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 since: _____ (year) ◯ Non FLC Member			
Church Worship Service Now Attending: ◯ English	◯ Cantonese	◯ Mandarin	◯ Teens
Personal Salvation (Date of Conversion):		Baptized? ◯ Yes ◯ No If yes, when?	
Application for Summer Ministry: ◯ First Time	◯ Applied Before, in _____ (year)		
☐ Worked Before - Position: ☐ Children	☐ Youth	☐ English	Year: _____
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:

List work experiences in chronological order (beginning with latest):

V. Church Involvement:

What is your ministry involvement in FLC (past and current)? Have you taken spiritual gifts training? ◯Yes ◯No If yes, when: What are your top 3 spiritual gifts: Are you currently attending a fellowship or small group? ◯Yes ◯No If yes, which one:

VI. Training & Other Experience

Other training & experience that can benefit your summer 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:

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 #2:

I, the undersigned, (name) _____ attest that the information above is true and accurate to the best of my knowledge.

Signature: Date:

VIII. For Applicant Who is a Minor:

Name(s) of Parent(s):
Name of Emergency Contact: Cell #: Home #: Work #:
Health Condition:
Approval by Parent(s): Parent's Signature: Date: