

PLACE RECENT
PHOTO
IN THIS SPACE

(Necessary before your
application can be filed
for consideration)

SUMMER MINISTRY INITIATIVE

APPLICATION

North America Indigenous Ministries

(604) 946-1227

In Canada: P.O. Box 39, Delta B.C. V4K 3N5

In U.S.A.: P.O. Box 151, Point Roberts, WA 98281

E-mail: office@naim.ca

Web site: www.naim.ca

(FOR OFFICE USE ONLY)

CODE _____

Received _____ **Sent** _____

Application _____ Accept _____

Reference (1) _____ Pastor _____

(2) _____ Parent _____

(3) _____ Important Info. _____

Application Fee _____ Letter 1 _____

Travel Plan _____ Letter 2 _____

Letter 3 _____

Letter 4 _____

Hold _____

Pastor _____

Evaluation _____

Last Name	First Name	Middle Name	Age NOW	Birth date	Marital Status (Single, Married, Divorced)
Permanent home address _____			Home Phone () _____		
Present mailing address _____			until (date): _____		Phone () _____
E-mail address _____	Height _____	Weight _____	T-Shirt Size: (S) (M) (L) (XL) (XXL)		Eye Color _____ Hair Color _____

Church affiliation _____ Are you a member? _____

Church address _____ Pastor's name _____

Church distinctive (Holiness, Arminian, Calvinistic, Reformed, Charismatic, or) _____

Education

Circle last grade completed 10 11 12 College 1 2 3 4 Post-Grad 1 2 3 4

College or University _____ Give academic major _____

City and state of school _____ Military/Other (Specify) _____

Family

Name of parents or next of kin for emergency _____

Their address and phone _____

Do you have any brothers? _____ What ages? _____ Sisters? _____ What ages? _____

HAVE YOU ANY CAMP COUNSELING EXPERIENCE? _____

HAVE YOU TAUGHT ADULT BIBLE STUDIES? _____

MINISTRY PREFERENCE

- Where needed most.
- NATIVE INDIAN--Village
- NATIVE INDIAN--Urban



References

Give **names** and **addresses** of **three** people to whom you have given **REFERENCE FORMS** that accompany this application.

Dean or Teacher _____

Christian employer or friend _____

Pastor (at school or home) _____

Roommate or close friend _____

Personal

1. Where did you first learn of the SMI Program? _____ Name: _____
 2. Are you applying with any other Mission Agencies or Summer Programs? _____
If yes, who? _____
 3. What type of ministry do you feel best qualified? _____
 4. What spiritual gifts, talents and abilities do you feel God has given you? _____
 5. List the sports you play. Also list any hobbies, interests, clubs, etc. _____
 6. What musical abilities do you have? _____
 7. Do you have any physical limitations? If so, what? _____
 8. Do you have a medical condition requiring any special diet? (explain) _____
 9. Do you use tobacco? _____ Alcoholic beverages? _____ Narcotic drugs? _____
 10. Would you be willing to give up any personal or social practices that might lessen your effectiveness in this program? _____
 11. Would you be willing to take advice from Mission Staff as to the care of your health and personal appearance? _____
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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.

APPLICANT'S SIGNATURE _____

Send \$20.00 application fee, non-refundable.