



## Application for Mission: IMPACT 2008

North American Missions Board

Eastern District Youth Ministries

Contact: Liz Christenson  
Administrator & Coordinator of Mission: IMPACT 2008

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[www.lbyf.org](http://www.lbyf.org)

**Personal Interests & Abilities:**

Languages spoken:

Hobbies/Interest/experiences: (i.e. music, singing, speaking, sports, teaching, cooking, computers; etc)

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What are some reasons why you are applying for Mission: IMPACT 2008:

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Briefly state your understanding of how one becomes a Christian:

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Summarize your Spiritual growth since receiving Christ as Savior:

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Describe your present relationship with God:

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What gifts and talents do you possess that could be useful on this outreach

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What positive outcomes do you expect from being apart of Mission: IMPACT 2008:

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References:

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Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_



**Medical Information:**

Hospital/ Health Insurance: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number \_\_\_\_\_ Social security Number: \_\_\_\_\_

Physician \_\_\_\_\_ Phone: \_\_\_\_\_

Are you currently under care of a Physician \_\_\_\_\_

Are you currently taking medication? If so what are they? \_\_\_\_\_

Do you have any allergies? If so explain \_\_\_\_\_

Do you have any physical limitations? If so explain. \_\_\_\_\_

Have you ever been convicted of or pled guilty of a crime? If so explain. \_\_\_\_\_

\_\_\_\_\_

Have you ever been under care for emotional or mental problems? If so explain. \_\_\_\_\_

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Are you presently using alcohol, tobacco or illegal drugs? If so explain. \_\_\_\_\_

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**Verification:**

I affirm that all statements herein are true and accurate to the best of my knowledge.

\_\_\_\_\_

signature

date