

# PROJECT SERVE! WHITE EARTH, MINNESOTA ADULT APPLICATION

**Ministry Dates JULY 1 – 8, 2012**

**Application Deadline: MARCH 5**

**TRIP FEE: \$950 - \$50 Deposit due with application - \$350 due by March 5 (Non-refundable)**

*Finance note: If applicant is approved the deposit will be applied to the trip cost. If applicant is not approved the deposit will be refunded. Checks made payable to iRock Ministries. Applicant is responsible for transportation to and from airport. Airfare and transportation upon arrival at site are included in trip fee.*

**Please Complete information as it appears on your Drivers License**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Mid Initial \_\_\_\_\_ Nickname? \_\_\_\_\_

Address \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Age \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female Email \_\_\_\_\_

Marital Status :  Married  Single  Widowed  Divorced If married, name of spouse \_\_\_\_\_

Occupation \_\_\_\_\_ Professional skills or trade \_\_\_\_\_

**Church Information**

Local Church \_\_\_\_\_ Lead Pastor \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

T-Shirt Size:  AD-S  AD-M  AD-L  XL  XXL Check One:  Male  Female

**Spiritual Formation Data**

How long have you been a Christian? \_\_\_\_\_

Why do you believe, or how do you know, that you are a Christian? \_\_\_\_\_

\_\_\_\_\_

Yes  No Have you been baptized in water?

Yes  No Have you been baptized in the Holy Spirit?

What are your habits regarding Bible reading and prayer? \_\_\_\_\_

**Attach picture of yourself here.**  
**[For identification purposes only.]**

**Christian Service Data**

Why do you want to go on this mission's trip? \_\_\_\_\_

List any skills, talents or spiritual gifts you have. \_\_\_\_\_

Do you regularly attend your local church?  YES  NO

Briefly describe how you are currently serving in your local church. \_\_\_\_\_

Are you willing to do prayer walks, flyer distribution, participate in all aspects of the outreach and be a team member with other people you may not know?  YES  NO

Yes  No Have you ever participated in a mission trip before? List locations and year. \_\_\_\_\_

**Medical Form**

Current Health:  Excellent  Good  Average  Poor

No  Yes Are you currently under a physician’s care or taking prescription medicine? List \_\_\_\_\_

No  Yes Any other medical conditions? (i.e. diabetes, high blood pressure, pacemaker, etc.) List \_\_\_\_\_

No  Yes Do you have any medical or physical problems preventing you from performing certain types of activities?

No  Yes Do you have medical insurance? Name of insurance company: \_\_\_\_\_

Are you certified in/as CPR  EMT  LPN  RN License/State: \_\_\_\_\_

**Emergency Contact Information**

Name \_\_\_\_\_

Relationship to you \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone (\_\_\_\_\_) \_\_\_\_\_

Evening Phone (\_\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_

**Background Check**

iRock Ministries requires that a criminal background check be on file with the local church or if a credentialed A/G minister on file with your credentials application. If it is necessary to order a background check it will be at the expense of the applicant or the local church.

**Signature of Compliance**

The information contained in this application is correct to the best of my knowledge. I authorize my pastor to give you any information (including opinions) he/she may have regarding my character and fitness for working with children. In consideration of the receipt and evaluation of this application by irock Ministries, I hereby release any individual, church, youth organization, charity, employer, reference, or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature, which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply, with this authorization. I waive any right that I may have to inspect any information provided about me in this application. Should my application be accepted, I agree to refrain from any unscriptural conduct in the performance of activities while on this outreach.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# PROJECT SERVE!

## PASTORAL REFERENCE

**To Be Completed by the Applicant**

Instructions: Complete the information in this block and give this form to your Pastor. Have them return the form to you in a sealed envelope. Attach envelope to your completed application packet.

Name of Applicant \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

I am applying to participate in a short-term mission outreach (Project Serve) to: \_\_\_\_\_

The dates of the outreach are: \_\_\_\_\_

**Reference**

The person named in the block above has applied to participate in a short-term outreach (Project Serve!) with iRock Ministries. Please complete and sign the reference, then return to the applicant (*in a sealed envelope*). As you complete this reference, please remember that an outreach is a physically, emotionally and spiritually demanding undertaking. Your candid and confidential assessment of the applicant's ability to work as a team member is sincerely appreciated. If you have any questions, contact Pastor Terry Williams (iRock Ministries) at 301-416-0568 or [terry@irockministries.com](mailto:terry@irockministries.com). **Thank you for taking the time to complete and return this form!**

Pastor's Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Church Name \_\_\_\_\_ Position \_\_\_\_\_

1. How well do you know the applicant?  Personal Friend  Very Well  Somewhat Well  Casually  Not at all
2. How long have you known the applicant?  <1 year  1-2 years  3-5 years  5-10 years  >10 years
3.  Yes  No Does the applicant regularly attend church services?
4.  Yes  No Is the applicant a fully devoted follower of Jesus Christ?
5.  Yes  No Is there anything in the applicants character that would exempt him/her from working with children?  
If yes, explain \_\_\_\_\_
6.  Yes  No To your knowledge, has the applicant ever been accused or convicted of child abuse, neglect or molestation? If yes, explain \_\_\_\_\_
7.  Yes  No To your knowledge, has the applicant ever been convicted of a crime (excluding traffic ticket)? If yes, explain \_\_\_\_\_
8.  Yes  No Would you trust this person with your won children/grandchildren? If NO, explain your reservations: \_\_\_\_\_

**Criminal Background Check** (*Please select ONE of the following statements*)

- We have completed, and have on file, a criminal background check on this applicant. Date of last check: \_\_\_\_\_
- This applicant is a credentialed A/G minister. A background check is on file with their A/G credentials application.
- We do NOT have a criminal background check on file. A background check must be ordered by iRock Ministries.

**Pastor's Recommendation** (*Please select ONE of the following statements*)

- I hereby recommend without reservation the above named applicant.
- I hereby recommend with reservation the above name applicant. Please explain below.
- I hereby CANNOT recommend the above named applicant. Please explain below

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

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*If preferred you can mail completed reference to: iRock Ministries 4015 Forrest School Rd, Smithsburg MD 21783*