



Bible Fellowship Church of Ephrata STEM Committee

STEM Mission Statement

To provide opportunity for training and utilization of spiritual gifts for Short Term Evangelism and Mission experiences in accordance with the By Laws of the Bible Fellowship Church of Ephrata and the Faith and Order of the Bible Fellowship Church.

Application for a STEM Project

Under normal circumstances, all applications must be presented to the STEM Committee a minimum of 90 days in advance. Priority for acceptance is based on the date of reception of this application form by STEM. This form is to be filled out COMPLETELY and presented to the STEM project leader. The Committee will then review the application and, upon approval, the pattern of fund raising will be presented to you. It will be your obligation to personally provide at least the first 20% of your support as a communication of your dedication to the project. Thereafter, you will join the team to unitedly raise the balance needed for project. All first-time applicants are encouraged to participate in the Evangelism Explosion program of the Bible Fellowship Church of Ephrata or its equivalent. Exceptions to this requirement shall be by STEM approval.

Background Information:

Name: _____

Address: _____ Zip _____

Telephone: _____ Date of Birth: _____

Marital Status: (Check One)

Single___ Engaged___ Married___ Student___

Widowed___ Separated___ Divorced___ Grade___

Person to contact in case of emergency _____

Phone _____

Project Information:

Anticipated project _____ Proposed dates: _____

(Where applicable) Do you have the necessary papers for entering the country of the project?

Passport____ Visa____ Other____

General Experience:

1. Music Ability

Do you sing____ Solo____ Group____

Can you lead Singing____ Conduct a Choir____

What musical instruments do you play_____

2. Leadership

Have you held any offices in the church____ If so, please list them

Have you held Teaching Positions____ If so, please list them

Have you served on any committees____ If so, please list them

Have you served on any mission or evangelistic outreach projects____ If so, please list them

3. Mechanical Abilities

Do you have any mechanical abilities (ie. carpentry, plumbing, etc)? Please Describe:

4. Artistic Abilities

Do you have any artistic abilities (ie. crafts, etc)? Please Describe:

5. Training

Have you completed any missionary training programs, If so, list them:

6. Have you ever been involved in any of the following:

Church Visitation____

Mission Projects____

Camp Ministries____

Evangelistic Outreaches____

Tract Distribution____

Street Ministries____

Evangelism Explosion____

Other, List_____

Project Commitment

1. Briefly state how you became a Christian and what Jesus Christ means to you.

2. Do you have devotions
Daily____ Weekly____ Other____

3. What do you hope to accomplish through this mission trip/evangelistic outreach?

4. List the areas of commitment in which you are willing to be involved. (Write "yes" or "no" or some other response to each of the items.)

Will you faithfully attend the informational meetings?____

(Participants are required to attend at least 75% of team meetings)

Will you cooperate in preparation of materials for the project?____

Are you willing to do the study and prayer preparation for the project?____

Are you willing to participate in the assigned projects on the field? (State any limitations or reservations you have)

Are you willing to LEAD in a fund raising project?____

Are you willing to ASSIST in a fund raising project?____

Are you willing to personally provide the first 20% of your support as a pledge of your commitment?____

Are you willing to diligently seek to raise 100% of your share in the project budget?____

5. Are you in basic agreement with the doctrinal stand of the Bible Fellowship Church of Ephrata? (See Faith and Order) ____

(State below, any areas of disagreement)

Personal Information

Because participants in our program are expected to meet legal and spiritual standards, we expect that applicants must have dealt with any prior problems such as child molestation and similar abuses, general felonies that could be punishable by arrest, and now walk with the Lord in such a way that glorifies God.

Because of this, we feel obligated to ask the following question: Do you know of any activity in the past or present that might disqualify you from taking this trip?

Yes___ No___ Possibly___

(Note: if the answer is "yes" or "Possibly", acceptance will take place only after a confidential interview has been conducted with the Senior Pastor and he has given his approval.)

Because of the potential emotional, social and physical stresses that often exist in the fulfilling of a given project, it is essential that you answer the following questions as accurately and completely as possible:

Initial each of the following areas

Emotions

Have you in times past or currently had any mental or emotional disability which the team should be aware of?

Yes___ No___ Possibly___

Medical

___ I am not on medication and know of no medical limitations.

___ I am on medication but it will not hinder my participation in the project.

___ I have a medical history that should be known by the project leader.

Physical

___ I have no physical limitations that I believe will hinder my participation.

___ Having heard the nature of the project, the leader should know of my limitations which are as follows:

General Limitations

___ I know of no other areas of limitations that would hinder my participation.

___ I feel the leader should be conscious of some limitations such as fear of flying, difficulties in sleep, limited finances, fatigue, diet limitations, etc. Please list:

Health Insurance

___ My present insurance covers me on the project. (Note: Please check to be sure existing insurance covers your time overseas.)

___ I do not have health insurance, but, if accepted, will secure insurance to cover my trip.

___ I am unable to secure health insurance (or do not desire to secure such insurance) but will personally be responsible for all personal medical bills.

I, the undersigned, certify that to the best of my knowledge, the above information is correct.

Name_____ Date_____

Liability Release

I, the undersigned verify that I have read and completed in full the Application Form for A STEM Project and that all information is correct.

I hereby release the Bible Fellowship Church of Ephrata of liability in connection with the _____ project taking place from _____ 20__ to _____ 20__.

(Note: In the case of applicants under the age 18 years, parental (Guardian) approval is required)

Signature of applicant _____ Date _____

(Where needed)

I, the undersigned parent (Guardian) verify the accurateness of the above application and hereby give my approval for my child to participate in the above project.

Signature of parent (Guardian) _____ Date _____