

Operation Barnabas International

Application for OB alums

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 **December 17, 2010** or earlier. Please fax and then mail all parts of the application if it is after December 12, 2010. Even if applications are faxed, please mail as well.

OBI dates are not set yet, but will likely be a three week block of time. Those 3 weeks could occur anywhere from June 10 to August 12, 2011, though probably not during the week of Momentum.

Are you flexible should OBI hit at any time during those dates? _____ Yes _____ No

If No, please explain when you would not be available: _____

PERSONAL DATA:

Full Name _____ Sex: _____ M _____ F
Street/Box _____ Age _____
City/State/Zip _____ Date of Birth ____/____/____
Home Telephone _____ Cell Phone _____
Email Address _____
Parent/Guardian Name(s) _____

PASTOR REFERENCE:

List the name of the **pastor or youth pastor** below who will provide written references. Please note that you are to give the pastor the Pastor's reference and the Final Church Approval form. **Your application is not considered complete until the application, pastor's reference, and Final Church Approval form are received.**

Your Pastor: Name _____
(Please give your Church _____
Pastor/youth pastor the Church mailing address _____
Pastor reference & City/State/Zip _____
Final Church Approval) Church phone _____
Email Address _____

EDUCATION/OCCUPATION:

In what grade are you currently enrolled? (Circle one) 11 12 college
Name of High School/College: _____
 Public Private Christian Home school

Are you fluent in any other languages besides English? Yes No
If so, what is that language? _____

My present employment is: _____

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 currently enrolled in the OB Faithfulness Program? _____

Who are you being disciplined by? _____

Who are you disciplining? _____

How has the Lord used your OB experience in your life since this past summer? _____

What do you believe qualifies you to serve on an OBI team? _____

What goals do you have for your OBI team participation should you be chosen to go?

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/college 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 are you doing as steps in seeing these 3 people come to Christ? _____

Why would you like to be a part of OBI? _____

PERSONAL:

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: _____

Friends: 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. Relationship with my parents: _____

B. Why do your parents say it would be good (or not good) for you to participate in OBI? _____

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 OBI)

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

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

Any change in health status after acceptance to OBI 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 handicaps? _____

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 health problems or allergies which should be called to our attention _____

O. Are you in a regular program of physical exercise (running, jogging, etc.)? _____

P. 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 OBI 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 International 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 OBI, my name will be added to the CE National email communication list. I also understand that each OBI applicant and/or parent of applicant that is accepted on Operation Barnabas needs to have an email address that is regularly checked for updated OBI 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: _____

