



**EMPLOYMENT EXPERIENCE**

1. Present occupation \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Prov/State \_\_\_\_\_ PC/zip \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_  
*(\*We reserve the option to contact your employer.)*

Length of employment \_\_\_\_\_

Title/Responsibilities \_\_\_\_\_

2. Past employment

Employer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Prov/State \_\_\_\_\_ PC/zip \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_  
*(\*We reserve the option to contact your former employer.)*

Length of employment \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Title/Responsibilities \_\_\_\_\_

3. Additional work history

Employer \_\_\_\_\_ Position \_\_\_\_\_ Length of employment \_\_\_\_\_

**HEALTH**

As you will be in a foreign country, it is essential for your well-being that we be aware of any health care issues (heart condition, diabetes, seizures, allergies, medications you take).

1. Do you have any psychological, mental or physical health issues for which you have received therapy, treatment, or medication over the past 12 months? Please describe fully, so that we are able to assist you should you require medical attention.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Do you require any prescription medications? Please describe dosage and purpose. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3. Do you have any **allergies**? (food, medications, insect bites) \_\_\_\_\_

4. Many buildings are not wheelchair accessible and you may be housed a distance away. Are you able to climb stairs, or walk for a minimum of 20 minutes? \_\_\_\_\_ Yes \_\_\_\_\_ No

**\*\*NOTE** Please arrange to have a **medical checkup**, prior to your departure, if you are accepted at Graceland. You must speak with your physician and pharmacist to ensure an adequate supply of your prescriptions for the entire length of your stay and to arrange for any immunizations you may require.

## FINANCIAL INFORMATION

1. How will your mission adventure be funded? (You will require minimum \$800Cdn or \$750US per month)

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2. Do you have a sponsoring church? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please provide the name of the church and how they will sponsor you (financial, prayer, care packages etc).  
If no, how will you receive the emotional and spiritual support that you will require overseas? Please describe.

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3. Do you have any financial factors that would make it difficult for you to be involved in this mission? (outstanding school loans, mortgages, credit card debt etc) \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain how you plan to take care of these debts.

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## SPECIAL INTERESTS

1. Have you lived abroad? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list country(s), length of stay, and purpose.

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2. Describe any cross-cultural experiences you have had (one week or longer). Include exchange student, missions, etc.

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3. What language/s do you speak? (gauge your fluency "basic", "mother tongue", etc.)

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4. How do you feel about learning a new language? \_\_\_\_\_

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5. What activities (sports, crafts, reading, etc) do you enjoy in your leisure time?

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**AREAS OF INTEREST**

Area(s) I am interested in serving in:

- |   |  |
|---|--|
| <input type="checkbox"/> Teacher/tutor                  | <input type="checkbox"/> Drama                 |
| <input type="checkbox"/> Youth Ministry                 | <input type="checkbox"/> Business              |
| <input type="checkbox"/> Bible Studies/Teaching         | <input type="checkbox"/> Construction          |
| <input type="checkbox"/> Crafts                         | <input type="checkbox"/> Summer Camps          |
| <input type="checkbox"/> Coffee House Ministry          | <input type="checkbox"/> Conversations         |
| <input type="checkbox"/> Curriculum Development/Writing | <input type="checkbox"/> Music                 |
| <input type="checkbox"/> Family Ministry                | <input type="checkbox"/> Administration        |
| <input type="checkbox"/> New Schools                    | <input type="checkbox"/> Cooking               |
| <input type="checkbox"/> Intercession/Prayer Teams      | <input type="checkbox"/> Sports                |
| <input type="checkbox"/> Children's Ministry            | <input type="checkbox"/> Multi-media           |
| <input type="checkbox"/> Graphic Arts                   | <input type="checkbox"/> Internship (in _____) |
| <input type="checkbox"/> Computers/technology           | <input type="checkbox"/> Other _____           |

**TIME COMMITMENT**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Short-term (3-10 weeks) | <input type="checkbox"/> Summer (3-4 months)        | <input type="checkbox"/> Apprentice (4 months – 1 year) |
| <input type="checkbox"/> Semester (4 months)     | <input type="checkbox"/> Adventure (1 year or more) |   |
| <input type="checkbox"/> College Internship      | <input type="checkbox"/> _____ months               | school name _____                                       |

**PROPOSED DATE OF YOUR ADVENTURE TO GRACELAND.** \_\_\_\_\_

**SPIRITUAL PREPARATION**

- How long have you been a Christian? \_\_\_\_\_
- Have you been immersed into Christ?  Yes  No  
When and where? \_\_\_\_\_
- What is your denominational background? \_\_\_\_\_
- Which church are you currently attending? \_\_\_\_\_
- How long have you been attending? \_\_\_\_\_
- How often do you attend? \_\_\_\_\_
- Please list ministries and activities you have been involved in.  
\_\_\_\_\_  
\_\_\_\_\_
- We would like to contact your pastor, please provide information below  
PASTOR'S NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_ email \_\_\_\_\_

Please also provide us with the name of Christian leaders (not family members) who would be willing to provide spiritual counsel for you while you are in Poland. These individuals do not have to be from your current home church, but they do need to be able to coach and support you from a distance. Graceland Ministries reserves the right to contact these individuals, if necessary.

