### **Date of application:** \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_

**CHECK ONE**:

\_\_\_ Learning Trip (**Complete Part 1 only**) \_\_\_ Domestic internship \_\_\_ International internship

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family auto insurance carrier\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please note that BIC U.S. does not provide auto insurance)

Policy or Group Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family medical/hospital insurance carrier\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please note that BIC U.S. does not provide medical insurance)

Policy or Group Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When was your last Tetanus shot -date received\_\_\_\_\_

List all known allergies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other pertinent medical information:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*BIC U.S. provides opportunities to all applicants for short-term missionary service without regard to race, disability, color, creed, sex, age, national origin, ancestry, citizenship, or veteran status in accordance with applicable federal, state, and local laws. BIC U.S. complies with applicable state and local laws governing nondiscrimination in employment in every location in which BIC U.S. has facilities.*

*As a Christian Church, BIC U.S. decisions regarding short-term missionary service opportunities are guided by biblical principles of the historic Christian faith. These decisions will be consistent with the Brethren in Christ U.S. Articles of Faith and Doctrine.*

*BIC U.S. expressly prohibits any form of harassment based on race, disability, color, creed, sex, age, national origin, ancestry, citizenship, or veteran status. Improper interference with the ability of BIC U.S. short-term missionaries to perform their expected job duties is absolutely not tolerated.*

### **Ministry term:**

Projected date available for service: \_\_\_\_\_\_\_\_\_\_\_\_ Projected length of service: \_\_\_\_\_\_\_\_\_\_\_\_

### **Ministry location:**

Placements that interest you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**PART 1**

pERSONAL INFORMATION

First name: Last name: Middle name:

Sex: [ ] Male [ ] Female

I certify that I am at least the minimum age requirement of age 18: Yes \_\_\_\_\_ No \_\_\_\_\_

Marital status: [ ] Single [ ] Engaged [ ] Married [ ] Widowed [ ] Separated [ ] Divorced [ ] Remarried

Emergency contact: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

present Address (Effective until: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_)

Street/Box:

City: State/Province: Zip/Postal code: Country:

Permanent Address

Street/Box:

City: State/Province: Zip/Postal code: Country:

Phone: ( ) Email:

Cell Phone: ( ) Facebook account name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Passport Information

Number: [ ] U.S. [ ] Canada

Issue date and place: Expiration date:

church Information

Home church: Number of years attended:

Pastor: Denomination: Conference:

Address:

Phone: ( ) Email:

Member: Yes \_\_\_\_\_ No \_\_\_\_\_

Baptized: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| educational experience (List all schools attended, starting with the most recent.) | | | | | | |
| Institution | city, state/province | years attended From to | | degree received | field of study Major minor | |
|  |  |  |  |  |  |  |
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Academic standing (average grade or class rank): High school:­­­\_\_\_\_\_\_ College:­­­­\_\_\_\_\_\_ Graduate school:

Additional training, scholarships, honors, awards, or certificates:

Language(s) studied and number of years:

List any other experiences you have with foreign languages:

Cross-Cultural experience (Briefly describe any previous cross-cultural exposure you have had, as well as any previous evangelism and/or missions experience.)

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

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WORK EXPERIENCE (Briefly describe any practical and creative skills developed from previous work and service experiences.)

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

Briefly answer the following on a separate sheet of paper and attach to this application:

* Describe significant factors and people in your development as a Christian.
* What are your strengths and weaknesses?
* Why do you want to participate in this Learning Trip?

