Ambassadors Short-term Application

Personal Information

This form **must** be filled out with the latest version of Adobe Reader. Do you have the latest version?

click here for a free download (for Mac users)

○ Yes, I have the latest version of Adobe Reader.

No, I will download it now: <u>click here for a free download</u> (for Windows users)

We cannot process your application unless you use the latest version of Adobe Reader!

First Name:			Age:			
Last Name:			Date of Birth:		19	
Preferred Name:			Birthplace:			
Gender:	🔵 Male 📿	Female	Citizenship:			
Social Security #:			Do you have a vali	id passport?	Yes 🔿 No	
Nat. Ins #:			Passport Expiratio	n Date:	20	
Home Phone:			Country which issu	ued passport:		
Cell Phone:			Passport #:			
Email address:			Your name exactly appears on your pa			
Current Address:			HS/Secondary/Coll			
			Year in School:	lege.		
City: State/Province:			Major/A Level:			
Zip/Postal Code:			Profession:			
Country:			Employer:			
country.			For how long:			
Shipping Address:						
City:			If accepted, which	n major airport would	d you leave from?	
State/Province:						
Zip/Postal Code:			Which major airpo	ort would you return	to?	
Country:						
Family Status:			Are you an interi student visa?	national student s	tudying in the USA on a	
If divorced, please comm	nent:			No		
Wedding date if applical	ble:		0	llow you to receiv	e pav?	
Children's names & ages if applicable:			○ No ○ Yes, On Campus Only ○ Yes, On & Off Campus			
Parent's/Spouse's Nar	me:			cs, on campus only		
Parent's/Spouse's Pho	one #:					
Clothing sizes:	(Please note these are men's s	izes and tend to run	large)			
T-shirt:	Track Suit:		Height:		Preferred Jersey #:	
Shorts:	Polo Shirt:		Weight:			
For what are you applying?						
USA Camps Coaching Tour O Internship						
I am available for the entire tour. O Yes O No If no, explain:						
How did you hear (Please provide a nam	r about Ambassadors? ne if possible)					



Personal Information

Please give a brief bio about yourself in paragraph form, using the following points as your guide: your age, background, education, family, football history, food likes & dislikes, allergies, hobbies, interests, etc.

List employment, most curre	nt job first:		
Employer:	Position:	Date Began:	Date Ended:
Employer:	Position:	Date Began:	Date Ended:
Employer:	Position:	Date Began:	Date Ended:
Do you have any experience in	CPR/First Aid or Athletic Training?	Yes No If yes, explain:	
Please list any other academic	or professional qualifications you h	have obtained:	
Is English your native tongue?	○ Yes ○ No If Englis	sh is NOT your native tongue, how well do you	speak it?
What languages other than En	glish do you speak and how well do	o you speak them?	
Please list any hobbies/interest	s vou eniov:		
-	abilities that Ambassadors should I	know about?	
Speaking Experien	ce		
Have you done any public spea		Yes 🔿 No If yes, explain the circumstand	ces:
Are you willing to publicly sha	e your personal testimony?	Yes No If no, would you do so with	
Musical Experience	2		
Are you a soloist on a musical i		o, what instrument? Are y	vou a vocal soloist? () Yes () No
Can you sing a part in a group	Yes No	Can you play guitar & lead worship? Ye	s 🔿 No
Football Playing &	Coaching Experience	2	
What is your current playing le	/el?	How long have you been playin	g?
What team do you play for?		In what league?	
What is your preferred playing	position?	What is your natural playing foc	ot?
What are your strengths as a pl	ayer?	What are your weaknesses as a	player?
Please list any coaching qualific	ations, licenses, diplomas and/or e	experience you have:	
In a brief paragraph describe yo			
in a bhei paragraph describe y			
Spiritual Gifting &	Ministry Experience		
What spiritual gifts do you feel (See Romans 12, Ephesians 4 &	God has entrusted to you to use fo 1 Corinthians 12)	or His glory?	
	ost recent activities in which you h chool or Christian organization?	nave been	

Do you have any experience in youth or children's work? O Yes O No If so, explain:

Have you ever led a small group Bible study? \bigcirc Yes \bigcirc No

Would you be willing to share during a group devotional? Ores No

Prayer & Financial Support

Do you have a home church? Yes No Are you	u a member? O Yes O No
How long have you attended there? What is	s the name of your home church(es)?
Would your church be behind you in prayer and finances if you w	vere accepted to work with Ambassadors? O Yes O No
Is your church leadership (pastor, missions or youth leader) supp	ortive of your involvement with Ambassadors? 🔿 Yes 🔿 No
Comments on church support:	
If you're under 21, are your parents positive towards your involve	ement with Ambassadors? 🔿 Yes 🔿 No
Are your parents willing to support you in both prayer and finance	ces if necessary? O Yes O No
Comments on parental support:	
If you are unable to raise the needed funds for a given ministry p	roject, are you able to guarantee the amount through personal/family earnings?
◯ Yes ◯ No	
What amount of money can you guarantee towards the ministry	project for which you are applying? (write in national currency)
Declaration	
Have you ever been investigated, charged or convicted of a felor	ny offense? O Yes O No
If yes, explain:	
Have you ever been involved in court proceedings concerning a	child in your care? 🔿 Yes 🔿 No
If yes, explain:	
Has there ever been cause for concern regarding your conduct w	vith children? O Yes O No
If yes, explain:	
Medical History	
Do you have any of the following:	
○ Food Allergies ○ Other Allergies ○ State	omach Problems O Rheumatic Fever
○ Epilepsy ○ Heart Condition ○ Ea	r, Nose & Throat Conditions
Are you on regular prescribed medication that you will take while	e on tour? O Yes O No
If you answered yes to any of the above or have any other medical information we should be aware of, please explain:	
When did you receive your last tetanus shot?	
Physician's name:	Dentist's name:
Physician's phone # :	Dentist's phone # :
Emergency Contact Person:	Current Address:
Relationship to you:	Current phone # :
Health Insurance Information	
Name of Heath Insurance Company:	
Insurance Policy #:	Insurance Company Phone #:
Medical Consent	
	are under no liability whatsoever in respect to any personal loss or injury that may occur to my ball. I also hereby authorize the staff and/or volunteer leaders of Ambassadors Football to act

according to their best judgment in any emergency situation requiring medical attention to myself.

I confirm that the submitted information in this application is correct and complete.

Please type your initials here as a signature:

Date:

Personal Testimony

-Please answer each question with about one paragraph.

-Please answer as thoroughly but concisely as possible.

-Use Scripture references as desired

-If you have questions about this form or Ambassadors' stance on a certain issue, contact your nearest Ambassadors office.

Describe the circumstances in which you came to know Jesus Christ as your personal Savior:

In your own words, explain the Gospel of Jesus Christ:

What is the Bible and what role should it play in a believer's life?

How does a person inherit eternal life and become a child of God?

What impact should a Christian's faith have on his/her daily life?

What does Jesus Christ mean to you personally? Do you believe He is the only way to salvation? Please explain.

Are you willing to work with other Christians who hold differing doctrinal positions on various controversial issues such as gifts of the Holy Spirit, baptism, eschatology, etc.? If no, please explain: ○ Yes ○ No

References

Ambassadors needs a pastoral & coach's reference in order to complete your application. Please provide the names, addresses, e-mails and telephone numbers of references to whom you have given your forms (available at www.aisint.org or your local office). Please ask them to fill out the forms and return them to Ambassadors as soon as possible. In the event that we hear no reply, we will contact them directly.

Pastor:	Firs	st Name:		Last Name:		Preferred Name:	
Current Addre	ess:			City:		State/Province:	
Country:		ZIP/Post	code:	Home Phone	e #:	Work Phone #:	
E-mail Address:				-			
Coach:	Fir	st Name:		Last Name:		Preferred Name:	
Current Addre	ess:			City:		State/Province:	
Country:		ZIP/Post	code:	Home Phone	e #:	Work Phone #:	
E-mail Addres	55:					-	

Please complete this application and attach it to an e-mail **along with a 1"x1" jpeg photo of yourself** (shoulders up). Upon receipt, Ambassadors will process your application. Acceptance to short-term projects are based on a rolling admission policy. If you are accepted for a project that is already filled then you will be put on a waiting list for that project or given the option to go with a different one. These projects often fill up quickly, therefore Ambassadors encourages you to apply ASAP to ensure a spot with the project of your choice.