



APPLICATION FOR YEAR-ROUND MISSIONARY SERVICE

Instructions: PLEASE COMPLETE ALL SECTIONS AS THOROUGHLY AS POSSIBLE. A PERSONAL RESUME MUST ACCOMPANY THIS APPLICATION, WITH THREE (3) NAMES AS REFERENCES INCLUDING YOUR PASTOR AND TWO OTHERS (NOT RELATIVES). THIS APPLICATION WILL INTRODUCE US TO YOUR EXPERIENCE, EDUCATION, AND SKILLS. IT IS NECESSARY TO PROVIDE COMPLETE INFORMATION, AS IT WILL BE USED TO DETERMINE ELIGIBILITY AND PLACEMENT. ALL INFORMATION PROVIDED TO US WILL BE CONSIDERED CONFIDENTIAL IN THE COMPLETION PROCESS. PLEASE SUBMIT TO THE CSSM BRANCH OFFICE WHERE YOU WISH TO SERVE OR TO THE NATIONAL OFFICE IF NO PREFERENCE TO FIELD OF SERVICE.

Personal Information

LAST NAME:		FIRST NAME:		INITIAL:
GENDER: (PLEASE CHECK ONE)		MALE	FEMALE	
STREET:			CITY:	
PROVINCE:			POSTAL CODE:	
HOME PHONE:		EMAIL:		
ALTERNATE ADDRESS (PLEASE EXPLAIN)				
STREET:			CITY:	
PROVINCE:			POSTAL CODE:	
ALTERNATE PHONE:		ALTERNATE EMAIL:		

ARE YOU LEGALLY ENTITLED TO WORK OR TO HAVE A WORK PERMIT IN CANADA?

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE? YES ____ NO ____ (PLEASE CHECK ONE)

DO YOU SPEAK ANY LANGUAGES IN ADDITION TO ENGLISH?

POSITION OR AREAS OF MINISTRY ARE YOU APPLYING FOR?

IS THERE A LOCATION AT WHICH YOU PREFER TO WORK AND WHY:

SHOULD CIRCUMSTANCES WARRANT, WOULD YOU BE WILLING TO ACCEPT THE ADVICE OF THE MISSION AS TO YOUR LOCATION AND/OR TYPE OF SERVICE? _____

HAVE YOU DISCUSSED YOUR INTENTION TO SERVE THE LORD WITH CSSM MINISTRIES WITH YOUR:
PASTOR? _____ CHURCH LEADERSHIP? _____ PARENTS? _____

HAVE YOU EVER APPLIED TO ANY OTHER MISSION? _____ IF SO, TO WHICH MISSION AND WITH WHAT RESULTS?

WHY DO YOU BELIEVE THAT YOU SHOULD SERVE THE LORD WITH CSSM MINISTRIES?

WOULD YOU ENDEAVOR TO WORK HARMONIOUSLY WITH OTHER CSSM PERSONNEL?

WOULD YOU SUBMIT TO THE DECISIONS OF THOSE IN THE MISSION OVER YOU IN THE LORD?

DO YOU UNDERSTAND THAT NO SALARY MAY BE GUARANTEED TO YOU BY CSSM MINISTRIES AND THAT YOU MUST TRUST GOD FOR ALL OF YOUR NEEDS? _____

PLEASE ANSWER THE FOLLOWING QUESTIONS.

PLEASE USE AN ADDITIONAL PAPER (TYPED IF POSSIBLE).

1. BRIEFLY DESCRIBE YOUR SALVATION EXPERIENCE I.E. HOW DID YOU BECOME A CHRISTIAN? WHEN?
(SUPPORT WITH SCRIPTURE)
2. HOW WOULD YOU LEAD SOMEONE TO CHRIST?(PLEASE INCL. SCRIPTURE)
3. DESCRIBE YOUR CURRENT RELATIONSHIP WITH THE LORD.
4. DESCRIBE YOUR CURRENT DEVOTIONAL AND PRAYER LIFE.
5. WHAT IS GOD CURRENTLY TEACHING YOU?
6. WHAT ARE YOUR STRENGTHS & TALENTS? (DON'T BE MODEST)
7. IN WHAT AREAS DO YOU FEEL YOU NEED FURTHER GROWTH / DEVELOPMENT?
8. LIST YOUR HOBBIES AND INTERESTS.
9. USING SCRIPTURE REFERENCES, STATE BRIEFLY AND CLEARLY YOUR VIEWS ON EACH OF THE FOLLOWING:
 - A. SANCTIFICATION
 - B. THE GIFT OF TONGUES
 - C. FAITH HEALING
10. DO YOU AGREE WITHOUT QUALIFICATION WITH THE ARTICLES OF FAITH AND DOCTRINE OF CSSM MINISTRIES? IF NOT, PLEASE EXPLAIN.
11. DO YOU CONSIDER ANY OTHER DOCTRINE OR PRACTICE NOT MENTIONED IN THE CSSM ARTICLES OF FAITH AND DOCTRINE AS BEING ESSENTIAL TO THE CHRISTIAN FAITH? IS SO PLEASE EXPLAIN.

