



Dear College Student,

Thank you for your desire to serve on a Student Venture International Project. It is my prayer that, as you go through the application process, God will confirm His leading and call in your life.

An international project provides an environment for you to experience God's presence in a fresh way, to be involved with God to reach people who have never heard the gospel, and to gain insight into God's vision for the world and your life. The opportunities to develop your evangelism, discipleship and leadership skills are abundant.

Before you go, you will have the privilege of trusting God to develop a team of ministry partners for prayer and financial support. Prayerfully, this whole experience will prepare you for greater ministry where you are currently, and challenge you toward a lifetime of ministry for the Lord.

Take time **now** to fill out your application and return it to the Global Venture office as soon as possible. Follow the instruction sheet carefully and note the application deadlines:

Spring Projects Application Deadline— **January 30**
Summer Projects Application Deadline— **March 15**

The Global Venture application process is designed to help you have a fruitful mission experience. It is not intended to immediately disqualify anyone. Through this process you will be encouraged and reminded of your strengths and gifts, as well as be encouraged to grow in those areas that need development. We are all in a life-long process.

I trust that God will continue to direct your paths (Proverbs 3:5-6) this coming year. Let me know how I can assist you as you take this step of faith. You can call me at the number below with questions.

Anticipating great things,

A handwritten signature in black ink that reads 'Lauren' in a cursive, flowing script.

Lauren Nowiak
Operations Manager, International Projects
Global Venture Dept. of Student Venture
Office: 407-826-2323
lauren.nowiak@studentventure.com

P.S.—Enclosed are two ministry tools used by Global Venture mission teams: **Connecting with God** and **Satisfied?** booklets. Please become familiar with them before completing your project application.

Dear Parent or Guardian,

Thank you for helping your son or daughter pursue his/her desire to participate on a Student Venture International Project! I wish to support you as a parent, and your role as guide and guardian of your child. I want to keep open communication with you about our international projects and what they involve.

Please take time to complete the enclosed ***Parent/Guardian Reference Questionnaire***. Indicate that you have discussed this interest with your son/daughter and your thoughts on how this experience can best benefit his/her personal growth. Your comments will be an important factor in our consideration of your child's application.

All project participants (students, staff members and other adults) are carefully selected, and thereafter receive special written and verbal leadership training to prepare for their international experience. This training comes in part through an acceptance packet and project manuals.

Students who participate in a Student Venture International Project gain several positive benefits:

- international travel in a supervised, Christian context
- greater confidence in communication skills
- greater appreciation for America and other cultures
- development of leadership abilities and gifts
- life-changing ministry opportunities
- personal/ spiritual growth and faith-stretching experiences
- focused service to help expand an ongoing youth movement in the host country.
- experience the dynamics of working on a team

Student Venture is the high school and junior high ministry of Campus Crusade for Christ, an interdenominational Christian organization with over 26,000 staff and 550,000 trained volunteers ministering in 191 countries. Our emphases are communicating our faith in Christ with others, and building Christians in their faith. Student Venture's purpose is to help fulfill our Lord's Great Commission in this generation as recorded in Matthew 28:18-20.

It is possible that sending your child to be part of an international mission project is also a step of faith for you. If you have questions, please feel free to contact me, or your local Student Venture staff member.

Warmly in Christ,



Tom Harriger
National Director of Global Venture
Student Venture
Office: 407-826-2640
tom.harriger@studentventure.com

INSTRUCTIONS FOR COLLEGE STUDENTS TO APPLY FOR AN INTERNATIONAL PROJECT

Step 1 GIVE the appropriate *Confidential Reference Questionnaire* to those you have indicated on your application. Each person should return the completed reference to our office in the enclosed envelope, or return it to you in a sealed envelope for you to mail with your completed application.

- Discuss with your parents/guardians your desire to go on an international project. Ask them to read the **Dear Parent/Guardian** letter and complete the **Parent/Guardian Reference Questionnaire**.
- The **SV or CCC Staff Member, Spiritual Mentor or Youth Leader Reference** should be completed by the Student Venture or Campus Crusade for Christ staff member who knows you best. If you do not know someone on SV/CCC staff, give the form to the spiritual mentor or youth leader who knows you best.
- The **Roommate/Peer Reference Questionnaire** goes to a roommate. If you live at home or alone, then a friend or classmate who knows you well can fill this out.
- The **Pre-Volunteer Consent and Release of Information Agreement** completed and signed.

Step 2 FILL out your application completely. Photocopy it for your own records.

Step 3 MAIL your completed application, a \$50 non-refundable application fee, check made payable to **Student Venture**, three completed reference forms (in sealed envelopes) and the signed Consent and Release Form to:

**Student Venture International Projects
100 Lake Hart Drive, 3200
Orlando, FL 32832**

*Your application cannot be processed until **all** parts have been received by Student Venture International Projects. Please know that **application does not mean acceptance**. Your application will be treated confidentially and read only by individuals directly involved in your application decision and appropriate project leadership. Therefore, please thoroughly complete the application with honest, straightforward responses. Our hope is that this application process will be a means for you to know yourself better, be encouraged as you are reminded of your gifts and strengths, and be motivated to grow in those areas that need development.*

Step 4 APPLY for a passport **NOW** if you do not have one, or if your current passport expires within six months after your mission project ends.

Step 5 BE PREPARED to send a \$100 deposit, which is due two weeks after you receive your acceptance letter. This is the first installment of your project fees and insures your spot on the mission.

Please Note: The application deadline for SV International Spring Projects is **January 30** and the deadline for SV International Summer Projects is **March 15**. **We reserve the right to not review late applications.**



COLLEGE STUDENT APPLICATION

PLEASE ATTACH PHOTO HERE
(OPTIONAL BUT VERY HELPFUL)

Student Venture International Projects

100 Lake Hart Drive, 3200

Orlando, FL 32832

407-826-2323

globalventure@studentventure.com

www.studentventure.com

(FULL LEGAL NAME) FIRST MIDDLE LAST

M F _____

NICKNAME (NAME YOU GO BY IF DIFFERENT FROM FIRST NAME)

ADDRESS

CITY STATE ZIP

HOME PHONE CELL PHONE

E-MAIL

BIRTH DATE AGE

* _____

PROJECT NAME & DATES: (FIRST PREFERENCE)

* _____

PROJECT NAME & DATES: (SECOND PREFERENCE)

HOW DID YOU FIND OUT ABOUT STUDENT VENTURE INTERNATIONAL PROJECTS?

T-Shirt Size: S M L XL XXL XXXL

Are your parents on staff with Campus Crusade?

Yes No

SCHOOL INFORMATION

Year: Fresh. Soph. Jr. Sr.

NAME OF SCHOOL GRADUATION YEAR

SPRING BREAK: MONTH / DAYS LAST DAY OF SCHOOL: MONTH / DAY

EMERGENCY CONTACT

NAME OF CONTACT (PARENT, GUARDIAN, OR FAMILY MEMBER)

HOME PHONE WORK PHONE

CELL PHONE E-MAIL

RELATIONSHIP TO YOU

PASSPORT INFORMATION

Do you have a Passport?

Yes No

(IF NO, APPLY IMMEDIATELY)

PASSPORT NUMBER EXPIRES: MONTH / DAY / YEAR

Are you a U.S. citizen?

Yes No

If not, of what country are you a citizen?

If not, does your visa allow multiple entries

into the U.S.?

Yes No

CHANGE OF ADDRESS

Will your address change before your project begins? i.e. going home for Spring or Summer break

Yes No Date of Change _____

NEW ADDRESS

CITY STATE ZIP

Thank you for applying for a Student Venture International Project. Your thoroughness in completing this application is appreciated. Please print legibly.

CHRISTIAN EXPERIENCE

Write a brief statement of when and how you came to know Christ personally.

Describe your spiritual growth recently.

How often do you spend regular time alone with the Lord in Bible study and prayer? (circle one)

1 2 3 4 5 6 7 days/week

What is your understanding of the Spirit-filled life and what it means to walk in the power of the Holy Spirit?

Why do you want to participate in a project?

MINISTRY EXPERIENCE

Are you involved in:

a local church?

NAME OF CHURCH

a Christian group other than Student Venture/Cru?

NAME OF GROUP

a local Student Venture/Cru ministry?

FOR HOW LONG?

