



MISSION ONE ELEVEN

Application

Mission One Eleven is a pioneer missions organization that trains and sends the willing to reach unreached people groups with the gospel of Jesus Christ. We are thrilled to hear of your shared interest in this purpose.

I. GENERAL INFORMATION

1. Personal

<input type="checkbox"/> Spring		<input type="checkbox"/> Fall
<input type="checkbox"/> Summer		<input type="checkbox"/> Winter
Year	Term	
First Name	Middle Name	Last Name
Date of Birth	Gender	
Address	City	State
Zipcode	Country	
Home Phone	Cell Phone	
Email Address		
Occupation		



<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	
<input type="checkbox"/> Engaged	<input type="checkbox"/> Seperated	<input type="checkbox"/> Widowed	
<i>Marital Status</i>			
<i>Spouse's Name</i>		<i>Spouse's Phone Number</i>	
<i>Country of Birth</i>			
<i>Languages (List in order of proficiency)</i>			
<i>Emergency Contact Name</i>	<i>Relationship</i>	<i>Phone</i>	<i>Address</i>
<i>Emergency Contact Name</i>	<i>Relationship</i>	<i>Phone</i>	<i>Address</i>
<i>Emergency Contact Name</i>	<i>Relationship</i>	<i>Phone</i>	<i>Address</i>

2. Passport / Visa Information for U.S. Citizens

<i>Please insert passport photo. (2" x 2")</i>	
	<i>Passport Number</i>
	<i>Expiration Date</i>
	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Passport in Process</i>	
<i>If yes, what date applied</i>	



3. Passport / Visa Information for non U.S. Citizens

<i>Please insert passport photo. (2" x 2")</i>	
	<i>Passport Number</i>
	<i>Expiration Date</i>
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<i>Passport in Process</i>
	<i>If yes, what date applied</i>
<i>Country of Citizenzhip</i>	<i>Name Listed on Passport</i>
<i>Country of Passport Issuance</i>	<i>City of Passport Issuance</i>
<i>Visa Type (if applicable)</i>	<i>Date of Visa Issuance</i>
<i>Country of Visa Issuance</i>	<i>City of Visa Issuance</i>
	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Visa Expiry Date</i>	<i>Have you ever been refunded a Visa?</i>
	<i>If yes, give nation and details.</i>



4. Education

<input type="text"/>	
<i>High School Name</i>	<i>Year Graduated</i>
<input type="text"/>	
<i>College Name</i>	<i>Year Graduated</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Associate's Degree</i>	<i>School Name (if different than above)</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Bachelor's Degree</i>	<i>School Name (if different than above)</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Master's Degree</i>	<i>School Name (if different than above)</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Doctoral Degree</i>	<i>School Name (if different than above)</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Do you have any additional skills, credentials, or certifications?</i>	

5. Background

<input type="text"/>	
<i>How long have you been a follower of Christ?</i>	
<input type="text"/>	
<i>Church Name</i>	<i>Church Address</i>
<input type="text"/>	
<i>Denomination</i>	<i>Pastor's Name</i>



<i>How long have you attended this church?</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Does your pastor / spiritual leader know you are applying for Mission One Eleven?</i>

6. On a printed separate sheet, prayerfully and concisely answer the following:

1. Briefly describe your conversion experience and your present relationship with the Lord.
2. Briefly describe your relationship with your family and their feelings towards you applying for Mission One Eleven.
3. Please describe your relationship and involvement in the local church.
4. What are your spiritual and/or ministry goals?
5. What does “One Chance for Every Person” mean to you?



7. References

<i>Pastor / Spiritual Leader Name</i>	<i>Phone Number</i>
<i>Email</i>	
<i>Employer / Teacher / Elder Name</i>	<i>Phone Number</i>
<i>Email</i>	
<i>Friend Name</i>	<i>Phone Number</i>
<i>Email</i>	

I certify that all the information in this application is accurate and complete.

