Applying for Year:		
Type of Position	Summer Semester Innovator Missionary Apprentice	
Earliest Date Available	MM DD YYYY	
Latest Date to Return	MM DD YYYY	
Personal Information		
Name		
Sex		
Date of Birth	MM DD YYYY	
Marital Status		
Address		
City / State / Zip		
In case of emergency, please notify:		
Name		
Address		
Phone		
Have you discussed your desire to participate in	☐ Yes ☐ No	
student mission with your parents?		

If yes, were they:	in favor	opposed	neutral
Education			
Name of School Attending (Please do not use initials)			
What Year:	Freshman Sop	ohmore Dunior D	Senior
Vocational Choice			
Church Information			
Present Church Membership			
City	21		
State			
How Long a Member?	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		
Do you attend church on a regular basis?	Yes	■ No	
Pastor's Name			
Church Phone			
Church Affiliation	Southern Baptist	Other	
If other, which?	21		
Church currently attending (if different form above)			
Pastor's Name			
Church Form			

Current ministry activities you are involved in through

church and/or campus ministry:	
Health Information	
My health is:	Excellent Good Fair Poor
Are you currently under any medication?	Yes No
If so, what:	
Are you under the care of a physician due to physical conditions that may limit your ability to serve in some assignments (i.e. serious allergies requiring medication, vision problems, back problems, etx.)	Yes No
If yes, please explain:	

Have you ever served in student missions before?			
Places			
Years			
Indicate experiences in the folk	Indicate experiences in the following:		
Preaching	None Some Extensive		
Recreation	None Some Extensive		
Drama	None Some Extensive		
Camp Staffer	None Some Extensive		
Song Leading	None Some Extensive		
Singing (solo)	None Some Extensive		
Share Testimony	None Some Extensive		
Day Camps	None Some Extensive		
Evangelism	None Some Extensive		
Children's Min.	None Some Extensive		
Teaching	None Some Extensive		
Youth Ministry	None Some Extensive		
Lead Fellowship	None Some Extensive		
Lead Devotional	None Some Extensive		
Instrument Played	Guitar Piano Other		
If other, what instrument?			
Skill Level	Beginner Intermediate Advanced		
Are you licensed to drive a	Yes No		

car?

References			
Please give the name and address of four references below. Reference forms are included in this application.			
Pastor			
Name			
Address / City / State / Zip			
Phone			
Campus / Student Minister			
Name			
Address / City / State / Zip			
Phone			
Employer / Teacher / Profe	essor		
Name			
Address / City / State / Zip			
Phone			
Personal Friend			
Name			
Address / City / State / Zip			
Phone			

I understand that I will be under the guidelines and policies of the Smoky Mountain Resort Ministries and my supervisor. I agree to abstain from the use of tobacco products, alcoholic beverages, illegal drugs, and any other behavior that would hinder my ministry during my term of service as a student missionary. I understand that use of the substances, or involvement in questionable conduct will be cause for dismissal as a student missionary.

Signiture	
Date	/ / /
	MM DD YYYY