



UNIVERSITY OF MOBILE UNIVERSITY MISSIONS

APPLICATION

I want to serve on the International Service Project in _____.

**SOME INFORMATION REQUESTED BELOW MAY NOT APPLY TO EVERYONE.
NO APPLICATION ACCEPTED UNLESS ACCOMPANIED BY \$100 DEPOSIT.**

[Give your **FULL LEGAL** name below as it appears or will appear on your passport.]

First Middle (full name; no initials) Last Major _____

Local address _____
Zip _____

Home address _____
Zip _____

Local phone _____ Home phone _____ Email _____

Cell phone _____ Do you have text messaging? __Y __N

Sex: M F University status: Fr So Jr Sr Birthdate _____

Marital status: Single Married Divorced Under 18? __Y __N

Major _____ Date of last criminal background check _____

Church member at _____

Denomination _____ Church address _____

City _____ State _____ Zip _____

Pastor _____ Phone _____ email _____

Dependents under 18 must have parental or guardian approval.

Signature of parent or guardian _____

***MYCOMMITMENT: God wants me to work on a University Missions International Service Project this year. If accepted for a team, I commit myself from this day forward to train, raise funds and make the trip. I will keep this commitment, so help me God!**

Applicant signature _____ Date _____

[UM students must sign before a CST faculty witness. Faculty initials _____]

Answer the following questions briefly.

1. When and how did Jesus become real to you?
2. What experience do you have in presenting the gospel?
3. What ministries are you involved in through your church?
4. What talents, interests and abilities do you have that may be useful on the project?
5. What do you hope to gain from this experience?

Do you have lifestyle issues—e.g. tobacco, beverage alcohol and/or other drugs; pornography; sexual orientation or misbehavior—that might compromise your Christian witness? Are you dealing with a crisis—e.g. abuse, rape, eating disorders, thoughts of/attempts at suicide, clinical depression, divorce, grief—at this point in your life? Have you been under the care of a mental health provider in the last five years? **If so, please contact Dr. Taylor (251-442-2255).**

THIS APPLICATION IS NOT VALID UNLESS ACCOMPANIED BY A \$100 DEPOSIT!