

SUPERKIDS TEAM MISSION APPLICATION



Please return the completed application to Scripture Union:

Attn: Program Services Coordinator
P.O. Box 987 #1 ~ Valley Forge, PA 19482

A. Instructions:

Thank you for your interest in serving children through Scripture Union. In order to be considered for a SuperKids Missions Team you will need to:

- Obtain two references (instructions on the reverse side of this sheet). Provide 2 headshot photos for Identification Cards.
- Complete & return a Permission and Release Form.

Please complete this application and return it to Scripture Union Headquarters. (Addresses above). Upon acceptance, you will be contacted by the Program Services Coordinator to discuss pre-mission preparation, placement and requirements.

B. Information about you:

Name: _____

Email: _____ Gender: _____ Birthdate: _____ Phone: () _____

Current Address: _____ Permanent Address: _____

City, State, Zip _____ City, State, Zip _____

1st Choice

2nd Choice

I wish to join the

Date: _____ Date: _____

following Mission(s):

Location: _____ Location: _____

Your Parent's Names & Phone (if you are under 21): _____

Your Marital Status: _____ Have you served on SuperKids previously? _____ Number of Missions? _____

Last Mission & Director: _____ Your "Team Name": _____

Present Occupation: _____ How Long? _____

Your Church: _____ Minister: _____

Full Church Address: _____ Phone: () _____

Describe your health: _____ List any allergies or physical limitations: _____

Have you ever been convicted of a felony? yes no Have you been accused of child neglect or abuse? yes no

Do you use illegal drugs? yes no Have you ever had a drivers' license suspended? yes no

Is there any circumstance or situation that we should be aware of regarding your ability to be trusted with children? yes no
(If you have answered yes to any of the above, please attach an explanation.)

C. Special Abilities:

Please note: Due to the rigorous demands of the missions, persons with serious illness or disabilities at the time of the mission may, at the discretion of the Director, be required to leave the mission.

Please check all that apply: Story Telling Bible Teaching Drama

Art Cooking Puppets Sports: Musical Instruments: Other: _____

Certified: CPR Lifesaving First Aid Nursing Other: _____

Please only check those certifications that will be current at the time of the mission.

Age group you prefer to work with? You may check more than one:

Preschool - K 1-2 grade 3-4 grade 5-6 grade Youth Adult

VOLUNTEER APPLICATION



PART 2

D. Brief Answers: (returning volunteers skip to Section E below)

Briefly answer the following. If you need more space please feel free to use a separate 8½" X 11" piece of paper:

1. Why do you want to be part of a SuperKids Team?

2. What do you think it means to be born again or have new life in Christ? According to your definition are (do) you?

3. How and when did you become a Christian?

4. How would you explain your commitment to Jesus Christ?

5. What activities do you engage in to increase your Christian experience? (How often for each?)

6. Briefly describe the value of Bible reading, prayer, and church attendance as regular disciplines for Christians in general. Describe your own practice of these disciplines.

7. What strengths do you possess in your Christian faith or life which might help you minister to children?

8. What weaknesses have you discovered in your Christian faith or life that might hinder your ministry to the children or your work with the mission team?

9. How did you become interested in SuperKids Missions?

E. References:

Please give reference forms to two persons who will recommend you for this summer mission. One should be your *pastor*. Neither should be a relative or an intimate friend. The references are confidential and should be sent directly to our office by the person completing the form.

Please give us the following information on those to whom you gave Reference Forms:

Name: _____	Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Phone: () _____	Phone: () _____

F. Affirmation:

I have answered all of the questions thoughtfully and honestly. I declare my personal faith in Jesus Christ as my Savior and Lord. I am prepared to devote all my energies during the mission to the work with the children and ***I will acknowledge the Director's authority in all matters of personal and team conduct, pledging my willingness to assist and follow their instructions during the mission.***

Signature of Applicant: _____ Date: _____

Please list the names and addresses of anyone that you think would appreciate receiving Summer Mission information:

Name: _____	Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Phone: () _____	Phone: () _____