WHAT SV/CCC STAFF MEMBER DO YOU KNOW BEST?

What is your involvement now in your church group or Student Venture/Campus Crusade ministry?

Check the SV/CCC events you have participated in:

- Outreach Meetings
- Student Venture/Cru Weekly Meetings
- Small Group Bible Study
- Servant/Leadership Team
- FastBreak/Christmas Conference
- Getaway/ Big Break Conference
- Other SV/Cru Retreat
- International/Stateside Summer Project

PROJECT NAME AND YEAR

How do you define "initiative evangelism?"

Are you willing to actively take the initiative to share your faith during the mission? Yes No

Have you been trained to use an evangelistic tool/strategy (e.g. *Four Spiritual Laws*, Romans Road, *Connecting with God*)? Yes No

What main points of the gospel do you share with someone who wants to become a Christian?

In an average month, how many times do you take the initiative to share the gospel? _____

Are you accountable to someone for your own spiritual growth and ministry skills development? Yes No Who? _____

Please describe this accountability relationship.

Check the appropriate box for the following:

- | NEVER | IN PAST | NOW | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Active member of a Bible study/ discipleship group |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Doing basic follow-up with new Christians |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Leading a Bible study/ discipleship group |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Trained to use the Holy Spirit/ <i>Satisfied?</i> booklet |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Prepared a three-minute personal testimony |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Given a three-minute personal testimony before a group |

HOW MANY TIMES?

CONFIDENTIAL INFORMATION

This section is required for consideration of your application. Please answer the following questions honestly. This information will be treated confidentially and will be seen only by individuals directly involved in your application decision and by appropriate project leadership. If more space is needed for your answers please attach an additional sheet of paper.

Are you dating someone who plans to go on the same international project? Yes No

If yes, who? _____

Do you now drink alcoholic beverages? Yes No

If yes, how frequently? _____

If yes, are you willing to suspend any use of alcohol for the duration of the project? Yes No

In the past 12 months, have you been intoxicated with alcohol? Yes No

If yes, when was the last occurrence and what is your view about drinking alcoholic beverages?

Check the appropriate box for the following:

- | YES | NO | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Do you smoke or use tobacco products? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever used narcotics, hallucinogens or drugs not prescribed by a doctor? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been convicted of a crime? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever received counseling or treatment for mental or emotional health? |
| <input type="checkbox"/> | <input type="checkbox"/> | In the past 12 months, have you struggled with depression? |
| <input type="checkbox"/> | <input type="checkbox"/> | In the past 12 months, have you struggled with an eating disorder? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you had any homosexual experiences? |
| <input type="checkbox"/> | <input type="checkbox"/> | In the past 12 months, have you had a relationship or been involved in an activity that would not be considered "above reproach" (e.g., involvement in pornography, oral sex, inappropriate touching, sexual intercourse)? |

If "yes" to any of the above questions, please explain and give date of last occurrence:

PERSONAL INFORMATION

List the activities in which you are involved on campus (clubs, athletic teams, drama, music, etc.).

List any academic achievements and/or honors.

Briefly describe your relationship with your family or the people with whom you live.

PROJECT GUIDELINES

During the project and preparation time, are you willing to submit to the guidance of your project leader who will assist you in your personal growth, training, and time management? Yes No

Are you willing to follow project policies and project leadership even though you might not totally agree with them in every situation? Yes No

How would you respond to your leadership if you disagreed with them?

Do you believe you currently have the gift of speaking in tongues? Yes No

If yes, are you willing to suspend public practice for the duration of the project? Yes No

Since we are representing the Lord, the project will have standards of dress, conduct, and accountability. Are you willing to adhere to these standards with a positive attitude? Yes No

Do you understand that you must be available for the entire project, and travel with the team? Yes No

By checking the boxes and signing below, you state:

I agree with the enclosed ***Statement of Faith*** of ***Student Venture/Campus Crusade for Christ Int'l.***

I have provided information on this application that is true and accurate to the best of my belief and knowledge.

SIGNATURE

DATE

REFERENCES

Please ask each person to complete the appropriate reference form and mail it in the provided envelope to our Student Venture International Projects office or return it to you in a sealed envelope for you to return with your completed application.

