

Celebrate Jesus Mission
 PO Box 2174, Goldenrod, FL 32733-2174
 Tel: 407-893-7305 Fax: 407-893-7307
 E-mail: celebrate.jesus@CJMission.org
 Web: www.CJMission.org



NAME _____
 HOME CHURCH _____
 DENOMINATION _____

APPLICATION for Florida Space Coast Mission
July 21 – 28, 2012

Application deadline: May 21, 2012

TEAM MEMBER INFORMATION

Please complete this application and return it with your fee and the following appropriate form: Applicants age 18 and over must complete a criminal records background check form. If you are under 18 years of age, you must have a parent or guardian complete a Medical Release form. **Both forms may be downloaded at our website: www.cjmission.org, click on Resources and Forms.**

1. Team Member information

PLEASE PRINT OR TYPE

Rev. Dr. Mr. Mrs. Miss Ms. Birthdate (mm/dd/yy) ____/____/____ Gender _____

Address _____

City _____ State _____ Zip Code _____

E-mail _____ Home Phone (____) _____

Cell Phone (____) _____ Fax (____) _____ Work Phone (____) _____

T-Shirt size _____

Other than English, what other language(s) do you speak and how well? _____

I prefer to serve an ethnic church: African American Hispanic Haitian Other _____

I would be comfortable serving with a team in a Hospital: yes no

2. Some information about me: (circle all that apply)

My Spiritual Gifts:

- | | | | |
|-----------|---------------|-------------|----------------|
| Prayer | Prophecy | Leadership | Apostle |
| Wisdom | Serving | Pastoring | Evangelist |
| Knowledge | Tongues | Music | Administration |
| Faith | Teaching | Discernment | |
| Healing | Encouragement | Hospitality | |
| Miracles | Giving | Mercy | |

This Is What I Can Do:

- | | | | |
|-------------------|-----------------|-------------------|------------------|
| Children's Work | Street Work | Visiting | Lead Sm. Group |
| VBS | Drama | Counseling | Lead Bible Study |
| Youth Work | Public Speaking | Listening | Lead Worship |
| Work with Elderly | Preaching | Lead Prayer Group | |

I Have Experience In:

- Prison Ministry Help-Line Stephen Ministry Hospital Visitation

I play the following instrument(s) _____ Will you bring it on mission? Yes No

Sports (specify): _____

3. Team Assignment:

- I am interested in a place on
- A Youth team 13 -18 years old*
 - An All Age team 16 and up*
 - A Family team (Parent and Child) 5 years old + with parent or guardian*

*Age requirements by time of mission

We will try our best to honor your request, but ultimately the needs of the churches on mission will guide placement.

I would like to be on a team with _____ (Name one person only) **

** We cannot guarantee that your request will be met.

If there is any further information about you that might assist us in your team placement, please attach this on a separate paper.

4. **My Christian Experience:** How long have you been a Christian? _____

Please give a short outline of who Jesus is to you. (Use additional paper if needed.) _____

Have you been on a Celebrate Jesus mission before? Yes No If yes, how many? _____

5. **My Health:** I have the following medical, dietary or physical needs: _____

6. **Pastoral Reference:** The Pastoral Reference form will be sent to your pastor and your application will be approved upon receipt of the signed/verifiable reference form. You should ensure he/she completes and returns it as soon as possible. (Please print)

Pastor's Name: _____

Church Address: _____

7. **My Responsibilities:** I accept my responsibility to bring both: (Please check boxes)

- A personal love gift toward the Mission A love offering from my church toward the Mission

8. **My Reference:** Personal Statement – Celebrate Jesus requires you to make the following declaration and you are not entitled to withhold relevant information.

Have you ever been convicted of a sexual or violent offense or an offense against children or youth; or are you at the present time subject to a criminal charge of this nature?

Print Name _____ **NO YES**
(Please circle appropriate reply)

REQUIRED Signature _____ **Date** _____

I Agree to serve on any team to which I am assigned.

Print Name _____

REQUIRED Signature _____ **Date** _____

_____ **Date** _____
REQUIRED Signature of Parent or Guardian if you are under 18 years of age.

Application void if not signed

9. **Emergency Contact:** Person to contact in case of emergency during mission week:

Name _____ Relationship _____ Phone _____

10. I expect to travel by: Automobile Air Please advise Celebrate Jesus of flight details 30 days before mission to arrange transportation to and from airport.

11. **Mission Fee:** When this form is completed, please send it with the following (non-refundable) application fee payable to Celebrate Jesus Inc.

\$150.00 per person / \$50.00 for each additional family member

PO Box 2174, Goldenrod, FL 32733-2174 U.S.A.

A Registered 501(c)3 organization

Tel (407) 893-7305

Fax (407) 893-7307

celebrate.jesus@CJMission.org

www.CJMission.org