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Signature below will indicate the following:   * All the information I have provided in this application is true to the best of my knowledge. * I recognize that there are risks involved in participating in this learning/short-term mission trip and hereby assume all risk of injury, harm, damage, or death in connection with my participation in it. I understand and agree that neither BIC U.S. nor its trustees, officers, directors, employees, agents or representatives may be held liable in any way for any injury, harm, damage, or death that may occur to me as a result of my participation in this trip and hereby release BIC U.S., its trustees, officers, directors, employees, agents and representatives from any injury, harm, damage or death, which may occur while I am participating in the learning/mission trip. To the fullest extent permitted by law, I agree to save and hold harmless BIC U.S., its trustees, officers, directors, employees, agents and representatives from any claim by myself, my estate, heirs, successors, assigns or other persons arising out of my participation in the mission trip. * I authorize BIC U.S. through its trustees, officers, directors, employees, agents or representatives to render or obtain such emergency medical care or treatment for me as may be necessary should any injury, harm or accident occur to me while participating in the mission trip. * I understand and acknowledge that BIC U.S. does not provide health or medical insurance in connection with the learning/mission trip and I agree that I will be financially responsible for any bills incurred as a result of medical treatment, including emergency medical treatment and/or transportation to a medical facility, in connection with my participation in the mission trip. * I understand while on site I am acting as a representative of \_\_\_\_\_\_\_\_\_\_\_\_\_\_ [congregation/mission], and I agree to conduct myself in a manner consistent with the BIC U.S. doctrine and practice. * Should my actions warrant, the leader of the Learning Trip, after appropriate consultation with World Missions or BIC U.S. administrators, has authority to arrange for my immediate return home. In the event of such a situation, I am responsible to pay my airfare and will not receive reimbursement for any travel or trip expenditures.   Applicant’s signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Learning trip applicants may stop here**  **PART 2**  Christian Life (Please answer all questions thoroughly. Use additional pages if necessary.)  1. Are you a Christian: [ ] Yes [ ] No [ ] Unsure How long? Year of baptism:  2. What do Christ and the Christian faith mean to you?            3. Tell of times when you have felt closest to God or of meaningful spiritual experiences that stand out to you:            4. Painful experiences—share about trials or problems you’ve experienced that could be used to relate to and encourage a fellow Christian facing similar situations:            5. What is your concept of Christian witness?            6. How do you hope to share your faith through World Missions?            7. Describe significant factors and people in your development as a Christian. How do they relate to your desire to serve?            8. Ministry experience: List responsibilities or involvements you have had in church, Sunday school, youth or community organizations.            9. Ministry experience: List the four ministries you feel you are best shaped for:          10. What do you think of using force in resolving conflicts or achieving objectives, whether in a personal, communal, national, or global context?          