



4218 SW 55th Cir, Ocala, FL 34474 ♦ 719-271-7375
www.slavicchristian.org

Please place
photograph of
you here.

Date: _____

Please print out, complete, and return this application to **Slavic Christian Ministries, 4218 SW 55th Cir, Ocala, FL 34474**. If an entire family is applying for short-term missionary service, each member, including children should complete a separate form. **Please type or print in dark Ink.** Thank you for your interest in serving our Lord Jesus Christ with us!

PERSONAL

Name _____ Gender M F
Title First Middle Last Preferred Nickname

Mailing Address: _____
Street City State/Province Zip/Postal Code

Permanent Address: _____
Street City State/Province Zip/Postal Code

Telephone Numbers: Home _____ Cell _____

E-mail Address: _____ Date of Birth ___/___/___

Social Security # ___/___/___

Country of Citizenship: _____ State of Birth: _____

Passport Number: _____ Issue Date ___/___/___ Expiration Date ___/___/___

Occupation: _____

Passport Authority: _____

United/Lufthansa/Austrian/British Airways Airlines Frequent Flyer Number: _____
(circle the correct airline above)

In case of an emergency, notify: _____

Address: _____
Street City State/Province Zip/Postal Code

Emergency Telephone Number: Home _____ Work _____

MEDICAL

1. Overall condition of health: Excellent Good Fair Poor
2. When was your last immunization for tetanus? _____
3. List any allergies _____
4. How do you keep them under control? _____
5. What limitations might you have on this trip? _____
Explain any medication or therapy necessary for your allergies? _____
6. List any major illnesses, physical limitations, diet restrictions, or specific health problems you have which might impair your ability to serve _____

MINISTRY EXPERIENCE and GOALS

Have you had previous missionary experience? Yes No. If yes, please explain (indicate country, dates, and organization, if applicable):

Do you speak Russian? (F = Fluent G = Good S = Some N= None): _____

We will engage in many of these activities on each trip, but which of these ministry opportunities interests you the most? Please choose several.

- | | | | | |
|--|---|--|---|--|
| <input type="checkbox"/> Art & Drama | <input type="checkbox"/> Preaching & Teaching | <input type="checkbox"/> Orphanage Worker | <input type="checkbox"/> Literature Distribution | <input type="checkbox"/> Prayer Walking |
| <input type="checkbox"/> Music & Worship | <input type="checkbox"/> Children's Work | <input type="checkbox"/> Medical | <input type="checkbox"/> Dental | <input type="checkbox"/> Sports Evangelism |
| <input type="checkbox"/> Youth Work | <input type="checkbox"/> Community Outreach Parties | <input type="checkbox"/> Building Projects | <input type="checkbox"/> Professional Business Seminars | <input type="checkbox"/> Other – Please List _____ |

Indicate training, special skills, talents, certifications, and/or Christian service experience for each item checked: _____

Specific month & year you prefer to serve (anytime between May 15 – August 31) _____

What hopes and expectations do you have for your experience? _____

MISCELLANEOUS

How did you first hear about Slavic Christian Ministries? Friend Web Church SCM web-site

I understand that I will need to fully raise my financial support at least one month prior the trip departure and purchase airline ticket three months prior to trip departure. If I back out of the trip after paying my deposit, I understand that it is not refundable. Do you agree with these terms? Yes No

Are you willing and able to work alongside Ukrainian nationals, SCM, and your local church, and submit to their leadership, when necessary? Yes No

PASTORAL REFERENCE

Pastor's Name: _____

Pastor's Email address: _____

Church Telephone #: _____

Church Name & Denomination: _____

Church Address: _____

CHRISTIAN LIFE

When did you receive a saving faith in Jesus Christ? _____

Note: Applicants serving with Slavic Christian Ministries are required to sign our doctrinal statement. Please read the following carefully and sign below if you are in agreement.

STATEMENT OF FAITH

1. We believe the Bible to be the inspired, infallible, and authoritative Word of God.
2. We believe that there is one God, eternally existent in three persons: Father, Son, and Holy Spirit.
3. We believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death through his shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal return to power and glory.
4. We believe that for the salvation of lost and sinful man, regeneration by the Holy Spirit is absolutely essential.
5. We believe in the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a godly life.
6. We believe in the resurrection of both the saved and the lost: they that are saved unto the resurrection of life and they that are lost unto the resurrection of damnation.
7. We believe in the spiritual unity of believers in Christ.

The above Statement of Faith accurately represents my beliefs.

Signature

I recognize that participation on a trip of this nature may be hazardous or dangerous. Therefore, I am, for myself, my heirs, executor and/or administrator, releasing and forever discharging SCM and all its officers, agents, servants, and employees, acting officially or otherwise, from any and all reason of injury, damage (including property damage to any of my belongings), loss or death which may occur from any cause including, but not limited to, any accident and/or occurrence while participating individually or with others while on this missions trip.

In case I am in need of a medical emergency or surgical treatment to protect my health, welfare or life while participating on this trip, I authorize and agree to allow any authorized agent or employee of SCM to consent to and authorize the administering of such necessary medical and/or surgical treatment. I also declare by this statement that I am unaware of any medical or psychological reason why this trip would be injurious to my well being and have made my team leader aware of any medical conditions and medications that I have or will be taking during this trip.

Signature

• *I affirm that the statements made on this application are complete and true.*

Signature _____ **Date** _____