Education/Training

	SCHOOL	YEARS ATTENDED	DATE GRADUATED	DEGREE
HIGH SCHOOL				
BIBLE SCHOOL				

UNIVERSITY / COLLEGE				
OTHER				

ARE THERE SKILLS THAT YOU HAVE THAT WILL BENEFIT YOU IN THE POSITION YOU ARE APPLYING FOR?

Work History

START WITH YOUR MOST RECENT EMPLOYER AND WORK BACK – PLEASE ATTACH A COPY OF YOUR RESUME IF YOU WISH TO PROVIDE ADDITIONAL INFORMATION.

EMPLOYER:			
ADDRESS:			
PHONE #:	FAX:	EMAIL:	
POSITION:		SUPERVISOR:	
JOB DUTIES:			
PERIOD WORKED: DATES FROM		TO	

EMPLOYER:			
ADDRESS:			
PHONE #:	FAX:	EMAIL:	
POSITION:		SUPERVISOR:	
JOB DUTIES:			
PERIOD WORKED: DATES FROM		TO	

HAVE YOU EVER BEEN AN EMPLOYEE OR VOLUNTEER OF CSSM? _____
IF YES, WHERE AND WHEN?

HAVE YOU EVER BEEN FIRED OR ASKED TO RESIGN FROM A JOB? _____
IF YES, WHERE AND WHY?

WHAT ARE YOUR COMMUNITY INVOLVEMENTS IN THE PAST 3-5 YEARS?

IN SUBMITTING THIS APPLICATION I DECLARE ALL OF THE INFORMATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE. I ALSO HEREBY AUTHORIZE CSSM MINISTRIES ACCESS TO INFORMATION WITH RESPECT TO MY PERSON FROM POLICE AND CHILD ABUSE REGISTRY FILES. DEPENDING ON YOUR PROVINCE OF RESIDENCE YOU MAY BE REQUIRED TO OBTAIN POLICE AND CHILD ABUSE REGISTRY INFORMATION PERSONALLY AND SUBMIT IT TO CSSM MINISTRIES.

DATE _____

SIGNATURE _____

NOTE: IF YOU ARE SUBMITTING THIS FORM ELECTRONICALLY, YOU MUST ALSO PRINT AND SIGN A COPY THAT YOU CAN MAIL IN SO THAT WE HAVE YOUR SIGNATURE ON FILE. YOU CANNOT BE HIRED WITHOUT A SIGNED APPLICATION PAGE.

CSSM MINISTRIES - OFFICE ADDRESSES

BRITISH COLUMBIA: PO Box21032, SPRUCELAND RPO, PRINCE GEORGE, BC V2M 7A5

ALBERTA: Box 234, THREE HILLS AB TOM 2A0

SASKATCHEWAN: Box 60, CARONPORT, SK S0H 0S0

MANITOBA: 200-189 HENDERSON HWY, WINNIPEG, MB R2L 1L7

ONTARIO: 79 TERRANCE AVE, SAULT STE. MARIE, ON P6B 4M8

QUEBEC: C.P.26 SUCC LENNOXVILLE, SHERBROOKE, QC J1M 1Z3

ATLANTIC: 17 NEW LINE RD. SUSSEX CORNER, NB E4E 2Z9

NATIONAL: 189 HENDERSON HWY. WINNIPEG, MB R2L 1L7

Office Use Only		DATES				INITIALS
	RECEIVED					
	REF. SENT					
	REFS. REC'D					
	APPROVED C					
	ACCEPT LTR.					
	M.ORIENT.					

HEALTH REPORT

HEALTH CARD # _____ ISSUER: _____

Health History:

DO YOU SUFFER ANY MEDICAL / EMOTIONAL CONDITION THAT IN ANY WAY RESTRICTS NORMAL ACTIVITIES INCLUDING LAND AND WATER SPORTS? A YES NO (PLEASE CHECK ONE)

IF YES, PLEASE

EXPLAIN. _____

HAVE YOU BEEN TREATED BY A HEALTH PROFESSIONAL FOR ANY MEDICAL CONDITION IN THE PAST 12 MONTHS?

YES NO (PLEASE CHECK ONE)

IF YES PLEASE ELABORATE

DO YOU HAVE ANY ALLERGIES? D YES NO (PLEASE CHECK ONE)

IF YES, PLEASE LIST THEM HERE

ARE YOU ON A SPECIAL DIET? A YES NO (PLEASE CHECK ONE)

IF YES, PLEASE ELABORATE (I.E. VEGETARIAN)

EMERGENCY CONTACT:

NEXT OF KIN (NOK) _____ (PARENT/GUARDIAN IF UNDER 18 YEARS OLD)

NOK ADDRESS _____

NOK CITY _____ NOK PROV. _____ NOK POSTAL CODE _____

NOK PHONE _____ NOK PHONE OTHER _____

I DECLARE THIS HEALTH INFORMATION TO BE ACCURATE TO MY KNOWLEDGE. I HEREBY GIVE PERMISSION TO THE DOCTOR / NURSE SELECTED BY THE CAMP TO PROVIDE ME WITH MEDICAL TREATMENT IN CASE OF AN EMERGENCY.

DATE _____ SIGNATURE _____

(PARENT/GUARDIAN IF UNDER 18 YEARS OLD)