

Other expertise (hobbies, etc.) _____

Languages spoken (other than English): _____

Previous missions experience: _____

General health condition: Good____ Fair____ Poor_____

Please list any known medical conditions and any medications you are taking:

What do you consider to be your personal strengths?

Describe when and how you came to know Jesus Christ personally. If you have completed the testimony portion of the ETS Series, please include a copy.

Please explain why you would like to participate on a project with Discipleship International.

What is your current church affiliation and involvement? (Member, home group leader etc.) _____

I am familiar with Sharing my testimony____ Bridge Illustration____
I am comfortable using: Sharing my testimony____ Bridge Illustration____
I have taught others: To share their testimony____ Bridge Illustration____

Enclosed are two reference forms. Please have one filled out by your pastor, church elder, or Discipleship International Staff member and the other by a friend. These individuals will not only endorse your application, but the information they supply will be used in assembling teams.

By signing below I, the undersigned declare:

1. I am willing to participate in the mission activities to help communicate the message of Christ.
2. I have read, understood and agree with the enclosed Statement of Faith
3. I desire to be culturally sensitive to the people to whom we minister (e.g. standards of dress, make-up etc.) I agree for the duration of the project, to refrain from any personal habits (e.g. smoking, alcohol etc.) that could be a hindrance to the effectiveness of the project.
4. I am willing to work under the leadership of the Mission Director and will strive to work harmoniously with my team to accomplish the objectives of the project.
5. To the best of knowledge, all the information given on this application is true and complete.

Signature: _____ Date: _____

Please check the items that you are enclosing with this application:

- Mission Waiver Form
- Emergency Contact Form
- Statement of Faith
- References (Pastor, Church elder or DI staff, and friend)
- Photocopy of passport pages 2&3

FOR OFFICE USE ONLY

Date application reviewed: Y /M /D

Accepted ____ Not Accepted ____

Comments: _____

Signed: _____ Date: _____