

Atlantic District Youth On Missions Application

Personal Information

LAST

FIRST

MIDDLE

Name: _____

Permanent Address: _____

City: _____ Province: _____

Postal Code: _____

Phone: Home _____ Work _____ Cell _____

E-Mail Address: _____

/ / /

Date of Birth: MONTH DAY YR Marital Status: (circle one) Single Married Widowed Divorced

Do you have any children? Yes / No

This section for ages 16-18

Father's name: _____

Occupation _____

Mother's name: _____

Occupation _____

Guardian: _____

Occupation _____

Male _____ Female _____ (check one)

Are both parents / guardian(s) active in the church? Explain:

Emergency Contact Information Name: _____ Address: _____

City: _____ Province: _____ Postal: _____

Phone: _____

Relationship: _____

Christian Service History

Name of the church you attend:

Pastor: _____ Attended how long? _____

Pastor's Address:

City: _____ Province: _____ Postal: _____ Phone: _____

Have you received the Holy Ghost with the evidence of speaking in other tongues and been baptized in Jesus' name? Yes / No

Received the Holy Ghost: Date _____

Place _____

Was baptized: Date _____ Place _____

Are you now living a consistent Christian life to the best of your ability? Yes / No

In which church related activities have you been involved? (circle all that apply)

Leadership, Youth Ministry, Preaching, Sunday School Teaching, Choir, Bible Quizzing, Home Bible Studies, Evangelism, Bus Ministry, Cell Group, Leaders, Musical Instrument

Do you feel a call to any particular Christian service? _____

Scholastic Information

Are you currently enrolled in school? Yes / No

If yes, name of school: _____

What level have you most recently completed?

Scholastic major(s):

List any scholastic awards or honors you have received:

List any special school activities in which you have participated:

Do you speak a language other than English? Yes / No

What language(s)? _____

How many years have you studied this language? _____

Estimate your ability to communicate: Fair Good Very Good _____

Health Information

Your Family Physician

Name

Phone

Number and Street

City

Province

Postal

Do you have any health/physical conditions that require special attention? Yes No

If so, explain _____

Are you taking any prescribed medication? Yes No If so, what kind(s)?

Are you receiving or have you received professional treatment for any mental, emotional, or physical illness? Yes No If so, explain _____

Are you or have you received professional counselling of any nature? Yes No

If so, explain _____

Social Information

Have you ever been arrested? Yes No

If so, explain _____

Have you ever been convicted of a crime? Yes No

If yes, please check one of the following:

Misdemeanour Felony

Have you ever been in a behavioural rehabilitation program? ___Yes ___ No
If so, explain

Applicant's Signature

Date: _____

Pastor's

Signature _____ Date: _____

Mail to:

Stanley O'Donnell

33 Manor Rd.,

St. George, NB, E5C 3N6