Fraser Lands Church

Canada Summer Jobs – Ministry Assistant Application

I. Basic Information

Name:							
Home Address:							
Cell #:		Home #:		Work #:			
E-mail Address:		Date of Birth:					
Martial Status:	☐ Single	☐ Married	□ Divorced	□ Widowed			
Church Membership:		☐ FLC sind			(year)		
Church Worship Service Now Attending: English Cantonese Mandarin Teens							
Personal Salvation (Date of Conversion): Baptized? Yes No If yes, when?							
Application for Summer Ministry:							
Current Educational Studies: High School College/University Finished Studies							
Name of School:		Field of Study:					
II. Personal Goals & Objectives							
What are your goals & objectives for this summer ministry work?							

III. Summer Ministry Information:

Summer ministry position you are applying for:						
Available period of summer employment?	From:	To:				
What are some qualifications you bring to this position?						
IV Past Work Experiences						
IV. Past Work Experiences:						
List work experiences in chronological order	(beginning with latest):					
W. Charable all annuals						
V. Church Involvement:						
What is your ministry involvement in FLC (pas	t and current)?					
Have you taken spiritual gifts training? What are your top 3 spiritual gifts:	es 🗌 No If yes, when:					
Are you currently attending a fellowship or small group? \square Yes \square No If yes, which one:						

VI. Training & Other Experience

Other training & experience that	can benefit your sui	mmer job:				
☐ Medical/Health:						
☐ Educational (ESL, music, special ed., etc.):						
☐ Technical (construction/carpentry, craft-making, etc.):						
☐ Software experience (proficiency in which programs):						
☐ Formal Bible education at:						
Personal evangelism, such as:						
☐ Discipleship training program:						
☐ Short term missions experience:						
☐ Others:	☐ Others:					
VII. References:						
Please provide two references (forms attached) One reference should be given by a pastor, elder, counsellor or SS teacher of our church.						
Name of Reference #1:	Name of Reference #1:					
Name of Reference #2:						
I, the undersigned, (name) true and accurate to the best of r	ny knowledge.	attest that the information above is				
Signature:		Date:				
VIII. For Applicant Who is a M	inor					
Name(s) of Parent(s):						
Name of Emergency Contact: Cell #:	Home #:	Work #:				
Health Condition:						
Approval by Parent(s):						
Parent's Signature:		Date:				