► SV/CCC Staff, Spiritual Mentor or Youth Leader

FULL NAME: FIRST LAST

HOME PHONE WORK OR CELL PHONE

E-MAIL

► Roommate/ Peer

FULL NAME: FIRST LAST

HOME PHONE WORK OR CELL PHONE

E-MAIL

► Parent/Guardian

FULL NAME: FIRST LAST

HOME PHONE WORK OR CELL PHONE

E-MAIL

APPLICATION CHECKLIST REQUIREMENTS

All required documents must be in the Student Venture International Projects office before your application can be reviewed.

- This completed Application (keep photocopy for yourself)
- Three completed Reference Questionnaires (above)
- \$50 non-refundable Application Fee, check made payable to *Student Venture*
- Pre-Volunteer Consent and Release of Info. Agreement

Mail To: **Student Venture International Projects**
100 Lake Hart Drive, 3200
Orlando, FL 32832

FOR OFFICE USE ONLY

Project: _____

Received: _____

- Application
- Application Fee
- Pre-volunteer Consent and Release of Info. Agreement
- SV or CCC Staff/Spiritual Mentor/Youth Leader Reference
- Roommate/Peer Reference
- Parent/Guardian Reference

Evaluator: _____

Accept Non-Accept

Accept/Non-Accept letter sent Date: _____

Go Pac Sent Date: _____

STATEMENT OF FAITH

The sole basis of our beliefs is the Bible, God's infallible written Word, the sixty-six books of the Old and New Testaments. We believe that it was uniquely, verbally, and fully inspired by the Holy Spirit, and that it was written without error (inerrant) in the original manuscripts. It is the supreme and final authority in all matters on which it speaks.

We accept those areas of doctrinal teaching on which, historically, there has been general agreement among all true Christians. Because of the specialized calling of our movement, we desire to allow for freedom of conviction on other doctrinal matters, provided that any interpretation is based on the Bible alone, and that no such interpretation shall become an issue which hinders the ministry to which God has called us.

We explicitly affirm our belief in basic Bible teachings, as follows:

1. There is one true God, eternally existing in three persons—Father, Son, and Holy Spirit—each of whom possesses equally all the attributes of Deity and the characteristics of personality.
2. Jesus Christ is God, the living Word, who became flesh through His miraculous conception by the Holy Spirit and His virgin birth. Hence, He is perfect Deity and true humanity united in one person forever.
3. He lived a sinless life and voluntarily atoned for the sins of men by dying on the Cross as their substitute, thus satisfying divine justice and accomplishing salvation for all who trust in Him alone.
4. He rose from the dead in the same body, though glorified, in which He lived and died.
5. He ascended bodily into heaven and sat down at the right hand of God the Father, where He, the only mediator between God and man, continually makes intercession for His own.
6. Man was originally created in the image of God. He sinned by disobeying God; thus, he was alienated from his Creator. That historic fall brought all mankind under divine condemnation.
7. Man's nature is corrupted, and he is thus totally unable to please God. Every man is in need of regeneration and renewal by the Holy Spirit.
8. The salvation of man is wholly a work of God's free grace and is not the work, in whole or in part, of human works or goodness or religious ceremony. God imputes His righteousness to those who put their faith in Christ alone for their salvation, and thereby justifies them in His sight.
9. It is the privilege of all who are born again of the Spirit to be assured of their salvation from the very moment in which they trust Christ as their Savior. This assurance is not based upon any kind of human merit, but is produced by the witness of the Holy Spirit, who confirms in the believer the testimony of God in His written Word.
10. The Holy Spirit has come into the world to reveal and glorify Christ and to apply the saving work of Christ to men. He convicts and draws sinners to Christ, imparts new life to them, continually indwells them from the moment of spiritual birth and seals them until the day of redemption. His fullness, power, and control are appropriated in the believer's life by faith.
11. Every believer is called to live so in the power of the indwelling Spirit that he will not fulfill the lust of the flesh but will bear fruit to the glory of God.
12. Jesus Christ is the Head of the Church, His Body, which is composed of all men, living and dead, who have been joined to Him through saving faith.
13. God admonishes His people to assemble together regularly for worship, for participation in ordinances, for edification through the Scriptures and for mutual encouragement.
14. At physical death the believer enters immediately into eternal, conscious fellowship with the Lord and awaits the resurrection of his body to everlasting glory and blessing.
15. At physical death the unbeliever enters immediately into eternal, conscious separation from the Lord and awaits the resurrection of his body to everlasting judgment and condemnation.
16. Jesus Christ will come again to the earth—personally, visibly, and bodily—to consummate history and the eternal plan of God.
17. The Lord Jesus Christ commanded all believers to proclaim the gospel throughout the world and to disciple men of every nation. The fulfillment of that Great Commission requires that all worldly and personal ambitions be subordinated to a total commitment to "Him who loved us and gave Himself for us."

