

ELEVATE LIFE CHURCH
4027 Trail Creek Rd. Riverside, Ca 92505
info@go2elevate.com / phone 951-888-1038

SHORT-TERM
Confidential Missionary Application Profile

Please answer all questions and return to the Missions Department. Please Note: If married/engaged, both husband and wife or fiancé are to complete a separate application.

Please type or print your legal name:

Mr/Mrs/Miss

_____		_____		_____	
Last		First		M.I.	
_____		_____		_____	
Street		City		State Zip Code	
_____		_____		_____	
Home Phone		Work Phone			
_____		_____		_____	
Mobile Phone		Email Address			
_____		_____		_____	
Date of Birth		Full Name of Spouse			
_____		_____		_____	
Passport Number		Country of Issue		Expiration Date	

*Please attach a color photocopy of your passport.

CHURCH AND MINISTRY BACKGROUND

Please answer the following questions (use separate piece of paper if needed).

1. How long have you attended Elevate Life Church? _____

2. Describe your conversion testimony and present relationship with Jesus Christ: _____

1. Describe your ministry experience here at ELC and/or elsewhere. _____

2. What, if any, literature have you read about missions? _____

3. What missions experience do you have? _____

4. In what ways have you supported missions? _____

5. What has influenced you to join this mission trip? _____

6. List anything else that would be helpful for us to know about your situation. _____

BRIEFLY STATE YOUR BELIEFS ON THE FOLLOWING:

This is not a test of your Bible knowledge, but we do want to know what you believe regarding some key Christian doctrines.

1. Salvation; what is it and how is it obtained? _____

2. How would you explain who Jesus Christ is? _____

3. What is the Trinity? _____

4. Describe what Water Baptism is and what it means? . _____

5. Describe the purpose of the baptism of the Holy Spirit. _____

SPECIAL SKILLS: (Please check all that apply)

- | | | |
|---------------------------------------|-------------------------------------|------------------------|
| _____ Accounting | _____ Engineering | _____ Photography |
| _____ Administrative | _____ Electrician | _____ Plumbing |
| _____ Agriculture | _____ Journalism | _____ Public Relations |
| _____ Athletic/Coaching | _____ Landscaping | _____ Teacher |
| _____ Carpentry | _____ Graphic/Web Design | _____ Radio/TV/Film |
| _____ Mechanic | _____ Multilingual (specify): _____ | |
| _____ Computer (specify): _____ | | |
| _____ Medical Skills (specify): _____ | | |
| _____ Musical Skills (specify): _____ | | |
| _____ Other (specify): _____ | | |
| _____ | | |

MARITAL STATUS

Single: _____ Married: _____ Other: _____

If you are expecting a child, please give approximate date of birth: _____ / _____

HEALTH

1. Do you have any physical condition that may limit your ability to perform the ministry for which you have applied? _____ Yes _____ No.

a. If so, please explain. _____

2. Have you received treatment for any nervous, mental, or emotional disorders within the last three years?

_____ Yes _____ No. If yes, what was/is the nature of the disorder? _____

3. If you have been under a doctor's care, do you now have a medical release for the mission field? _____ Yes _____ No

a. Explain: _____

4. Do you have health insurance that will cover you at home and overseas?

_____ Yes _____ No

5. Do you have any other comments or concerns relating to your health and this mission trip? _____

STATEMENT OF COMMITMENT

I acknowledge that all above information is accurate and true. I understand that I will be required to attend meetings to prepare for this mission trip. I understand that I will be under those leading the team and will be submitted to them. I understand that the completion for this application is not a guarantee of my participation in the mission trip and that it requires the approval of the staff of ELC. I understand that I am responsible for the costs of this mission trip unless otherwise informed.

Signature: _____ Date: _____

Please submit forms to: Missions Coordinator

SIGNATURE OF PARENT OR GUARDIAN (IF PARTICIPANT IS A MINOR)
CONSENTING TO A MINOR'S PARTICIPATION UNDER THE FOREGOING TERMS
AND CONDITIONS:

Print Name of Parent/Guardian Signature of Parent/Guardian Date

ELC LEADERSHIP APPROVAL

Name Date of Interview if Applicable

Signature Date of Approval

ELC Leadership Notes: _____

