

Spring of Water International Ministries

S.O.W. Short-Term Missions Application 暑期短宣申請表



Revised March 2019

PART 1: GENERAL INFORMATION 基本資訊

FULL NAME 姓名 (Chinese Name 中文姓名: _____)

Last 姓

First 名

Middle

CURRENT MAILING ADDRESS 通訊地址

Address 街道名稱和號碼

Apt # 公寓號碼

City 城市

State 州郡或行省

Zip Code 郵政區號

HOME TELEPHONE

住家電話

(____) _____

DAYTIME/ CELL PHONE

聯絡電話/手機號碼

(____) _____

E-MAIL 電郵

SEX 性別: M F

BIRTHDAY /PLACE

出生日期/出生地

____/____/____

DATE of BAPTISM/PLACE

受洗日期/地點

____/____/____

CURRENT CHURCH

現屬教會

CHURCH Phone

教會電話號碼

(____) _____

SCHOOL MAJOR

畢業學校主修

MARRIED 已婚:

Yes No

DIVORCED 離婚:

Yes No

PASSPORT#/ISSUED COUNTRY/EXP DATE

護照號碼/國籍/有效期限

DO YOU HAVE ANY PHYSICAL/MEDICAL CONDITIONS THAT WILL LIMIT YOUR ABILITY TO SERVE?

是否有任何身體/醫療狀況可能限制你的服事?

Yes No * If yes, please explain below: 若有, 請解釋如下:

PART 2: EXPERIENCE & SKILLS 經驗 & 才能

1. HAVE YOU PARTICIPATED IN ANY OTHER MISSION TRIP(S) BEFORE?

(list most recent ones)
(請列出最近幾項)

LOCATION 地點

DATE 日期

ROLE 職分

SPONCER 贊助者

(1) _____

Brief Description 簡介 _____

(2) _____

Brief Description 簡介 _____

2. ARE YOU OR HAVE YOU EVER BEEN INVOLVED IN ANY CURCH MINISTRIES?

(list most recent ones)
(請列出最近幾項)

LOCATION 地點

DATE 日期

ROLE 職分

Brief Description 簡介

3. LANGUAGE SKILL (CHECK ALL THAT APPLY) 語言能力

Language 語言

Speak fluently
說講流利

Can translate
comfortably 可翻譯

Somewhat
understand 尚可聽懂

English 英文

Mandarin 中文

Other 其他: _____

4. HAVE YOU HAD ANY TEACHING EXPERIENCE IN MINISTRY CONTEXT? PLEASE LIST THE TOPICS.

(HANDOUTS AND OUTLINES WILL BE REQUIRED LATER WHEN NEEDED.)

在服事當中，你是否曾經教導過什麼課程?請列出課程名稱。(之後將需要提供課程和大綱)

5. WHAT ARE SOME OF YOUR TALENTS OR HOBBIES? (ie. Kung-Fu, drawing ...) 請列出你的才能和嗜好。

6. WHAT MUSICAL INSTRUMENTS CAN YOU PLAY? 你會任何樂器嗎?

PART 3: TESTIMONIAL QUESTIONNAIRE (YOU MAY WRITE IN CHINESE IF PREFERRED)

基督徒見證(可用中文或英文)

1. LIST SOME REASONS WHY YOU BELIEVE GOD IS LEADING YOU TO JOIN SHORT-TERM MISSIONS.

請說明為何神呼召你參與短宣?

2. SPECIFY THE GOALS YOU WISH TO ACHIEVE?

請列出你想達成的目標。

3. WHAT ARE SOME OF YOUR FEARS AND APPREHENSIONS ABOUT THIS MISSION?

請提出你對於此次短宣所可能有的恐懼及憂慮。

4. WHAT ARE YOUR STRENGTHS AND WEAKNESSES THAT MAY CONTRIBUTE/AFFECT THIS MISSION?

請列出對於此次短宣你可以有所貢獻的優點或可能會受影響的弱點。

PART 4: REFERENCE & EMERGENCY CONTACT 推薦人及緊急聯絡人

DIRECTIONS: Please provide TWO references and recommendation letters. Your reference must be pastor, minister, elder, deacon, or church/para-church counselor who knows about your current or past involvement and about your spiritual maturity. Please provide the recommendation letters the same time with this application.

請提供至少兩位基督徒的推薦及推薦信，必須是了解你的靈性成長的牧師、長老、執事、輔導等。請將推薦信和申請表一起遞交。

REFERENCE 推薦人

_____	() _____	_____
Title / Name/ 稱謂/姓名	Phone Number 電話號碼	Relationship 關係
_____	() _____	_____
Title / Name/ 稱謂/姓名	Phone Number 電話號碼	Relationship 關係

EMERGENCY CONTACT 緊急聯絡人

_____	() _____	_____
Name 姓名	Phone Number 電話號碼	Relationship 關係

PART 5: STATEMENT OF COMPLIANCE 承諾聲明

I will, if chosen to be a participant in this mission, be willing to pray with and for the Team, attend and participate in **all** meetings and trainings, commit to a growing relationship with the LORD, and obey the leadership of this Mission Team.

若參與此次宣教，我將願意與團隊一同禱告、出席所有會議及訓練會、委身在與神建立成長的關係、切腹從此短宣隊的領導者。

Signature 簽名

Date 日期

THANK YOU FOR COMPLETING THIS APPLICATION FORM.

PLEASE EMAIL/MAIL YOUR APPLICATION TO S. O. W.

info@sowim.org / 1400 Quail St. #185, Newport Beach, CA 92660