***If you agree and subscribe to the above statements, please sign the designated line on the Application.
Retain this copy for your records.***



Campus Crusade for Christ International Background Screening Consent and Information

Applicant should complete all relevant information and sign and date the form.

Project Applying for: _____

Applicant's Full Name (Printed): _____

Maiden Name or Other Names Used: _____

Social Security Number: _____ - _____ - _____ Date of Birth*: _____ / _____ / _____

*NOTE: The above information is required for identification purposes only, and is in no manner used as qualifications for employment, internship, or service as a volunteer. Campus Crusade for Christ International abides by all applicable state and federal employment laws.

ADDRESSES (for the past 10 years) Use back of page if necessary

Present Address _____

City _____ County _____ State _____ Zip _____

How Long at Present Address? _____

Former Address _____

City _____ County _____ State _____ Zip _____

How Long at Former Address? _____

Former Address _____

City _____ County _____ State _____ Zip _____

How Long at Former Address? _____

List all states and counties of residence since turning age 18: _____

•Please circle any of the following states in which you have lived: CA, CO, DE, LA, MA, SD, VT, WV, WY

MOTOR VEHICLE RECORDS: Driver's License Number: _____ State of License: _____

EMPLOYMENT VERIFICATION

Current Employer: _____ May we contact? _____

Name of Supervisor or HR Contact: _____

Address: _____ City: _____ State: _____

Phone: _____ Fax: _____ Dates of Employment: _____

Previous Employer: _____ May we contact? _____

Name of Supervisor or HR Contact: _____

Address: _____ City: _____ State: _____

Phone: _____ Fax: _____ Dates of Employment: _____

I, _____, hereby authorize Campus Crusade for Christ International (CCCI) and/or its agents to make an independent investigation of my background, references, character, past employment, education, credit history, adult criminal or police records, and motor vehicle records including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for service now and, if applicable, during the tenure of my employment or service with CCCI.

I release CCCI and its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used. The name above is my true and complete legal name and all information provided above is true and correct to the best of my knowledge:

Signature of Applicant _____ Date _____

CONFIDENTIAL REFERENCE QUESTIONNAIRE
SV OR CCC STAFF MEMBER,
SPIRITUAL MENTOR OR YOUTH LEADER

THIS QUESTIONNAIRE IS TO BE COMPLETED BY A STUDENT VENTURE OR CCC STAFF MEMBER, SPIRITUAL MENTOR, OR YOUTH LEADER WHO KNOWS THE APPLICANT WELL. *The purpose of Student Venture International Projects is to train students who are actively involved in ministry, who are sharing their faith and developing as spiritual multipliers. Because this reference is used for both acceptance and development, it is most valuable when filled out objectively. Please avoid the temptation to make the applicant appear perfect. Be assured that your reference will be held in strict confidence. Please return this completed reference form, sealed in the enclosed envelope, to the address above or to the applicant to mail with his/her completed application.*

| | | | | |
|--|--|-------------------------|------------------------------------|--|
| APPLICANT NAME | | APPLICANT PHONE | PROJECT NAME | |
| REFERENCE NAME | | MINISTRY OR CHURCH NAME | | |
| PHONE | | E-MAIL | | |
| ADDRESS | | CITY | STATE | ZIP |
| IN WHAT CAPACITY HAVE YOU KNOWN THE APPLICANT? | | | | |
| FOR HOW LONG? _____ | | HOW WELL? | <input type="checkbox"/> VERY WELL | <input type="checkbox"/> WELL |
| | | | <input type="checkbox"/> NOT WELL | <input type="checkbox"/> ALMOST NOT AT ALL |
| Please attach an additional sheet with any other comments. | | | | |

CHARACTER TRAITS

Please check the appropriate space for each characteristic.

| | Not Known | Poor | Below Avg. | Average | Above Avg. | Excellent |
|--|-----------|------|------------|---------|------------|-----------|
| Consistent evidence of a Spirit-filled life (demonstrates fruit of the Spirit) | | | | | | |
| Consistent application of Biblical principles to his/her life | | | | | | |
| Flexibility (adjusts well to change) | | | | | | |
| Perseverance (moves ahead in the face of adversity) | | | | | | |
| Responsibility (carries out duties and obligations) | | | | | | |
| Servant | | | | | | |
| Ability to handle pressure | | | | | | |
| Accurate view of self | | | | | | |
| Humility | | | | | | |
| Self Confidence | | | | | | |
| Teamwork (works well with others) | | | | | | |
| Ability to handle conflict constructively | | | | | | |
| Ability to communicate (presents thoughts clearly/logically) | | | | | | |
| Sensitivity to others' needs/feelings | | | | | | |
| Attractive personality | | | | | | |
| Self motivation / initiative | | | | | | |
| Ability to make decisions | | | | | | |

HAVE YOU NOTICED...

To what extent do these traits appear in the applicant's life?

| | Not Known | Always | Frequently | Sometimes | Rarely | Never |
|--|-----------|--------|------------|-----------|--------|-------|
| Critical (Negative Attitude & Sarcasm) | | | | | | |
| Tendency to Argue | | | | | | |
| Defensiveness | | | | | | |
| Domineering Manner | | | | | | |
| Procrastination | | | | | | |
| Irritability | | | | | | |
| Rebellion | | | | | | |
| Discouragement | | | | | | |
| Anxiety / Worry | | | | | | |
| Moodiness | | | | | | |
| Depression | | | | | | |
| Anger | | | | | | |

RELATIONSHIP WITH GOD

How have you observed this student demonstrate faith?

How have you observed this student grow in his/her relationship with God?

MINISTRY EXPERIENCE

Check the appropriate space for the following:

YES NO ^{NOT} KNOWN

- Has been trained in evangelism using a clear method of presentation
What method? _____
- Shares the gospel with others and asks for a decision. How often? _____
- Takes others to share their faith
- Has been trained to explain the Spirit-filled life
- Has prepared/given a personal testimony
- Consistently brings new students to meetings
- Is involved in a small group Bible study
- Has led a small group Bible study
- Has followed up new believers
- Has attended SV/CCC conferences
- Has participated in an international project

Please describe the applicant's other ministry leadership (e.g. Sunday school, worship, church leadership, etc.).

INTEGRITY AND MORALITY

Have you talked with the applicant about moral standards and practices in the area of physical relationships? Yes No

Are you aware of any sexual immorality or homosexuality that this person has been involved in? Yes No

If yes, to what extent and how long ago?

Are the applicant's present convictions in these areas in line with what the Bible teaches? Yes No

Please explain. (What is his/her attitude toward dating non-Christians, sex before marriage, etc.?)

Does the applicant relate appropriately (in dress, speech, physical contact) to the opposite sex? Yes No

If no, please explain:

To your knowledge, does the applicant struggle with an eating disorder or depression? Yes No

If yes, please explain:

To your knowledge, has the applicant been involved in alcohol or drug abuse? Yes No

If yes, to what extent and how long ago?

MATURITY

Does he/she seek advice about how to be more effective in his/her ministry? Frequently Sometimes Hardly ever

Please explain how he/she responds to constructive criticism, instruction, or advice from authority (parents, teachers, coaches).

EMOTIONAL / SOCIAL MATURITY

Comment on the applicant's relationships with their peers.

How does the applicant respond to difficult circumstances (e.g., withdraw, cling to/dependency on others, argue)?

LEADERSHIP

What are the applicant's greatest strengths and abilities?

What areas need development or attention?

What do you think the applicant's main contribution will be to this project?

OTHER COMMENTS

If you were leading an International Project, would you want this person on your team? Yes No

Please explain:

Who will coach this applicant to develop his/her financial support?

