



Evangelism Explosion International <u>www.evangelismexplosion.org</u> Email: changemakers@eeworks.org

## **EE Changemakers Application for 2022 Training**

You can apply below for any of our Changemakers projects completing the relevant information. Please complete and submit this form to Evangelism Explosion International via email to <a href="mailto:changemakers@eeworks.org">changemakers@eeworks.org</a>
Once received we will communicate to you and discuss with you the process.

If your application is successful, you will then also be required to send to us:

- A photo of you
- A photo of your personal identification
- A completed form of agreement including medical information

## **Ministry Application**

Full Name:				Date:
	Last	First		
Address:				
	Street Address			
	City		State	ZIP/Post Code
Phone:	-	Email		
What do yo	u preferred to be called?:			
Date of Birt	h:			
Are you (ple	ease circle one): <b>Male</b> or <b>F</b> e	emale		
If you are u	nder the age of 20, please	answer:		
a. Pa	rent/Guardian's Name:			
b. Ph	one:	c. Email:		

Which I	ocati	on are you requesting to attend in 2022?
	Eur	ope July 10 <sup>th</sup> to August 4 <sup>th</sup>
	1	anda To be advised
	- 	onesia To be advised
. ,	•	
		mber (if needed):
		Passport:
Expirati	on D	ate:
Will you	ı hav	e at least six months until the expiration of your passport after your date of travel? Yes/No
What is	you	current occupation? (If you are a student, please describe what you are studying):
Marital	Statu	us (please circle): Married or Single
a.	Spc	ouse's Name (if any):
b.	Nur	nber of children (if any):
c.	Age	es of children (if any):
Other th	nan E	English, what other languages do you speak?:
Please	prov	ide the names and contact details of three people who will be contacted by us to be a reference for you:
	a.	Evangelism Explosion Contact Person
		Name:
		Relationship to You:
		Phone:
		Email:
	b.	Name:
		Relationship to You:
		Phone:
		Email:
	C.	
	٠.	Name:  Relationship to You:
		Phone:

Email:
Church Reference (either your pastor or another church leader):
Name:
Role Within the Church:
Phone:
Email:
Name of the Church which you attend:
How often do you attend?:
Address of Church:
Name of Pastor/ Minister:
a. Phone: b. Email:
What ministries are you involved with at your church/which areas do you serve?:
Level of education achieved: High School/Certificate/Diploma/Degree/Post Graduate/ (please circle)
Describe your hobbies and talents:
Do you know for certain that if you were to die today, you would have eternal life?
Suppose you were to die today and God was to ask you, "Why should I let you into my heaven?" What would you say?
Briefly describe how you came to become a Christian:

Briefly explain your experience with Evangelism Explosion or any of its tools (if any):

Were you recommended to this ministry by someone within Evangelism Explosion? Who?
Have you travelled internationally before? If so, where?
Have you had any provious missions experience? If as places describe:
Have you had any previous missions experience? If so, please describe:
Have you given any thought to full or part time Christian ministry?
Are you open to considering a one-year placement following the completion of the Changemakers program at a future time with an EE ministry? <b>Yes/No or Unsure (please circle)</b>
Do you have any other medical condition which may affect your attendance?
bo you have any other medical condition which may affect your attendance:
Do you have any dietary requirements?
Do you have, or have you previously had, any mental health issues which may affect you while overseas?

What has made you interested to particip	pate in the Changemakers program.
ow did you hear about EE Changemak	vote?
ow did you near about LL Changemak	kers?
Please attach a photograph of yourself	to this application form*
	Disclaimer and Signature
certify that my answers are true and o	complete to the best of my knowledge.
	into the internship program, I understand that false or misleading iew may result in my release from the program.
ignature:	Date: