

**Personal Information:**

Name *(as on your birth certificate)* \_\_\_\_\_

Name *(as we know you)* \_\_\_\_\_

Social Security Number \_\_\_\_\_

Passport Number \_\_\_\_\_

Passport Expiration Date \_\_\_\_\_

*(If you do not have a passport, we will help you apply for one.)*

Which Project trip are you applying for? \_\_\_\_\_

Please list any previous missions experience.

\_\_\_\_\_  
\_\_\_\_\_

**Contact Information:**

Current Mailing Address \_\_\_\_\_

I will be at the above address until, \_\_\_\_\_

Phone Number \_\_\_\_\_

E-mail \_\_\_\_\_

**Emergency Contact Information:**

Contact's Full Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

**1. Are you a U.S. citizen?**

Yes

No

If no, please answer the following:

**2. What country are you a citizen of?** \_\_\_\_\_

Does your visa allow multiple entries into the U.S.? Yes No

**3. Ministry skills and talents** *(circle all that apply and list specifics where appropriate)*

Drama \_\_\_\_\_

Public Speaking \_\_\_\_\_

Sports \_\_\_\_\_

Organization \_\_\_\_\_

Language \_\_\_\_\_

Leadership \_\_\_\_\_

Music/Instruments \_\_\_\_\_

Children's Activities \_\_\_\_\_

Crafts \_\_\_\_\_

Other \_\_\_\_\_

**4. What church do you attend?**

At school \_\_\_\_\_

At home \_\_\_\_\_

*Once you have completed the application, please attach a current photo of yourself and return the application, photo and a \$100 deposit.*

*Unfortunately, we cannot accept applications without both a picture and deposit.*

Date of Birth \_\_\_\_\_

Age \_\_\_\_\_

Marital Status \_\_\_\_\_

Major \_\_\_\_\_

Class \_\_\_\_\_

5. Write a brief statement describing how you came to personally know Jesus Christ.

---

---

---

6. Describe your relationship with God.

---

---

---

7. List your specific reasons for believing that God is leading you to participate in Project.

---

---

---

8. Specify your objectives for this summer, yourself and your ministry.

---

---

---

9. What, in your opinion, are your strengths? What areas need development or attention?

---

---

---

10. Describe your relationship with your parents. Have you discussed Project with them?

What was their response? \_\_\_\_\_

---

---

---

11. Will you be willing to follow Project policies and Project leadership even though you might not totally agree with them in every situation? \_\_\_\_\_

---

---

---

**12. Are you dating someone applying to this project?**

Yes

No

If yes, who? \_\_\_\_\_

*\*\*Confidential\*\**

*Please answer the following questions honestly. These questions are not necessarily for the purpose of disqualification, but that the staff may understand where each student comes from and any major struggles in the lives of those wanting to join with us on this journey. We fully believe in the restorative powers of God. The information you share with us will be treated confidentially. We may need to phone you if we have any questions. Feel free to attach additional pages if you need more writing space.*

**13. Do you have a police record?**

Yes

No

If yes, please explain.

---

---

---

**14. In the last 12 months, have you used narcotics, hallucinogens, or other drugs not prescribed by a physician?**

Yes

No

If yes, please explain.

---

---

---

**15. In the last 12 months, have you struggled with alcohol abuse?**

Yes

No

If yes, please explain.

---

---

---

**16. In the last 12 months, have you had a relationship which would not be considered "above reproach."**

Yes

No

If yes, please explain.

---

---

---

**17. In the last 12 months, have you been involved in a homosexual encounter/relationship?**

Yes

No

If yes, please explain.

---

---

---

---

**18. In the last 12 months, have you struggled with an eating disorder or depression?**

Yes                      No                      If yes, please explain. \_\_\_\_\_

**19. Project is very physically strenuous. You will need to be able to carry up to 40 lbs and daily walk up to 10 miles. Do you have any physical conditions that will limit your ability maintain the rigorous pace of Project?**

Yes                      No                      If yes, please explain. \_\_\_\_\_

**20. Do you have any serious allergies or asthma?**

Yes                      No                      If yes, please explain. \_\_\_\_\_

**21. If you are on medication, can you bring enough to last the entire trip?**

Yes                      No                      If yes, please explain. \_\_\_\_\_

**22. Are you currently, or have you been under a doctor's care in the last 12 months?**

Yes                      No                      If yes, please explain. \_\_\_\_\_

**23. How long have you been involved in Chi Alpha?**

Less than 1 year	3-4 years
1-2 years	More than 4 years
2-3 years	I'm not actively involved

**24. What outreaches have you been involved with other than your local campus ministry?**

Local Church	Summer Missions
Bible Study	Other _____

**25. Have you been involved in a D-group or other campus Bible study?**

Yes                      No                      What group(s)? How long in each? \_\_\_\_\_

**26. Have you led a D-group or campus Bible study?**

Yes                      No                      What type of group(s)? How long in each? \_\_\_\_\_

**27. Is there anything else you would like us to know?** \_\_\_\_\_