

NAIM

NORTH AMERICA
INDIGENOUS MINISTRIES

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(604) 946-1227
Web site: www.naim.ca

Summer Ministry Initiative Application

Name: _____

Age Now _____ Birth Date _____ Marital Status: _____
(Day/Month/Year) (Single, Married, Divorced)

Permanent Home Address: _____ Phone No. _____

Present Mailing Address: _____ until what date? _____ Phone No. _____

E-mail address: _____ T-Shirt Size: (please circle) **S M L XL XXL**

Church Affiliation: _____ Are you a member? _____

Church Address: _____

Pastor's name: _____

Family

Name of parents or next of kin for emergency: _____

Their address and phone number : _____

If married, are you coming with children? _____

Give names and ages: _____

Canada Immigration Information:

Citizenship _____ Place of birth: _____
(city, state, country)

Status (if not Canadian or US citizen) _____ Do you have a police record? _____
(If yes, please attach explanation)

<p>Please Place Recent Photo In this Space</p>	<p>(For Office Use Only)</p>	
	<p>Received</p>	<p>Sent</p>
<p>Application _____</p> <p>Reference _____</p> <p>_____</p> <p>_____</p>	<p>Accept _____</p> <p>Pastor _____</p> <p>Parent _____</p>	
<p>Application Fee _____</p> <p>Travel Plan _____</p> <p>Medical Release _____</p>	<p>Important Info: _____</p> <p>Letter 1 _____</p> <p>Letter 2 _____</p> <p>Last Letter _____</p>	

Personal Devotional Life

Describe briefly what it consists of. Include any Bible study habits other than personal devotions if you wish.

Toward what occupation or vocation do you believe the Lord is leading you?

Why do you desire to participate in this Summer Ministry Initiative?

Doctrinal Statement

Have you read the Doctrinal Statement of North America Indigenous Ministries? _____

Are you in comfortable agreement with it? _____. If you have reservations, please explain _____

Would you have conscious difficulty working with members of the Mission or summer workers who belong to another church affiliation? (If so please explain) _____

Ministry Preference

- _____ Where needed most
- _____ Native American - Village
- _____ Native American - Urban

- _____ 3-week SMI
- _____ 7-week SMI

References

Names and phone numbers of three people to whom you have given REFERENCE FORMS that accompany this application.

Dean or Teacher _____

Employer or Friend _____

Pastor (at school or home) _____

Personal

1. Where did you first learn of the SMI Program? _____ Name _____
2. What type of ministry do you feel best qualified? _____
3. List the sports you play. Also list any hobbies, interests, clubs, etc. _____

4. What musical abilities do you have? _____
5. Do you have any physical limitations? If so, what? _____

6. Do you have a medical condition requiring any special diet? (explain) _____

7. Do you use tobacco? _____ Alcoholic beverages? _____ Narcotic drugs? _____
8. Would you be willing to give up any personal or social practices that might lessen your effectiveness in this program? _____

If accepted, you must have adequate health and accident insurance valid in Canada. Please sign here that you understand that **North America Indigenous Ministries** or the **SUMMER MINISTRY INITIATIVE** shall not be liable for any of your medical costs due to accident or illness.

Name of Insurance Company: _____

Applicant's Signature _____

In the event of my acceptance, I agree to abide by all guidelines of **North America Indigenous Ministries** and the **SUMMER MINISTRY INITIATIVE**. I have read and am in agreement with "The Doctrinal Statement of North America Indigenous Ministries." I authorize all persons designated as references to furnish my records and all information concerning me. I give **North America Indigenous Ministries** permission to use pictures taken of me in any of their publications/media/website.

Applicant's Signature _____

Send \$20 application fee, non-refundable.