

# Operation Barnabas Application

*For the summer of 2011*

CE National  
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## Please type or print clearly in ink; no pencil, please!

This application and all references must be **received** at CE National by **November 17, 2010** or earlier. Please fax and then mail all parts of the application if it is after November 12, 2010. Even if applications are faxed, please mail as well.

**Because OB is a summer training program, OB dates may range from June 10 to July 29, 2011.**

Will you be available for those dates? \_\_\_\_\_ Yes \_\_\_\_\_ No

If No, please explain: \_\_\_\_\_

### **Please check one:**

- I am only interested in a “traditional” Operation Barnabas tour for 2011. (at least must have completed 10<sup>th</sup> grade)  
 I am interested in either OB or OBI for 2011.  
(OBI students must at least have completed 11<sup>th</sup> grade—first preference for openings on OBI are given to those who have completed a summer on a “traditional” OB team)

### **PERSONAL DATA:**

Full Name \_\_\_\_\_ Sex: \_\_\_\_\_ M \_\_\_\_\_ F  
Street/Box \_\_\_\_\_ Age \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Telephone \_\_\_\_\_ E mail address \_\_\_\_\_  
Parent/Guardian Name(s) \_\_\_\_\_

### **PERSONAL REFERENCES:**

List the names of **three** people below who will provide written references. One is to be your **pastor**. Please note that you are to give the senior pastor (or key leader) the Pastor’s reference and the Final Church Approval form. **Your application is not considered complete until the application, references, and Final Church Approval form are received.**

**1. Your Pastor:** Name \_\_\_\_\_  
(Please give your Church \_\_\_\_\_  
Pastor the Church mailing address \_\_\_\_\_  
Pastor reference & City/State/Zip \_\_\_\_\_  
Final Church Approval) Church phone \_\_\_\_\_  
Email Address \_\_\_\_\_

**2. A Teacher/Educator:** Name \_\_\_\_\_  
(Please give your teacher the Teacher reference form and a return envelope—if homeschooled, reference must be filled out by someone other than a parent)

**3. Another Adult:** Name \_\_\_\_\_  
(not a relative)  
(Please give your adult friend the Adult Friend reference form and a return envelope)

Is there one member of the 2010 (or 2009) Operation Barnabas team who had a strong influence in encouraging and recruiting you to apply for OB 2011?  Yes  No

If so, who is that one member? \_\_\_\_\_

What did they do to encourage you to go on OB? \_\_\_\_\_

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

**EDUCATION:**

In what high school grade are you currently enrolled? (Circle one) 10 11 12  
Estimated GPA: \_\_\_\_\_

List the schools attended:

Name of High School: \_\_\_\_\_

Public  Private  Christian  Home school

Before 9<sup>th</sup> grade, check all below that apply to your education experience:

Public School  Private School  Christian School  Home school

Are you fluent in any other languages besides English?  Yes  No

If so, what is that language? \_\_\_\_\_

**OCCUPATIONAL:**

My present employment is: \_\_\_\_\_

Past employment (nature of work): \_\_\_\_\_

Number of hours worked each week \_\_\_\_\_

**CHURCH:**

What church do you attend: \_\_\_\_\_

Of what church are you a member? \_\_\_\_\_

Name of Youth pastor, or lead youth sponsor: \_\_\_\_\_

**SPIRITUAL:**

How and when did you receive Christ as Savior? \_\_\_\_\_

\_\_\_\_\_

Do you have a regular Bible reading and prayer time? \_\_\_\_Some \_\_\_\_Daily

Please explain: \_\_\_\_\_

\_\_\_\_\_

Are you open to considering a career in a Christian vocation? \_\_\_\_\_ Missions? \_\_\_\_\_

What is your present understanding of God's leading in these areas of your life? State briefly what factors have led you to that understanding: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MINISTRY:**

What is your involvement in your youth group? Why? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tell us about the last experience you had in verbalizing your faith: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are the names of three non-believers you are praying for and with whom you are seeking to share Christ:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

What is God doing in your life? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What gifts or abilities do you bring to Operation Barnabas? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your vision of what Operation Barnabas could be like? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

On a scale of **1 - 10** (1 being least, 10 greatest), how do you think most people would rate your leadership abilities?

**10    9    8    7    6    5    4    3    2    1**

***PERSONAL:***

What is the longest that you have ever been away from family? \_\_\_\_\_

Do you have problems with homesickness? \_\_\_\_\_

Are there specific fears you have? (ex. Dark, storms, clowns) \_\_\_\_\_

**Foods:** Are you restricted in your diet as to what foods you can eat? (**Please be specific if there are any allergies you have**) \_\_\_\_\_  
\_\_\_\_\_

Do you like most foods? \_\_\_\_\_

Are you willing to set aside personal food preferences should it be necessary for the sake of the ministry (ex. Vegetarian eating preference)?      Yes      No

If no, please explain: \_\_\_\_\_

**Sleep:** Do you require more than 7-8 hours of sleep each night to function well? \_\_\_\_\_

**Friends:** What qualities do you look for in a best friend? \_\_\_\_\_

What qualities do you look for in a boyfriend/girlfriend? \_\_\_\_\_

Are you dating anyone seriously now?

Yes  No

If yes, how strong is he/she spiritually? \_\_\_\_\_

Do you believe that God would or would not be pleased with your physical relationship & conduct?

Yes  No

If no, please explain: \_\_\_\_\_

**Comment on the following:**

A. Favorite music groups: \_\_\_\_\_

B. Relationship with my parents: \_\_\_\_\_

C. Why do your parents say it would be good (or not good) for you to participate in Operation Barnabas?

***PROGRAM SKILLS:***

a. List any instruments you play, the number of years you have played, and rate your abilities on a scale of 1-10 (10 being the best, professional level, 1 being you started lessons today).

<i>Instrument</i>	<i>Years you have played</i>	<i>Self-Rating</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

b. Rate your vocal abilities on a scale of 1-10 (10 being the best, professional level, 1 being you can't carry a tune in a bucket): \_\_\_\_\_

c. What "part" do you sing best (soprano/alto/tenor/bass): \_\_\_\_\_

d. Have you ever participated in any singing at church, school, etc.? (If so, please explain) \_\_\_\_\_

**Paper Clip Photo Here—please do not staple!**

**NOTE:** A recent school picture or snapshot (decent quality, please) **is needed to complete your application.** A photo directory will be assembled for leaders and pictures of Barnabas members are helpful for prayer, identification upon arrival, etc. Please write your name on the back of the photo and then paper clip it to the corner of this page.

**Athletics:**

List any sports program in which you have participated in high school. Also list any athletic honors.

**Extracurricular activities:**

List other participation in extracurricular activities (in addition to the above) including church, school and community (list both involvement and honors).

***YOUR COMMITMENT:***

**We believe tobacco, recreational drugs (including performance enhancing drugs), alcoholic beverages, and gambling would be a hindrance to your Christian testimony while serving under a CE National ministry.**

**If you are willing to comply with the following commitments, please sign on each line as applicable.**

✠ Are you willing to refrain from these? \_\_\_\_\_

✠ It is expected that all who represent CE National ministries will dress modestly. Do you agree to follow dress guidelines which may be set by the leaders to whom you are assigned? \_\_\_\_\_

✠ Would you be willing to refrain from patterns of behavior, dress, or hairstyles that might hinder your relationship to other Christians? (example: questionable forms of entertainment, earrings for guys, piercings, style of music, dancing, etc.)? \_\_\_\_\_

# Health Information

***(Must be completed by all applicants for OB)***

Information reported on this form will be treated confidentially and is used on OB tour, not for OB acceptance

