# APPLICATION\_DEADLINE:DECEMBER\_2,2003

(Call before Faxing)

Mail or Fax Completed Application to: Doug Gregg, Summer Missions Project Chairman 1500 N. Stubbeman Norman, OK 73069 Fax: (405) 292-5864 Phone: (405) 329-2447

extension 2#

This Application May Also Be Completed Online at www.ou.edu/mbsf

# STUDENTLINFORMATION

Student Name:			
Date of Birth:	(Lan)	(First) Gender:	(Middle)
Parent/Guardian:		Parent/Guardian: _	
Home Address:		_ School Address: _	
City, State, Zip:			
	<u>-</u>		
Church Home:		_ Church Address: _	
Pastor:			
Church Email:			
	( )Jasper, AL ( )Tirana, Albania Plean Rate 1 (highen preference) to 5 (towen p		v Creek, AL ()West Jordan, UT
With what church			
activities / minis-			
tries are you cur-			
renuy involvear	<u>-                                    </u>		

### CHOOLLINFORMATION School Name: \_\_\_\_\_ Major: \_\_\_\_\_ Date 2004 Spring Semester Ends: \_\_\_\_\_ Classification: \_\_\_\_\_ Date 2004 Fall Full or Part Time: Semester Begins: EXPERIENCE Have you done any previous mission work?: (-)Yes ()NoIf Yes, Describe: Please check all areas that you have experience in: ( )Audio/Visual ( )Construction ( )Art ( )Camp Staff ( )CPR/Lifeguard ( )Drama ( )Driving (van/bus) ( )Evangelism ( )Music Instrument ( )Preaching ( )Public Speaking ( )Music ()Recreation ()Singing ( )Teaching ( )Puppets ( )Word Processing ( )Youth Group ) u B S( )Witnessing Instruments Played: \_\_\_\_\_ Languages Spoken: \_\_\_\_\_ Languages Written: \_\_\_\_\_ List any other Special Skills or experience you have that may be helpful to mission work: REFERENCES 1. Pastor City, State, Zip Name: \_\_\_\_\_ Address: Phone: Email: 2. MBSF Director Name: \_\_\_\_\_ City, State, Zip Address: Phone: Email: 3. Personal Reference (non-relative) City, State, Zip Address: Phone: Email: \_\_\_\_

# SALVATIONLEXPERIENCE

Please describe your salvation experience with Jesus Christ. Please include the circumstances surrounding your conversion and the effect it has had on your life.
WITNESSING_EXPERIENCE
Please describe a specific instance when you were able to share your faith with another person. What resulted from that witnessing experience?
SUMMER_MISSIONS_PROJECT_ESSAY  Briefly explain why you desire to be a part of the 2004 MBSF Summer Missions Project Team?

# ENDORSEMENTS

Please have these people read the following statement and sign in the appropriate space.

I endorse this student as a candidate for the 2004 MBSF Summer Missions Project. 1. Parent Print Name: Sign Name: \_\_\_\_\_ 2. Pastor Print Name: \_\_\_\_ Sign Name: \_\_\_\_\_ 3. MBSF Director Print Name: \_\_\_\_\_ Sign Name: \_\_\_\_\_ 4. Personal Reference Print Name: \_\_\_\_\_ Sign Name: \_\_\_\_\_ STUDENT\_AGREEMENT Please read and sign each of the following statements I agree to abstain from the use of tobacco products, alcoholic beverages and illegal drugs during my term as a student missionary for the 2004 MBSF Summer Missions Project. Sign Name: I have read and agree with the Statement of Faith and Articles of Agreement of the American Baptist Association of churches. Sign Name: \_\_\_\_\_ I have been saved & baptized, and am a member in good standing of a church affiliated with the American Baptist Association of churches. Sign Name: \_\_\_\_\_ I agree not to engage in any activity that will bring reproach on the MBSF Summer Missions Project, my sponsoring church, or the mission for which I will be working. Sign Name: \_\_\_\_\_

THANK\_YOU\_FOR\_APPLYING\_FOR\_THE

Sign Name: \_\_\_\_\_

2004\_MBSF\_SUMMER\_MISSIONS\_PROJECT!

I agree to raise the sufficient amount of funds needed to cover the expenses I incur during my

term with the MBSF Summer Missions Project.