



APPLICATION FOR SHORT TERM SERVICE

1. PERSONAL DATA:

Date: _____

Name: _____
(Last) (First) (M.I.)

Address: _____

Home Phone # _____ Work Phone # _____ Cell Phone # _____

E-mail Address: _____ Date of Birth: ___/___/___ Country of Birth: _____
(mo day year)

Parent / Legal Guardian's Name (if under 18 yrs. of age): _____

Mailing Address (if different than above)

Passport Type: ___ No: _____ U.S. Passport Yes No

Date of Issue: _____ Date of Expiration: _____ Nationality/Citizenship _____

Passport Issued by (Authority) _____

Insurance (Health, Accident, and Travel)

Company and Policy #: _____

Company and Policy #: _____

If you are under 18 years of age, are your parents willing for you to serve on this summer short-term mission project? Yes ___ No ___

If no, please explain: _____

Is there any reason why you cannot engage in vigorous outdoor activities? ___ If yes, please explain on a separate sheet of paper, and attach your doctor's approval for your participation to this application.

Do you use tobacco, alcohol, or drugs in any form? _____

Are you taking any prescription or over the counter medication? _____

List (optional) _____

2. CHURCH INFORMATION:

Church Name: _____ Member: Yes No

Church Address: _____ State ___ Zip _____

Church Phone # _____ Contact Person: _____

How long have you been a Christian? _____

In what Church Activities are you presently involved? _____

In what Church Activities have you participated in the past? _____

3. PERSONAL PREPARATION:

What foreign language(s) do you speak? _____
Do you speak a little _____ well _____ very well ____ I do not speak a foreign language _____

Have you ever been overseas before, in any capacity? _____
Explain: _____

Have you ever had any cross-cultural experiences? _____

Do you think that you could make a special contribution to the ministry of this mission project?

Indicate your areas of skill/ability/gift which you could share (indicate as many as apply):

- ___ Music singing ___ solo or group___
instruments: _____
song leader___
- ___ Speaking: age group: children youth adults
- ___ Teaching: age group: children youth adults
- ___ Dramatics: clowns, mime, skits, plays, readings, puppets, other:
- ___ Photography: 35 mm video other
- ___ First Aid: basic advanced
- ___ Art: posters, fliers etc.
- ___ Other: _____

Explain what you are presently doing to maintain a time of devotions (Bible study and prayer) to continue your relationship with Christ for your own personal strength and guidance:

Are you willing to work under the direction of missionaries and national pastors, to accept and to perform any and all assignments willingly? _____

Are you willing to conform to the lifestyle standards of the local church leaders, even if these standards are stricter than your own? _____

What mission books or periodicals have you recently read? _____

4. AGREEMENT:

If accepted, I will complete any and all training requirements before the mission project. I will wholeheartedly submit to any regulations, and fully cooperate with the leaders in charge of this project.

Applicant's Signature _____ Date: _____

5. CHURCH RECOMMENDATION AND APPROVAL:

I the undersigned do hereby recommend that _____ will be allowed to participate in a Partner in Evangelism International Mission Project. We agree to pray for and encourage this person in every way possible.

Signature: _____

Position: _____

Date: _____

Comments:

Church Stamp (or address):

RELEASE OF LIABILITY

1. I, _____, the undersigned, will be involved in a voluntary mission program in _____ (location) from _____ to _____ (dates); inherent in travel and service, especially to an unfamiliar environment, are risks of injury to both person and property.
2. I understand that, by my participating in the ministry of Partners in Evangelism, Int. I am indicating my acceptance of these risks.
3. I understand that I am responsible for providing medical, accident, and travel insurance while participating in any program of Partners in Evangelism, Int.
4. I further understand that as a participant in this voluntary program, I will be completely responsible for arranging for my own financial support during the term of this program.
5. I do hereby release Partners in Evangelism, Int. from any and all financial, medical, legal or other liabilities and responsibilities sustained by me, or claimed for me, as a result of my participation in the above-described voluntary mission program.

I, _____, have read this Release and fully understand its terms, and do therefore sign this release this _____ day of _____, _____.

Signature of Applicant: _____

Signature of parent/legal guardian - if applicant is under 18 years of age, and not accompanied by parent/legal guardian.

Signature of parent/legal guardian: _____

Relationship to Applicant: _____

THIS FORM MUST BE COMPLETED, SIGNED, & RETURNED TO PARTNERS IN EVANGELISM / TEAM LEADER PRIOR TO DEPARTURE TO DESTINATION SERVICE

Temporary International insurance can be purchased at extra cost

1. Travel Guard International: www.travelguard.com for the duration of the trip; several options are available; or
2. for PIE Travel Insurance: contact your PIE team leader
(PIE Team Leader / Partnership Committee to contact Mark Schellenberg at 309-676-8001)

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