

# STAMP Application (Ages 14+)



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*If completing this application electronically, save the blank form before entering your responses.  
Note that text boxes are character limited; please be concise in your responses.*

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First name \_\_\_\_\_ Middle name \_\_\_\_\_ Last name \_\_\_\_\_

Street address \_\_\_\_\_ City/state/Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Email \_\_\_\_\_

Birth date \_\_\_\_\_ Age at the time of the trip \_\_\_\_\_ Gender: Male  Female

To which STAMP team are you applying? \_\_\_\_\_

Briefly describe how you became a Christian and why you decided to follow Jesus Christ.

Describe how you have grown spiritually in the last year and what you are currently doing to grow in your faith and your relationship with Jesus.

Explain the gospel in simple terms.

Briefly describe why you would like to serve on this STAMP team.

What are some of your strengths, gifts, skills and experiences that you think could be useful on the team to which you are applying?

Do you consider yourself resilient when things don't go according to plan?

Yes  No

Please explain:

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## YOUR CONNECTIONS

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Do you regularly attend College Church? Yes  No

Are you a member of College Church? Yes  No

Are you a member/regular attender of a College Church daughter church?\* Yes  No

If yes, which one? \_\_\_\_\_

*\*Note that STAMP teams are intended for members or regular attendees of College Church or her daughter churches.*

## YOUR CROSS-CULTURAL EXPERIENCE

Have you served on a World Impact, Justice & Compassion or STAMP team before? Yes  No

If so, please list (include year and team leader).

Are you comfortable with the STAMP Committee contacting your previous team leader(s) about your involvement on past teams? Yes  No  Not applicable

Do you have a current passport? Yes  No (never had one)  No (expired)

—If yes, please **DO NOT SUBMIT APPLICATION** without the following information—

Full name as it appears on passport: \_\_\_\_\_

Expiration date: \_\_\_\_\_

*(Your passport must be valid for at least six [6] months beyond your departure date from the country you will be visiting.)*

Have you lived or traveled in another country? Yes  No

If yes, when and where?

Do you speak any foreign languages? Yes  No

If so, please list and evaluate your proficiency in the language.

Language	Fluent	Conversational	Very little

Describe your interest and experience in cross-cultural ministry.

How do you think you will adapt to working in a foreign culture?

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## YOUR HEALTH

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Do you have **any** known medical condition which may affect you when going into an area where there may be physical and emotional stresses and lack of or limited access to adequate medical care and emergency services?

Yes  No

Do you have any life-threatening food allergies or severe food-related medical issues?

Yes  No

Do you require a specific meal schedule for health reasons?

Yes      No

Do you have any non-food allergies?

Yes      No

Are there any physical limitations that might surface if you were required to walk five or more miles in a day?

Yes      No

If your response is yes to any of the above, please explain.

If applicable what measures must be taken to remedy an allergic reaction (i.e., meds, EpiPen, hospital, etc.?)

Do you have medically necessitated dietary needs? *(Team hosts may not be able to accommodate special diets.)*

Yes  No

If yes, please specify.

Are you taking any prescription medication?

Yes  No

Are there any risks and/or complications if you don't take your medication?

Yes  No  Not applicable

If yes, please describe.

**NOTE:** *If you are accepted for this trip, your doctor's approval may be requested. You may also be required to inform your team leader of any serious medical situation for which you are taking prescription medication. Taking prescription medication does not necessarily exclude you from participating.*

Could you get your doctor's written approval to go on this trip if you are taking prescription medication?

Yes  No  Not applicable

Further information or comments about yourself that will help us as we consider your application?

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## YOUR COMMITMENT

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If married, does your spouse support this application? Yes  No  Not applicable

If no, please explain.

If your spouse (or child) is applying with you and he/she is not approved for the project, are you still interested in serving on this team?

Yes  No  Not applicable

You are required to recruit six people as prayer partners. Please list them.

- 1) \_\_\_\_\_ 4) \_\_\_\_\_  
2) \_\_\_\_\_ 5) \_\_\_\_\_  
3) \_\_\_\_\_ 6) \_\_\_\_\_

Will you personally commit to sacrificially give of your finances toward your trip?

Yes  No

Missions trips require a major time commitment. Team meetings prior to departure are an integral part of the trip. You are required to attend planning and training meetings in the months leading up to your trip. These sessions may increase in frequency as the departure date nears. Excessive absences may result in removal from the team. Are you willing to make every effort to attend all team meetings (except for unavoidable and occasional situations)? Yes  No

Do you agree to fulfill the following responsibilities of a STAMP team member?

Each candidate shall recruit no fewer than six (6) people as prayer partners. Candidates agree to contact their prayer partners prior to and at the completion of the project.

Yes  No

Each candidate shall fully engage in the pre-trip preparation.

Yes  No

Each candidate shall raise sufficient funds to meet the proposed budget. Candidates may be asked to withdraw if sufficient funds have not been raised in a timely manner. Withdrawal may result in reimbursing the church for any expenditure made on behalf of the team member.

Yes  No

Gifts to College Church become the sole property of College Church. A gift to College Church is a charitable contribution for federal income tax purposes to the extent permitted by law. Tax-deductible gifts cannot be refunded. In the event an applicant does not participate in the trip, gifts to College Church will go to support other members of the trip.

Yes  No

Each team member shall submit a written evaluation of the project to the team leader within two weeks after completion of the project.

Yes  No

Are you willing to share of your trip experiences at missions events and/or in Church publications?

Yes  No

Team members should be willing to serve on the STAMP Committee after returning from a STAMP trip.

Yes  No

Applicant signature \_\_\_\_\_ Date \_\_\_\_\_  
*A typed name will be considered as signature.*

**Please submit a COLOR copy of your current passport and \$100 deposit check to the Missions Office within one week of submitting application. (If not approved for a team, deposit will be returned.)**

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## FOR APPLICANTS AGES 14-17 ONLY

Applicants, ages fourteen *through* seventeen, must be able and willing to serve independently without direct parental supervision.

An interview will not be arranged for applicants under the age of 18 (at the time of the trip) until both a completed STAMP application *and* a completed Student Reference Form are submitted to the Missions Office. When both documents are received, a representative from the STAMP Committee will contact the applicant to arrange an interview.

Name of reference \_\_\_\_\_

Check one:

Pastor  Small Group Leader

E-mail completed forms to [stamp@college-church.org](mailto:stamp@college-church.org)

or mail to --

College Church  
Missions Office  
332 E. Seminary Ave  
Wheaton, IL 60187  
Fax: 630-668-0984

**For Office Use Only**

Passport copy \_\_\_\_\_

\$100 deposit check \_\_\_\_\_