



SUMMER TEAMS APPLICATION FORM



ACTION Ventures is the training division of **Action International Ministries, Canada**. Thank you for considering ministry on a **Summer Team**, our one month evangelism and discipleship team that uses the performing Arts to share the gospel of Jesus Christ in crosscultural settings around the world. Please note that there is a **non-refundable \$75 application processing fee** that must accompany your completed form. All information will be kept in strictest confidence. When you have completed this form, please return it to our office as indicated on the last page.

PERSONAL INFORMATION (Please print clearly)

Full Legal Name: _____ Gender (circle): M F

Current Address: _____ City/Town _____

Prov/State _____ Postal/Zip Code _____ Country _____

Permanent Address (if different): _____

Phone: (____) _____ Email: _____

Are you between the ages of 16 and 30? _____

GENERAL INFORMATION

TEAM INTEREST

How did you hear about the *Summer Teams*? _____

What motivates you to apply for this team? _____

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 or your parents/guardians may have about participating on this team: _____

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 verse means a lot to you and why?

What do you believe about the following...

1. The Bible

2. The Nature and Character of God

3. Salvation

4. Jesus

5. 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?

PRACTICAL SERVICE

A critical part of the *Summer Team* ministry includes the use of various types of Arts. Please share with us if you have had any experience in the Arts as listed below and how you would rate your ability to use them on a scale of 0 to 5 with 0 being "never done it" and 5 being "excellent".

1. Music: Rate your overall ability 0 1 2 3 4 5
- a. Do you play any instruments? Yes No
- | | | | | | | | | |
|-------------|-----|----|---|---|---|---|---|---|
| Guitar | Yes | No | 0 | 1 | 2 | 3 | 4 | 5 |
| Bass | Yes | No | 0 | 1 | 2 | 3 | 4 | 5 |
| Piano | Yes | No | 0 | 1 | 2 | 3 | 4 | 5 |
| Keyboards | Yes | No | 0 | 1 | 2 | 3 | 4 | 5 |
| Percussion | Yes | No | 0 | 1 | 2 | 3 | 4 | 5 |
| Drums | Yes | No | 0 | 1 | 2 | 3 | 4 | 5 |
| Other _____ | | | 0 | 1 | 2 | 3 | 4 | 5 |

What experience and/or training have you had? _____

b. Do you sing? Yes No How would you rate your vocal ability? 0 1 2 3 4 5

Harmonies	Yes	No	0	1	2	3	4	5
Solos	Yes	No	0	1	2	3	4	5
Other	_____		0	1	2	3	4	5

What experience and/or training have you had? _____

c. Have you ever worked with a sound system? Yes No 0 1 2 3 4 5

What experience and/or training have you had? _____

d. Have you ever worked with the technical aspects of music? Yes No 0 1 2 3 4 5

What experience and/or training have you? _____

2. Drama: 0 1 2 3 4 5

What experience and/or training have you had? _____

3. Art: 0 1 2 3 4 5

What experience and/or training have you had? _____

4. Dance/choreography: 0 1 2 3 4 5

What experience and/or training have you had? _____

5. Public Speaking: 0 1 2 3 4 5

What experience and/or training have you had? _____

6. Puppets 0 1 2 3 4 5

What experience and/or training have you had? _____

7. Illusions 0 1 2 3 4 5

What experience and/or training have you had? _____

8. Creative Teaching 0 1 2 3 4 5

What experience and/or training have you had? _____

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 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: _____

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

1. **School Teacher/Dean/Principal/Faculty member**

Name: _____

Address: _____

Email: _____ Phone: _____

2. **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: _____

2. Name: _____

Email: _____ Phone: _____

Application Processing Fee

Please indicate below how you plan to send in the application processing fee:

I have included the \$75 fee with the completed application form.

Because I am emailing/faxing this application, I have mailed the \$75 separately.

Please note that the application process cannot be completed until we receive the processing fee.

Waiver

My answers in this application are true to the best of my knowledge. I agree to inform ACTION Ventures 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 Ventures 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: _____

Please return completed form either by regular mail or email or fax as indicated below:

Action International Ministries

3015A 21st ST. NE, Calgary, Alberta, Canada T2E 7T1

Phone: (403) 204-1421 Toll-free: 1-888-443-2221 Fax: (403) 204-1501

Website: www.actionventures.ca; www.actioninternational.org

Email: kimmie.roszmann@actioncanada.org