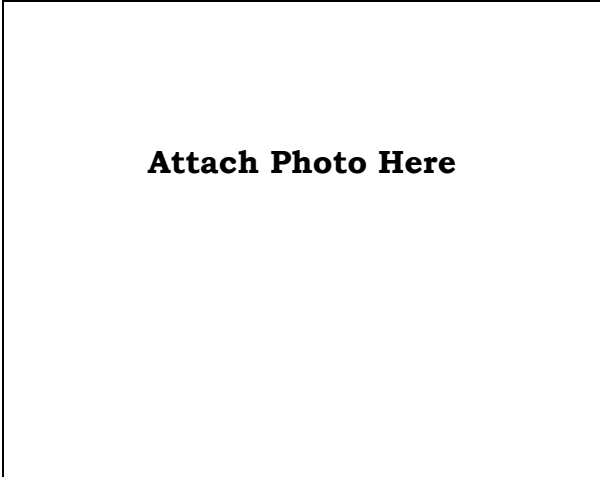




Student Summer Missions Application



Return to: Sports Crusaders
Attn: Summer Application
460 S Summit Dr
Holts Summit MO 65043

Office : 573-896-6095
E-mail: tricia@sportscrusaders.org
Website: www.sportscrusaders.org

Current Legal Name (as it appears on your driver's license)

Last _____ First _____ Middle _____

Name you go by _____ t-shirt size _____ Shorts Size _____ Polo size _____

Permanent Mailing Address _____

City _____ State _____ Zip _____

Home Phone (____) _____ Cell Phone(____) _____

Current/School address (if different than above) _____

City _____ State _____ Zip _____

Current/School Phone (if different than above) (____) _____

Email Address _____ Alternate Email _____

Gender _____ AGE _____ Date of Birth _____

Social Security # _____ Marital Status _____

Will you have a car this summer? _____

Indicate what sport/sports you are able to teach:		
Basketball	Volleyball	
Soccer	Cheerleading	
Primary Location Preferred:		
Missouri	Illinois	Texas
Would you be interested in serving on an international mission trip?		

Father/Guardian Name _____

Home Phone(____) _____ Cell Phone (____) _____

Mother/Guardian Name _____

Home Phone (____) _____ Cell Phone (____) _____

What is their attitude concerning your potential service as a collegiate summer missionary?

Church where you are a member _____

Denomination affiliation of Church _____ How long have you been a member?

_____ Church Where you are currently attending (if different) _____

Denomination affiliation of church _____ How long have you attended? _____

School Attending _____ Hours completed _____

Major _____ Minor _____ GPA _____

Tentative Vocational Choice _____

I understand that Sports Crusaders does not pay expenses of life, medical, dental, or accident insurance.

Do you have or have you had in the past any medical conditions of which Sports Crusaders should be made aware? Please list and explain.

Serving as a Sports Crusader may be physically demanding and entail a great deal of activity. Are you confident that you will be physically able to meet these demands? _____

Are you currently under a physician's care or taking any prescribed medicines? _____

If yes, please explain and list any medications. _____

List college (or high school, if you recently graduated) and community activities, organizations you belong to, offices held, and honors received:

List Activities in your home and college church: _____

List Campus ministry activities, involvement, and leadership-including mission trips:

Athletic Experience (High School, College, Etc.) _____

Related Experience coaching, working with children/youth: _____

Do you like working with children/youth? Why? _____

List Positive Attributes you would bring to working with a team: _____

List any weaknesses you feel you have in working with a team: _____

Indicate Experience in the Following:

	Some	Much	Leader
Witnessing			
Bible Study			
Mission Projects			
Backyard Bible Clubs			
Recreation			
Devotions			
Working with children/youth			
Camp Staff			
Share Testimony			

Are you willing to work/serve with persons of other races and nationalities? In what ways have you worked with them in the past?

Describe Briefly your reason for wanting to be a Sports Crusader: _____

Describe your initial encounter with Jesus Christ and relate how His continuing lordship has changed your life.

What is your vocational call, and how do you anticipate sharing your faith through that call?

As a student, how have you shared and are currently sharing your faith with others?

Describe the meaning the church has for you.

Briefly state your concept of missions and your reason for wanting to be a summer missionary.

Discuss any matters with which you are occupied (family, financial, dating relationship, etc.) that could claim your attention this summer.

Have you served previously with Sports Crusaders? Year?

As an applicant, we want you to understand that a past problem with illegal drug use and/or immoral relationships will not prevent you from being approved as a summer missionary provided:

- 1. It can be determined that your current convictions are strong and consistent with scripture.**
- 2. A significant track record of obedient Christian living has been established.**

Do you currently use or have you used alcohol in the last 12 months? If yes, explain.

Do you currently use or have you used tobacco products in the last 12 months? If yes, explain.

Have you ever used narcotics, hallucinogens, or illegal drugs not prescribed by a physician? If yes, explain.

Have you ever been charged with a crime? If yes, explain.

Have you had a voluntary sexual relationship outside of marriage? If yes, please let us know if it has occurred in the last 12 months and how you have dealt/are dealing with it.

Have you ever engaged in pornography, including internet pornography? If yes, please give us the date of your most recent involvement/visit to a pornographic site. Please explain in detail the steps you are taking to overcome this, including who you are accountable to.

Have you ever struggled with an eating disorder such as bulimia or anorexia? If yes, explain.

Have you had professional counseling? If yes, explain.

Is there anything in your life that, if made known, would hinder your witness or be an embarrassment to your ministry or church? If yes, explain.

Please write a brief introduction of yourself for your team. Be sure to include all information that will help your team get to know you.

***GIVE THE NAME AND ADDRESSES OF FOUR REFERENCES. NO RELATIVES.
DO NOT USE YOURSELF. GIVE COMPLETE ADDRESSES.***

PASTOR:

ADULT FRIEND:

NAME

NAME

ADDRESS

ADDRESS

CITY

STATE ZIP

CITY

STATE ZIP

PHONE

PHONE

PROFESSOR/TEACHER:

PERSONAL FRIEND:

NAME

NAME

ADDRESS

ADDRESS

CITY

STATE ZIP

CITY

STATE ZIP

PHONE

PHONE

Authorization For Background Check

The undersigned hereby authorizes Sports Crusaders, Holts Summit, Missouri, to review and obtain from any criminal record agency any and all records, documents or other information concerning my background including but not limited to my criminal record, character, general reputation, personal characteristics or mode of living used in establishing my eligibility for working in a children's sports ministry program. A photo static copy of this authorization shall be considered as effective and valid as the original.

Signature _____ Date _____

Print Full legal name _____

Home Address _____

Home Phone _____

Date of Birth _____ Social Security # _____