

GO...BE 2010 Short-Term Mission Application

Check Mission	Date	Mission	Place
<input type="checkbox"/>	Feb 27th	Breaking Bread Spring Cleaning	Midland, Texas
<input type="checkbox"/>	March 13th-20th	Mother Daughter Mission	El Salvador
<input type="checkbox"/>	April 20th-27th	family Mission	Romania
<input type="checkbox"/>	May 12th-17th	Concert Celebration	El Salvador
<input type="checkbox"/>	June 6th-12th	Pastor/Leader Conference	Acuna, Mexico
<input type="checkbox"/>	June 18th-26th	father Son Mission	El Salvador
<input type="checkbox"/>	June 25-29 th	Gay Pride Parade Outreach	San Francisco
<input type="checkbox"/>	June 21st-28th	Kids Camp Setup	Alaska
<input type="checkbox"/>	July 5th-10th	Pastor/Leader Conference	Acuna, Mexico
<input type="checkbox"/>	July 11th-17th	Hurricane Ike	Houston, Texas
<input type="checkbox"/>	July 15th-27th	English Camp	Romania
<input type="checkbox"/>	July 30th-31st	MISD Lightbulbs	Midland, Texas
<input type="checkbox"/>	August 15th-23rd	Park Outreach	New York
<input type="checkbox"/>	September	Senior Services	Midland, Texas
<input type="checkbox"/>	October 10th-16th	Canadian Thanksgiving	Canada
<input type="checkbox"/>	November 23rd-27th	Hurricane Ike	Houston, Texas

Short-Term Mission Application

Mission Choice #1: Place _____ Date _____

Mission Choice #2: Place _____ Date _____

Personal Information *Please type or print clearly and return application to Stonegate Fellowship*

Today's Date: _____

Name: _____
Last First Middle

Sex: M F Marital Status: _____ Age: _____

Country Citizenship: _____ If not USA, are you a permanent resident? Yes No

Passport # _____ Expiration Date _____

Languages spoken _____

Do you have any physical or medical limitations _____

Emergency Contact Information

Name: _____
Last First Middle

Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____ Work Phone: _____

Relationship: _____ Cell Phone: _____

References

Church Leader: _____ Phone Number: _____

Coworker: _____ Phone Number: _____

Friend: _____ Phone Number: _____

Questions? email us at go.be@stonegatefellowship.com

Confidential Background Screening Form

The results of the security background checks will be reviewed by the Church Administrator or other designated staff member. If the results of the check are questionable, according to Stonegate Fellowship's Volunteer Background Check Procedure Guidelines, the information will be reviewed with the applicant by the Church Administrator and/or other Supervisory Staff Member.

All personal information voluntarily disclosed, the results of all security background and reference checks, or the refusal of any person to participate in a program or activity in lieu of such disclosure requirements will be considered confidential. The written results of the security background checks and the reference checks initially will be reviewed by a specific person designated by the Supervisory Staff Member. After this initial review, all results will be directed to the Supervisory Staff Member.

Without the written permission of a volunteer or paid worker, the results of the background check and the reference check will be disclosed only to the Supervisory Staff Member and specific reviewer designated by the Supervisory Staff Member.

Print Name: _____
Last First Middle

Current Address : _____ Since: _____

City: _____ State: _____ Zip: _____

Previous Address: _____ Since: _____
Street City State/Zip

Previous Address: _____ Since: _____
Street City State/Zip

Email: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Date of Birth (MM/DD/YYYY): ____ / ____ / ____

Your SSN is needed in its entirety to complete this application: Social Security #: _____ - _____ - _____

Employer: _____ Occupation: _____

Former Name(s) and Dates Used: _____

Maiden & Year Married

("Yes" answers to these questions will not necessarily disqualify you from service with Stonegate Fellowship)

Have you ever been disciplined by a church?

YES

NO

If yes, please explain:

Have you ever been convicted of or pled guilty to a criminal offense (misdemeanor or felony, other than parking violation) in a court of law?

YES

NO

If yes, please provide date(s), location(s), and violation(s):

Have you ever been charged for, pled guilty or no contest or been convicted of any criminal violation of any type of sexual misconduct or abuse?

YES

NO

If yes, please explain:

Have you ever been disciplined, suspended, or terminated by any organization due to allegations of any type of sexual misconduct or abuse concerning a minor?

YES

NO

If yes, please explain:

The information contained in this application is correct to the best of my knowledge. I hereby authorize Stonegate Fellowship and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences; employment history, credit history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to Stonegate Fellowship or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release Stonegate Fellowship, the Social Security Administration, and its agents, officials, representative, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

Applicant Signature: _____ Date: _____

Personal Reflection

Briefly describe how you came to know Jesus Christ as Savior and Lord. Tell any other significant times of growth in your walk with Him. How is the Lord working in your life right now?

Briefly describe what a mission is to you and how your skills, gifts, and training equip you to be a part of this strategic mission.

Give a brief evaluation of prior missions experience including spiritual growth, relationships, job assignments, date and organization.

List three of your "strengths" and three of your "weaknesses" and explain how each might impact the team dynamic.

If more space is needed attach to this application.

FOR OFFICE USE ONLY

Date Received:

____ / ____ / ____

Received By:

Please Print

Missions Assigned To: #1 _____

#2 _____

Position Assigned To: _____

Background Check Entered/Pending: _____ / _____ / _____

Initials

Background Check Cleared: _____ / _____ / _____

Initials

Completed Next Steps I _____ / _____ / _____

Initials

Completed Next Steps II _____ / _____ / _____

Initials

Completed Next Steps III _____ / _____ / _____

Initials

Mission Specialist Approval _____

Signature

Notes:

Name:

LAST

FIRST

APPROVED

DENIED