Participant's Printed Name

Participant's Signature

Date (Day / Printed Month / Year)



Signature of Parent or Guardian is required if applicant is under eighteen years of age.

Parent / Guardian Printed Name

Parent / Guardian Signature

Date (Day / Printed Month / Year)

Relationship to Minor

II. FINANCIAL POLICY

A. For Students

Please read the following financial policy carefully. Refer back to this policy in the event of a discrepancy.

Mission One Eleven training centers are faith ventures. Your tuition covers only a percentage of the costs involved in reaching unreached people groups. It is important to note that our staff and representatives are at a volunteer status; therefore, they do not receive a salary from the training centers.

Tuition fees cover meals, local transportation, local outreach, coursework, hotel and housing, round-trip airfare, visa costs, overseas outreach, overseas transportation, cooking and camping supplies, interpreters and guides, etc. The total tuition cost for our two-week trip & university program is between \$2,800-\$3,000*. The total tuition cost for our three-month program is between \$3,800-\$4,200*.

*Prices subject to change.

1. Finances

- Yes
 No

Do you have your complete tuition fees?

- 0% 50%
 25% 75%

If not, what percentage of the funds do you presently have?

Where will the remaining funds come from?

Student Tuition is distinct and separate from any supplies that may be necessary to acquire during your time in the program (e.g. gear and supplies for overseas). Mission One Eleven's sole financial liability is the total cost of tuition. Therefore, if you turn in money above and beyond the cost of tuition, either to your training center leader or host church, you will not be entitled



to receive the excess funds. If your submitted tuition amount exceeds more than the total tuition cost of your local training center, the excess funds will be applied to that training center as a whole.

B. Payment of Fees

You may turn in finances three ways:

Turn in all cash and checks from donors to your Mission One Eleven training center leader with your name written in the memo.

Turn in personal cash or checks into your Mission One Eleven training center leader with your name in the memo.

If applicable, request that donors make checks payable to the host church with your name in the memo. This may qualify as a tax-deductible donation. See your training center leader for more information.

Upon admittance to a Mission One Eleven training center, you will receive a detailed tuition payment schedule that pertains to your specific training center. It is here that you will be given the hard cost of your tuition.

C. Policy Regarding Early Withdrawal or Termination

Mission One Eleven training centers acknowledge that when a student enrolls, that they will complete the entire program. Therefore, there is a strict no refund policy on all student tuition in the cases of early withdrawal or termination. In addition, in the case of early withdrawal or termination, previously submitted monies will be applied to other team members with the greatest need at the sole discretion of the Mission One Eleven Executive Director.

Initial



D. Financial Authorization

I/We, the undersigned participant or parent/guardian, certify that I/we have read this financial policy and fully understand its content. I acknowledge that this policy cannot be modified orally. I concede that I/we waive the right to bring any legal action against the aforementioned entities. I understand that payment of the required tuition fee must be made prior to, or upon my arrival. I/we recognize and agree that I am solely responsible for this financial commitment. I/we also acknowledge that there is a no refund policy.

Signature of Parent or Guardian is required if applicant is under eighteen years of age.

Participant's Printed Name

Parent / Guardian Printed Name

Participant's Signature

Parent / Guardian Signature

Date (Day / Printed Month / Year)

Date (Day / Printed Month / Year)

