

AMBASSADORS FELLOWSHIP

PO Box 62309 Colorado Springs, CO 80962-2309
719-345-0012 Email ambassadorsfellowship@gmail.com

[Office: _____ Group: _____ City: _____ Event: _____]

SHORT-FORM APPLICATION

(For Crusades and Serve & Learn Tours, Also Preliminary Questionnaire)

INSTRUCTIONS: Please type or neatly print. Staple supplemental sheets to the back of this application.

1. Indicate the program for which you are applying (name and date) _____

2. Applicant's name: Rev. Dr. Mr. Mrs. Miss Ms. Other _____

First _____ Middle _____ Last _____

3. Present Address _____

City _____ State _____ Zip code _____ Phone (____) _____

Dates at this address (or is it permanent?) _____

4. Permanent Address (if different) _____

City _____ State _____ Zip code _____ Phone (____) _____

5. Date of birth (mm/dd/yyyy) _____ Citizenship _____

If naturalized, state date and place _____ Social Security No. _____

Employment / Skills

6. Marital Status:

Married Single Widowed Divorced Separated

If divorced or separated, please explain on separate sheet of paper.

Name of Spouse: _____

7. Do you have dependent children: yes no If yes, list names and ages below.

Name	Ages	Name	Ages
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you will have children accompanying you, please list name(s), sex (es), and age(s) below.

Name	Sex	Ages	Name	Sex	Ages
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

8. Are you a member of a local church? Yes No Denomination _____

Pastor/Elder _____

Name of Church _____

Address _____

City _____ State _____ Zip code _____ Phone (____) _____

9. What responsibilities have you had at your church or Christian group?

10. Emergency Contact Person: Rev. Dr. Mr. Mrs. Miss Ms. Other

First _____ Last _____

City _____ State _____ Zip code _____ Phone (____) _____

11. Indicate languages spoken and proficiency, below.

Language

_____	<input type="checkbox"/> Native	<input type="checkbox"/> Fluent	<input type="checkbox"/> Conversant	<input type="checkbox"/> Basic	<input type="checkbox"/> None
_____	<input type="checkbox"/> Native	<input type="checkbox"/> Fluent	<input type="checkbox"/> Conversant	<input type="checkbox"/> Basic	<input type="checkbox"/> None
_____	<input type="checkbox"/> Native	<input type="checkbox"/> Fluent	<input type="checkbox"/> Conversant	<input type="checkbox"/> Basic	<input type="checkbox"/> None
_____	<input type="checkbox"/> Native	<input type="checkbox"/> Fluent	<input type="checkbox"/> Conversant	<input type="checkbox"/> Basic	<input type="checkbox"/> None
_____	<input type="checkbox"/> Native	<input type="checkbox"/> Fluent	<input type="checkbox"/> Conversant	<input type="checkbox"/> Basic	<input type="checkbox"/> None

12. Please state your gifts, talents, skills and abilities (including instrumental) _____

13. Do you have a valid driver's license? Yes No Date of Expiration: _____

14. Are you a student? Yes No Year: Freshman Sophomore Junior Senior Grad

If so, where and what are you studying (or where and what did you last study?)

15. Are you employed? Yes No Where: _____

16. What previous cross-cultural ministries or activities have you participated in and when?

17. Please list any medical conditions or special diets you have. ⁹Please include medication you must take and medication to which you are allergic)

18. Use a separate sheet of paper to explain when & how you came to know the Lord as your personal Savior.

19. How much formal and/or informal Bible training have you had? Please describe:

State briefly your formal educational attainments and degrees:

20. Do you speak in tongues? Publicly Privately If yes, to either, please explain

21. Do you smoke and/or use alcoholic beverages? Smoke Yes No Drink Alcohol Yes No

22. Are you willing to submit to the leadership, rules & guidelines of this organization? _____

23. Enclosed: \$ _____ for application processing fee [See the program's materials or call the office] for applicable fees.

Signature _____

Date _____