Are you committed to helping this applicant continue to minister when he/she returns from the project? Yes No

Signature _____

Date _____

CONFIDENTIAL REFERENCE QUESTIONNAIRE ROOMMATE/PEER REFERENCE

THIS QUESTIONNAIRE IS TO BE COMPLETED BY A ROOMMATE, PREFERABLY, OR A PEER WHO KNOWS THE APPLICANT WELL.

Student Venture International Projects provide American students with positive, mentored international experiences which develop their character, leadership, communication and discipleship skills. Because this reference is used for both acceptance and development, it is most valuable when filled out objectively. Please avoid the temptation to make the applicant appear perfect. **Be assured that your reference will be held in strict confidence.** Please return this completed form, **sealed in the enclosed envelope**, to the address above or to the applicant to mail with his/her completed application.

| | | | | | | |
|--|--|------------------------|------------------------------------|-------------------------------|-----------------------------------|--|
| APPLICANT NAME | | APPLICANT PHONE | | PROJECT NAME | | |
| REFERENCE NAME | | | COLLEGE NAME | | | |
| PHONE | | E-MAIL | | | | |
| ADDRESS | | CITY | | STATE | ZIP | |
| IN WHAT CAPACITY HAVE YOU KNOWN THE APPLICANT? _____ | | | | | | |
| FOR HOW LONG? _____ | | HOW WELL? | <input type="checkbox"/> VERY WELL | <input type="checkbox"/> WELL | <input type="checkbox"/> NOT WELL | <input type="checkbox"/> ALMOST NOT AT ALL |

CHARACTER TRAITS

Please check the appropriate space for each characteristic.

| | Not Known | Poor | Below Avg. | Average | Above Avg. | Excellent |
|--|-----------|------|------------|---------|------------|-----------|
| Flexibility (adjusts well to change) | | | | | | |
| Perseverance (moves ahead in the face of adversity) | | | | | | |
| Responsibility (carries out duties and obligations) | | | | | | |
| Punctuality | | | | | | |
| Integrity (honesty) | | | | | | |
| Ability to handle pressure | | | | | | |
| Accurate view of self | | | | | | |
| Self Confidence | | | | | | |
| Teamwork (works well with others) | | | | | | |
| Ability to handle conflict constructively | | | | | | |
| Ability to communicate (presents thoughts clearly/logically) | | | | | | |
| Sensitivity to others' needs/feelings | | | | | | |
| Relates appropriately to the opposite sex | | | | | | |
| Self motivation / initiative | | | | | | |
| Ability to make decisions | | | | | | |

HAVE YOU NOTICED...

To what extent do these traits appear in the applicant's life?

| | Not Known | Always | Frequently | Sometimes | Rarely | Never |
|-----------------------------|-----------|--------|------------|-----------|--------|-------|
| Negative Attitude & Sarcasm | | | | | | |
| Tendency to Argue | | | | | | |
| Defensiveness | | | | | | |
| Domineering Manner | | | | | | |
| Procrastination | | | | | | |
| Irritability | | | | | | |
| Rebellion | | | | | | |
| Discouragement | | | | | | |
| Anxiety, Worry | | | | | | |
| Moodiness | | | | | | |
| Depression | | | | | | |
| Anger | | | | | | |

Any other character related comments?

MATURITY

Please comment on the applicant's ability to make decisions and follow through on them.

How does the applicant respond to designated authority and standards?

Describe the applicant's overall relationships to his/her roommates or peers?

How does the applicant respond in resolving conflict with you or another person?

What is the applicant's overall attitude when under stress? How do they deal with stress?

Overall, how would you evaluate this person's level of social & emotional maturity?

LEADERSHIP ABILITY

Please describe the applicant's leadership style.

What are the applicant's greatest strengths/abilities?

What areas need development or attention?

What do you think the applicant's main contribution will be to this project?

OTHER COMMENTS

Please add any additional comments that you would like to mention about the applicant.

SIGNATURE

DATE



100 Lake Hart Drive, 3200
 Orlando, FL 32832
 407-826-2323
 globalventure@studentventure.com

CONFIDENTIAL REFERENCE QUESTIONNAIRE

PARENT/GUARDIAN

THIS QUESTIONNAIRE IS TO BE COMPLETED BY A PARENT OR GUARDIAN OF THE APPLICANT.