Relationship to Minor

III. Medical Information (Requires Doctor's signature)

Last Name	First Name	Middle Name	
Address	City	State	Zipcode
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you allergic to any medications?		If yes, please list.	
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have any special dietary needs/food allergies?		If yes, please list.	
<input type="checkbox"/> Penicillin <input type="checkbox"/> Serum <input type="checkbox"/> Sulfonamides <input type="checkbox"/> Anesthesia			
Do you have an allergy, or have you had, to any of the following?			
<input type="checkbox"/> Skin Conditions <input type="checkbox"/> Eye trouble <input type="checkbox"/> Ear trouble <input type="checkbox"/> Recurrent headache <input type="checkbox"/> Fainting spells <input type="checkbox"/> Insomnia <input type="checkbox"/> Hay Fever <input type="checkbox"/> Asthma <input type="checkbox"/> Heart trouble <input type="checkbox"/> Heart disease	<input type="checkbox"/> Shortness of breath <input type="checkbox"/> Broken/fractured bones <input type="checkbox"/> Dislocation of joints <input type="checkbox"/> Soft tissue injury (sprain/strain) <input type="checkbox"/> Rheumatism/Arthritis <input type="checkbox"/> Back problems <input type="checkbox"/> Paralysis	<input type="checkbox"/> Cancer <input type="checkbox"/> Stroke <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Venereal Disease <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Hepatitis <input type="checkbox"/> Kidney Disease <input type="checkbox"/> Kidney Stones <input type="checkbox"/> Gall Bladder issues <input type="checkbox"/> Diabetes	<input type="checkbox"/> Mental/Nervous Disorder <input type="checkbox"/> Seizures <input type="checkbox"/> Weakness <input type="checkbox"/> Polio <input type="checkbox"/> Recurrent diarrhea <input type="checkbox"/> Stomach/Duodenal Ulcer <input type="checkbox"/> Anemia <input type="checkbox"/> Hypoglycemia
<input type="checkbox"/> Head injury <input type="checkbox"/> Epilepsy <input type="checkbox"/> High blood pressure <input type="checkbox"/> Intestinal troubles <input type="checkbox"/> Low blood pressure			
Do you have, or have you had, any of the following?			
If any of the above requires further explanation, please indicate here.			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are there any other personal medical concerns that are not listed above?		If yes, please list.	
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you currently under a doctor's care for any conditions?		If yes, please list.	



Yes
 No

Are you taking any medications at this time? If yes, please list.

A. To the Physician

The above-named person has applied for service with Mission One Eleven. This is a short-term missionary program in which there may be some strenuous physical activity. In addition, the above-named person will be traveling to a third-world country. Please answer the following questions regarding the applicant's health.

Yes
 No

Would he/she be able to walk 5-6 miles per day

Yes
 No

Would you consider the applicant to be in generally good health?

Yes
 No

Are you aware of any potential contagions?

Yes
 No

Can applicant lift 30-50 pounds on a regular basis (luggage)?

B. Note to Physician

Please use the space below to make additional comments regarding the applicant's health or special limitations affecting physical, mental, or emotional capabilities.



Doctor's Printed Name

Doctor's Signature

Date (Day / Printed Month / Year)

Office Address

Office Phone



IV. PASTORAL REFERENCE

A. Note to the Applicant

Please complete the top portion of this reference form and deliver it to the person completing your pastoral reference. This person should be someone outside your family who can speak to your Christian testimony and growth.

<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>	
<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zipcode</i>

By signing below, I waive my right to see this recommendation prior to its submission to Mission One Eleven.

Participant's Printed Name

Participant's Signature

Date (Day / Printed Month / Year)

B. Note to the Pastor

The applicant has listed you as a reference on their application to Mission One Eleven. Mission One Eleven exists in order to raise up a generation of laborers committed to bringing the gospel of Jesus Christ to every tribe, tongue, and nation. The applicant is applying to join Mission One Eleven in reaching an unreached people group. Please be frank, fair and accurate in your remarks.