Name	Name
Leadership position	Leadership position
Phone	Phone
e-mail	e-mail

9. What do you hope to gain from your mission experience at Graceland? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
10. What experiences have you had to help prepare you to work in a mission? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
11. Are there any personal or family issues that would make your involvement difficult? \_\_\_\_ Yes \_\_\_\_ No  
 If yes, please explain. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**References**

Please provide the names and contact information of the three people who will provide references on your behalf.

1. **Pastor's Name** \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_
2. **Christian Leader Name** \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_
3. **Name** \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_

**Your History**

First, Choose three words to describe yourself.

\_\_\_\_\_

**NOW, PLEASE WRITE YOUR PERSONAL STORY**

In one page (use a separate piece of paper), tell us about yourself, your family, and your siblings. Describe what you like to do, what gives you joy, what makes you angry, etc. Describe your personality. Include your leadership and follower-ship practices. Identify your strengths and the areas you feel you need to develop or improve. Please write in as much detail as you like. We are interested in getting to know you.

**AGREEMENT**

I, the undersigned, hereby certify that the information contained on this application is true and correct, and I have not omitted any facts, which I reasonably believe would reflect unfavourably on Graceland Ministries' decision to accept me. In addition, I hereby authorize Graceland Ministries to contact any person or institution I have listed on this application and to independently verify the correctness of the information I have provided. Attendance at Graceland is for no definite period. My stay may be terminated by either myself, or Graceland Ministries directors, at any time, with or without notice and with or without cause.

**SIGNATURE** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please mail your completed application to:** (All applications go to the Canadian office for processing.)  
 Graceland Ministries  
 Suite 505  
 105-150 Crowfoot Cr NW,  
 Calgary, AB  
 T2L 2E5

Thank you for taking time to complete this application. It will prove most valuable in determining your placement at Graceland.

# graceland ministries REFERENCE REQUEST

**Applicant - Please sign and supply this form to the person who will complete this reference.**

**Name of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

I, \_\_\_\_\_, waive my right of access to see this letter of reference.

Signature \_\_\_\_\_

**OR**

I, \_\_\_\_\_, do NOT waive my right of access to see this letter of reference.

Signature \_\_\_\_\_

The above named applicant has applied to Graceland Ministries, and English outreach ministry in Poland. Your cooperation in providing a reference is very much appreciated.

**Please mail completed form to:** Graceland Ministries  
 Suite 505  
 105-150 Crowfoot Cr NW,  
 Calgary, AB  
 T2L 2E5

<b>POINTS TO ASSESS:</b>	<b>Excellent</b>	<b>Good</b>	<b>Adequate</b>	<b>Needs improvement</b> <small>(please comment below)</small>
Communication skills	_____	_____	_____	_____
Co-operation	_____	_____	_____	_____
Creativity	_____	_____	_____	_____
Dependability	_____	_____	_____	_____
Motivation	_____	_____	_____	_____
Leadership qualities	_____	_____	_____	_____
Christian Commitment	_____	_____	_____	_____
Maturity	_____	_____	_____	_____
Compassion	_____	_____	_____	_____
Evangelism	_____	_____	_____	_____
Teachability	_____	_____	_____	_____
Servanthood	_____	_____	_____	_____
Potential	_____	_____	_____	_____

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PLEASE SEE REVERSE

1. Please describe this person's ability to work in team. \_\_\_\_\_

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2. In your opinion, how will they do working in a cross-cultural environment? \_\_\_\_\_

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3. Please describe this person's emotional well-being. (easy-going, high strung, light hearted, moody etc. )

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4. How do you think this person will adapt to limited material or financial resources?

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5. Please describe this person's spiritual journey.

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Thank you for completing this reference request.

NAME \_\_\_\_\_ RELATIONSHIP/POSITION \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

CHURCH \_\_\_\_\_ E-MAIL \_\_\_\_\_

How long you have known the applicant \_\_\_\_\_

Date completed \_\_\_\_\_