

STAMP Application (Students < 14 years of age)



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

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? _____

How did you become a Christian?

What do you do to grow as a Christian?

How would you tell someone about Jesus?

Why do you want to go on a STAMP trip?

What talents do you have that would help the team on this trip?

Do you think it will be easy or hard for you to serve in another country?

Easy Hard

Why?

YOUR CONNECTIONS

Do you regularly attend College Church?	Yes	No
Do you go to Sunday school or youth group regularly?	Yes	No
Do you go to a College Church church plant or satellite service?*	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 STAMP team before? Yes No

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

Are you okay with someone from 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? Tell us a little about your experience there.

Do you speak any foreign languages? Yes No

If yes, write the name of the language in the box and check the box that best describes how well you speak it.

Language	I speak very well.	I can talk to people and understand.	I know a few words and phrases.

Do you have friends who live or have lived in another country? Tell about your friendship with them.

If plans change for this trip either here in the States or while in another country, how will you respond?

FOR PARENT OR GUARDIAN: YOUR CHILD'S HEALTH

Does your child have **any** known medical condition which may affect him/her when going into an area where there may be physical and emotional stresses and/or lack of or limited access to adequate medical care and emergency services? Yes No

Does your child have any life-threatening food allergies or severe food-related medical issues?

Yes No

Does your child have any non-food allergies?

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.?)

Does your child have medically necessitated dietary needs? Yes No

(Team hosts may not be able to accommodate special diets.)

If yes, please specify.

Is your child taking any prescription medication?

Yes No

Are there any risks and/or complications if he/she doesn't take his/her medication?

Yes No Not applicable

If yes, please describe.

NOTE: *If your child is 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 he/she is taking prescription medication. Taking prescription medication does not necessarily exclude your child from participating.*

Could you get his/her doctor's written approval to go on this trip if he/she is taking prescription medication?

Yes No Not applicable

YOUR COMMITMENT

Name six friends or family members that you will ask to pray for you if you go on this trip.

1) _____ 4) _____

2) _____ 5) _____

3) _____ 6) _____

Are you willing to do some chores and/or save some money to give toward your trip?

Yes No

What will you do?

Are you able to come to team meetings to prepare for the trip?

Yes No

If you can't, why?

What else do you want us to know about you when we read your application to join this team?

A typed name will be considered as signature.

Applicant signature _____ Date _____

Parent/guardian signature _____ Date _____

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.)

FOR APPLICANTS under 14 YEARS OF AGE

Children under fourteen will serve alongside their parent(s) throughout the duration of the STAMP project.

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

Sunday school teacher

E-mail completed forms to missions@college-church.org or mail to --

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