11. Describe any group experience you have had and evaluate your ability to live and work with others as part of a team.            12. Identify times you have lived or worked with people of a culture or ethnic background that is different from your own.            13. What are your long-range career interests?          14. What are your strengths and weaknesses?          15. Why do you want to participate in this ministry?          personal interests  List some of your recreational interests and hobbies, including your favorite books, magazines, music, movies, etc.    Service interests, experiences, and training (Please mark your interests (I), experiences (E) and/or training (T) in the appropriate boxes below. Mark only those that apply. For example, if you have interest and experience but no training, mark only I and E.) | | | | | | | | | | | |
| I | E | T | ADMINISTRATION/BUSINESS | I | E | T | DISCIPLESHIP | I | E | T | MECHANICS/REPAIR (specify) |
|  |  |  | Accounting/Bookkeeping |  |  |  | Mentoring |  |  |  |  |
|  |  |  | Administration |  |  |  | Early Christian life development |  |  |  |  |
|  |  |  | Communications/Journalism |  |  |  |  |  |  |  |  |
|  |  |  | Computer science |  |  |  | EDUCATION |  |  |  | PEACE/JUSTICE |
|  |  |  | Public relations/Speaking |  |  |  | Elementary teacher |  |  |  | Education |
|  |  |  | Receptionist/Secretary |  |  |  | Secondary teacher |  |  |  | Journalism |
|  |  |  | Grant writing |  |  |  | College professor |  |  |  | Justice advocacy/Research |
|  |  |  |  |  |  |  | Adult teacher |  |  |  |  |
|  |  |  | ARTS |  |  |  | Teaching English as a second language |  |  |  | PRAYER |
|  |  |  | Art/Layout/Design |  |  |  | Teacher’s aide/Tutoring |  |  |  | Personal Intercession |
|  |  |  | Crafts |  |  |  |  |  |  |  | Prayer Rally Coordinator |
|  |  |  | Music |  |  |  |  |  |  |  | Prayer Walks |
|  |  |  | Photography/Videography |  |  |  | HEALTH SERVICES |  |  |  |  |
|  |  |  |  |  |  |  | Dietetics/Nutrition |  |  |  | PRISON MINISTRY |
|  |  |  | CHILD CARE |  |  |  | First aid training |  |  |  |  |
|  |  |  |  |  |  |  | Lifeguarding/Safety instruction |  |  |  | SOCIAL SERVICES |
|  |  |  | CHURCH LEADERSHIP |  |  |  | Mental health |  |  |  | Adult group home work |
|  |  |  | Cell group leadership |  |  |  | Nursing (specify) LPN RN Aide |  |  |  | AIDS related services |
|  |  |  | Church planting |  |  |  | Nurse practitioner |  |  |  | Case management |
|  |  |  | Counseling |  |  |  | Physical therapist/Aide |  |  |  | Counseling |
|  |  |  | Evangelism |  |  |  | Physician (specify) |  |  |  | Homeless shelter |
|  |  |  | Group leadership/Bible study |  |  |  |  |  |  |  | Senior services |
|  |  |  | Pastoral ministry |  |  |  | HOUSING CONSTRUCTION |  |  |  | Transportation |
|  |  |  | Youth work |  |  |  | Carpentry |  |  |  | Women’s shelter |
|  |  |  |  |  |  |  | Housing rehabilitation |  |  |  |  |
|  |  |  | COMMUNITY DEVELOPMENT |  |  |  | Maintenance |  |  |  | YOUTH WORK |
|  |  |  | Community services worker |  |  |  |  |  |  |  | Arts and crafts |
|  |  |  | Economic development |  |  |  | IMMIGRATION ISSUES |  |  |  | Boys and girls clubs |
|  |  |  | Project coordinator |  |  |  |  |  |  |  | Counseling |
|  |  |  | Volunteer coordinator |  |  |  | LEGAL AID |  |  |  | Recreation |
|  |  |  |  |  |  |  | Paralegal |  |  |  |  |
|  |  |  | DEVELOPMENTAL DISABILITIES |  |  |  | Victim/Offender ministries |  |  |  | OTHER (specify) |