*It is imperative that all information is noted in detail and is complete.*

*Any change in health status after acceptance to OB must be reported to CE National.*

Name \_\_\_\_\_

Height \_\_\_\_\_ Ft. \_\_\_\_\_ In. Weight \_\_\_\_\_ Lbs

A. Check and give approximate age at which you had any of the following (explain as necessary):

_____ tonsillitis	_____ appendicitis	_____ chicken pox
_____ heart disease	_____ tuberculosis	_____ major injuries (broken bones, etc.)
_____ diabetes	_____ convulsions	_____ surgeries
_____ mumps	_____ measles	
_____ asthma (please explain the severity) _____		

B. List any diseases you have had \_\_\_\_\_

C. List reasons for any hospitalizations in the past five (5) years \_\_\_\_\_

D. List any allergy problems you have (including sinus and migraine headaches) \_\_\_\_\_

E. Have you ever had or been advised to have psychiatric treatment? \_\_\_\_\_  
If yes, treatment was received or advised for what symptoms or condition? \_\_\_\_\_

F. At present, do you have any challenges or disabilities? \_\_\_\_\_

G. Have you ever used illegal drugs such as marijuana, cocaine, or alcohol, or abused any substances (cough medicine, caffeine pills, aerosol cans, etc)? \_\_\_\_\_  
If so, please explain: \_\_\_\_\_

H. Have you ever been restricted from physical education programs when in school? Explain: \_\_\_\_\_

I. Do you know of any reason you should not be permitted to be involved in the normal physical labor of an Operation Barnabas team? \_\_\_\_\_

J. How many days of school and/or work absence in the past year were due to health reasons? \_\_\_\_\_

K. Do you have any known drug sensitivities (i.e. penicillin)? \_\_\_\_\_

L. What is the date of your last tetanus shot? \_\_\_\_\_

M. Are you receiving medication now that will need to be continued during the six-week program? If so, what? (This includes allergy shots, asthma inhalers, etc.) \_\_\_\_\_

N. Specify allergies which should be called to our attention \_\_\_\_\_

O. Specify health conditions/problems which should be called to our attention \_\_\_\_\_

P. Are you in a regular program of physical exercise (running, jogging, etc.)? \_\_\_\_\_

Q. Rate your health (10 is best - circle one):

10    9    8    7    6    5    4    3    2    1

## Health and Authorization Release

This page must be signed by a parent or guardian for the OB application to be complete. The original copy of this page will need to be sent to CE National, even if the application is faxed.

Applicant's name \_\_\_\_\_

This is a release form to authorize any staff members of this CE National ministry to call an authorized doctor to administer medical and surgical treatment at any time when they believe an emergency exists. This authorization is intended to cover immunizations, injections, minor operations and procedures and whatever necessary anesthetics. It is not intended that any medical or surgical treatment will be rendered without his/her personal consent. In the event of major surgery, an attempt to contact next of kin will be made before relying upon this authorization.

I further agree to release CE National and the staff of the local church, organization, or activity where the OB team serves - from any liability for accidents, sickness or death which may be incurred while serving on this program.

I am in agreement and give my consent for my son/daughter to enlist in the Operation Barnabas program. I also consent to the release/authorization as stated above. I agree to accept full responsibility for any medical expenses my child may have while on Operation Barnabas. (Operation Barnabas does not provide medical insurance for our participants. Your family personal health insurance may be used and you will be responsible for any additional expense not covered by your health insurance)

I give my consent as well for pictures of my child to be posted on the CE National and Operation Barnabas web sites during their summer ministry. I understand that if my child is accepted to OB, my name will be added to the CE National email communication list. I also understand that each OB applicant and/or parent of applicant that is accepted on Operation Barnabas needs to have an email address that is regularly checked for updated OB information.

**X** Signature of parent/guardian: \_\_\_\_\_ Date \_\_\_\_\_

Print Name of above signed: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Residence phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

Parent E mail address \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