*Student Venture International Projects are designed to help students develop positive character traits, as well as sharpen their leadership, communication and mentoring skills. International experiences may contribute significantly to life-long effectiveness in the individual's development. Since you know your child better than anyone else, your insights will be extremely valuable in making this international project the best possible experience for him/her. Therefore, please be objective in completing this form, and avoid the temptation to make the applicant appear perfect! **Be assured that your reference will be kept confidential.** Please return this completed reference form, **sealed in the enclosed envelope**, to the address above or to the applicant to mail with his/her completed application.*

| | | | |
|----------------------|------|--------------|-----|
| APPLICANT NAME | | PROJECT NAME | |
| PARENT/GUARDIAN NAME | | | |
| PHONE | | E-MAIL | |
| ADDRESS | CITY | STATE | ZIP |

I/We have considered our son's/daughter's plan to apply for an international project. I/We understand that Student Venture will seek to provide for his/her safety and welfare, but we have also discussed the risks that are involved in international travel. I/We realize that Student Venture is simply giving him/her the opportunity to participate as a volunteer. Yes No

PARENT/GUARDIAN'S ADVICE:

- I/We have encouraged our son/daughter to participate.
- I/We are not opposed to our son/daughter going, but we have the following reservations:
- I/We have advised our son/daughter not to participate on a project for the following reasons:

COMMENTS:

GOALS & CONTRIBUTION

What goals do you have for your child that you hope this international project will help develop?

What do you think will be the main contribution of your son/daughter to this project?

LEADERSHIP ABILITY

What are the greatest strengths and abilities of your son/daughter (e.g. character, skills, habits)?

What areas need development or attention?

CHARACTER TRAITS

Please check the appropriate space for each characteristic.

| | Not Known | Poor | Below Avg. | Average | Above Avg. | Excellent |
|--|-----------|------|------------|---------|------------|-----------|
| Flexibility (adjust well to change) | | | | | | |
| Perseverance (moves ahead in the face of adversity) | | | | | | |
| Responsibility (carries out duties and obligations) | | | | | | |
| Punctuality | | | | | | |
| Integrity (Honesty) | | | | | | |
| Ability to handle pressure | | | | | | |
| Accurate view of self | | | | | | |
| Self Confidence | | | | | | |
| Teamwork (works well with others) | | | | | | |
| Ability to handle conflict constructively | | | | | | |
| Ability to communicate (presents thoughts clearly/logically) | | | | | | |
| Sensitivity to others' needs/feelings | | | | | | |
| Relates appropriately to the opposite sex | | | | | | |
| Self motivation / initiative | | | | | | |
| Ability to make decisions | | | | | | |

HAVE YOU NOTICED...

To what extent do these traits appear in the applicant's life?

| | Not Known | Always | Frequently | Sometimes | Rarely | Never |
|-----------------------------|-----------|--------|------------|-----------|--------|-------|
| Negative Attitude & Sarcasm | | | | | | |
| Tendency to Argue | | | | | | |
| Defensiveness | | | | | | |
| Domineering Manner | | | | | | |
| Procrastination | | | | | | |
| Irritability | | | | | | |
| Rebellion | | | | | | |
| Discouragement | | | | | | |
| Anxiety, Worry | | | | | | |
| Moodiness | | | | | | |
| Depression | | | | | | |
| Anger | | | | | | |

Please attach an additional sheet with any other comments.

MATURITY

How does your son/daughter respond to constructive criticism, instruction or advice from you or another person in authority (comply, resist, have a critical attitude, etc.)?

Comment on your child's ability to establish healthy relationships with peers and adults.

Briefly describe his/ her relationship with:
Mother

Father

Siblings

How does your son/daughter respond to difficult circumstances (e.g. withdraw, cling to others)?

To your knowledge, does your son/daughter struggle with an eating disorder or depression, drug or alcohol abuse, or other physical or emotional concerns? Yes No
If yes, please explain:

I have answered this questionnaire to the best of my knowledge.

PARENT'S/GUARDIAN'S SIGNATURE

DATE