Family

Name of spouse: Date of marriage: M\_\_\_\_\_\_\_ D\_\_\_\_\_\_\_ Y\_\_\_\_\_\_\_

Does your spouse support your participation? 🔾 Yes 🔾 No

Father’s name: Address:

Phone: ( ) Occupation: Church affiliation:

Stepfather/Guardian’s name (if applicable): Address:

Phone: ( ) Occupation: Church affiliation:

Mother’s name: Address:

Phone: ( ) Occupation: Church affiliation:   
  
Stepmother/Guardian’s name (if applicable): Address:

Phone: ( ) Occupation: Church affiliation:

siblings

Name: Name:

Name: Name:

Name: Name:

Health

General health: [ ] Excellent [ ] Good [ ] Fair [ ] Poor

Please state your view regarding the use of tobacco, alcohol, and other drugs.

Work experience (List all positions for which you have received wages, starting with the most recent.)

Position: Company: Supervisor:

Dates: M\_\_\_\_\_\_\_ Y\_\_\_\_\_\_\_ to M\_\_\_\_\_\_\_ Y\_\_\_\_\_\_\_ Address:

Duties and skills used:

Position: Company: Supervisor:

Dates: M\_\_\_\_\_\_\_ Y\_\_\_\_\_\_\_ to M\_\_\_\_\_\_\_ Y\_\_\_\_\_\_\_ Address:

Duties and skills used:

Position: Company: Supervisor:

Dates: M\_\_\_\_\_\_\_ Y\_\_\_\_\_\_\_ to M\_\_\_\_\_\_\_ Y\_\_\_\_\_\_\_ Address:

Duties and skills used:

Position: Company: Supervisor:

Dates: M\_\_\_\_\_\_\_ Y\_\_\_\_\_\_\_ to M\_\_\_\_\_\_\_ Y\_\_\_\_\_\_\_ Address:

Duties and skills used:

References (Along with your application, a pastoral reference and three personal references must be submitted. Please list your personal references, with their addresses, phone numbers, and email addresses.) Upon receipt of your application, your pastor will receive a confidential form to fill out regarding your participation.

Name: Address:

Phone: ( ) Email:

Name: Address:

Phone: ( ) Email:

Name: Address:

Phone: ( ) Email:

Name: Address:

Phone: ( ) Email:

How did you learn about this ministry opportunity?

### 

Context for Mission

BIC U.S. World Missions is a ministry of the Brethren in Christ U.S. (“BIC U.S.”) for the purpose of developing, supporting, and directing the mission efforts of the Church. The message of redemption and reconciliation in Christ Jesus is expressed in both Word and deed. Christian believers rejoice in the power of the Holy Spirit to renew their lives and to lead them into ministries of evangelism, church development, leadership training, peace and justice, and economic development.

### PERSONAL COVENANT for service

As a member of the BIC U.S. World Missions team, I will be committed to:

* The Lordship of Jesus Christ and the authority of Scripture.
* Active participation in a local congregation and in the place of service.
* Adaptability to different cultural and social environments.
* Sensitivity to local believers regarding dress codes and standards of living.
* Emotional, social, and spiritual growth.
* A lifestyle based on biblical teaching, including limitation of sexual expression except in heterosexual married relationship.

I affirm the Personal Covenant for Service and that all the information provided in this application is true to the best of my knowledge.

Signature of applicant date

### RELEASE OF INFORMATION

BIC U.S. World Missions may contact my references, previous employers, and any other person or organization who may have relevant information about my qualifications; and those people and organizations are authorized to provide the requested information. I release BIC U.S. World Missions and those people and organizations from liability for requesting, obtaining, and providing the information.

I understand that participation in this program with BIC U.S. World Missions is at will, which means that if I am accepted, BIC U.S. World Missions or I may legally discontinue the relationship at any time with or without cause. BIC U.S. World Missions also has the discretion to modify my terms and conditions. To the best of my awareness, the information in this application is accurately represented.

Signature of applicant datE

### STATEMENT OF UNDERSTANDING

* This is to certify that I will not hold the BIC U.S. World Missions or their directors liable for injury, disease, or delay of return, or any other claims, while under the [auspices of BIC U.S. World Missions].
* I understand that my involvement in any orientation training is based upon an ongoing evaluative process. Throughout the training, I will be evaluated in regards to my suitability and readiness for the outreach assignment in my ministry location. Training is a time of growth, preparation, and discernment. If it is determined that further involvement in the program is not the best option for me, alternatives will be discussed.
* I understand that while in my ministry location I am a representative of BIC U.S. World Missions, and I agree to conduct myself in a manner consistent with BIC U.S. doctrine and practice.
* I further understand program directors are my leaders while in this location, and I agree to accept their authority as authorized by BIC U.S. World Missions and to place myself under that authority.
* Should my actions warrant, the directors, after appropriate consultation with BIC U.S. World Missions, have the authority to arrange for my immediate transportation home. In the event of such a situation, I am responsible to pay my airfare and will not receive reimbursement for any travel or trip expenses.
* I give BIC U.S. World Missions permission to use photographs/videos taken of me during my internship for publicity purposes.
* Donations preferenced for short-term missionary participants are tax deductible to the extent allowed by law. BIC U.S. has complete discretion and control over the use of donated funds.

Signature of applicant date

**Submit completed application to Vicky Landis at** [**vlandis@bicus.org**](mailto:vlandis@bicus.org)