?

REFERENCES

(Please print clearly)

Please provide the contact information for **3 references** of individuals who know you well and who can give an honest evaluation of you as indicated below. Although all the contact information below is important, we prefer to make contact with your references via phone and email so please make sure they are accurate. Thank you.

A. Required 2 references:

1. Family Member

Name: _____

Address: _____

Email: _____ Phone: _____

2. Pastor

Name: _____

Address: _____

Email: _____ Phone: _____

A. References of your choice required from 1 of the following:

1. School Teacher/Dean/Principal/Faculty member

Name: _____

Address: _____

Email: _____ Phone: _____

1. Friend

Name: _____

Address: _____

Email: _____ Phone: _____

3. Elder, Deacon or the equivalent

Name: _____

Address: _____

Email: _____ Phone: _____

4. Employer: Current or Previous

Name: _____

Address: _____

Email: _____ Phone: _____

EMERGENCY CONTACTS
(Please print clearly)

1. Name: _____

Email: _____ Phone: _____

1. Name: _____

Email: _____ Phone: _____

Waiver

My answers in this application are true to the best of my knowledge. I agree to inform ACTION if there is any significant change in my health, medications, spiritual condition, or mental, emotional and physical ability to serve. I understand that the personal references provided are the private opinions of the writer and, therefore, not available to me. I release all persons contacted as references from liability for any negative results. I give consent to ACTION to hold this personal information securely and confidentially for as long as it is necessary to complete the application process with the understanding that this information is only available to the ACTION Canada staff who process my application.

Signature: _____ Date: _____