		<input type="checkbox"/> Very Well	<input type="checkbox"/> Casually
		<input type="checkbox"/> Well	<input type="checkbox"/> Not at all
<i>How long have you known the applicant?</i>		<i>How well do you know the applicant?</i>	
<input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>Does the applicant know Christ as their personal saviour?</i>			
<hr/> <hr/> <hr/> <hr/>			
<i>How does the applicant demonstrate a commitment to Christ in their freetime?</i>			
<hr/> <hr/> <hr/> <hr/>			
<i>What are the applicant's strengths?</i>			
<input type="checkbox"/> Ready	<input type="checkbox"/> Not Ready		
<input type="checkbox"/> Somewhat	<input type="checkbox"/> Unknown		
<i>What is the applicant's level of spiritual readiness for Mission One Eleven?</i>			
<input type="checkbox"/> Honesty and personal integrity.	<input type="checkbox"/> Ability to adapt	<input type="checkbox"/> Attitude toward authority	<input type="checkbox"/> Knowledge of God's word
		<input type="checkbox"/> Emotional Stability	
<i>On a scale of 1 - 5, please rate the applicant in the categories above.</i>			



<i>Why should Mission One Eleven accept / not accept this student?</i>			
<input type="checkbox"/> I recommend the applicant	<input type="checkbox"/> I do not recommend the applicant	<input type="checkbox"/> I recommend the applicant with this one reservation :	
<i>Recommendation for applicant.</i>			
<i>Printed Name</i>		<i>Email</i>	<i>Phone Number</i>
<i>Address</i>		<i>City</i>	<i>State</i>
<i>Church Name</i>		<i>Position</i>	<i>Church Phone</i>
<i>Church Address</i>		<i>City</i>	<i>State</i>
<i>Zipcode</i>			

Reference's Printed Name

Reference's Signature

Date (Day / Printed Month / Year)

*Please send your completed
Reference to:*
Mission One Eleven Headquarters 3401 Chester Ave, Ste G
Bakersfield, CA 93301



V. FRIEND REFERENCE

A. Note to the Applicant

Please complete the top portion of this reference form and deliver it to the person completing your friend reference. This person should be someone outside your family who can speak to your Christian testimony and growth.

<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>	
<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zipcode</i>

By signing below, I waive my right to see this recommendation prior to its submission to Mission One Eleven.

Reference's Printed Name

Reference's Signature

Date (Day / Printed Month / Year)

B. Note to the Friend

The applicant has listed you as a reference on their application to Mission One Eleven. Mission One Eleven exists in order to raise up a generation of laborers committed to bringing the gospel of Jesus Christ to every tribe, tongue, and nation. The applicant is applying to join Mission One Eleven in reaching an unreached people group. Please be frank, fair and accurate in your remarks.

		<input type="checkbox"/> Very Well	<input type="checkbox"/> Casually
		<input type="checkbox"/> Well	<input type="checkbox"/> Not at all
<i>How long have you known the applicant?</i>		<i>How well do you know the applicant?</i>	
<input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>Does the applicant know Christ as their personal saviour?</i>			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>How does the applicant demonstrate a commitment to Christ in their freetime?</i>			
<input type="checkbox"/> Ready <input type="checkbox"/> Not Ready <input type="checkbox"/> Somewhat <input type="checkbox"/> Unknown			
<i>What are the applicant's strengths?</i>			
<input type="checkbox"/> Honesty and personal integrity. <input type="checkbox"/> Ability to adapt <input type="checkbox"/> Attitude toward authority <input type="checkbox"/> Knowledge of God's word <input type="checkbox"/> Emotional Stability			
<i>On a scale of 1 - 5, please rate the applicant in the categories above.</i>			



Why should Mission One Eleven accept / not accept this student?			
<input type="checkbox"/> I recommend the applicant	<input type="checkbox"/> I do not recommend the applicant	<input type="checkbox"/> I recommend the applicant with this one reservation :	
Recommendation for applicant.			
Printed Name		Email	Phone Number
Address		City	State Zipcode
Church Name		Position	Church Phone
Church Address		City	State Zipcode

Reference's Printed Name

Reference's Signature

Date (Day / Printed Month / Year)

Please send your completed
Reference to:
Mission One Eleven Headquarters 3401 Chester Ave, Ste G
Bakersfield, CA 93301