



Dear 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 mission 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. The opportunities to develop in 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 the number below with questions.

Anticipating great things,

A handwritten signature in cursive script that reads 'Lauren'.

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.

**100 Lake Hart Drive, 3200 • Orlando, Florida 32832 • Phone: 407-826-2323 • Fax: 407-826-2611**  
**globalventure@studentventure.com • www.studentventure.com**

Dear Parent or Guardian,

Thank you for helping your son or daughter pursue his/her desire to participate in 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 **Parent/Guardian Consent Form**. Indicate that you have discussed this interest with your son/daughter and share any concerns you have in the comments section. Please take time to read the confidential questions on page 3 of the application. Your consent must be given **before** the student answers the questions in order to protect his/her right to privacy. Your child's answers are held in strict confidence. These questions help team leaders encourage each participant in his/her personal growth.

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 with 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 as recorded in Matthew 28:18-20.

It is possible that sending your teenager to be part of an international 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.

Sincerely,



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

## **INSTRUCTIONS FOR HIGH SCHOOL 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, show them the confidential info section of the application before you fill it in, and have them complete the ***Parent/Guardian Consent Form***. This consent form must be signed by both parents or guardians for your application to be evaluated.
- 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 ***Teacher/Coach/Employer Reference*** goes to a teacher, coach or employer who knows you well.

**Step 2 FILL** out your application completely and photocopy it for your own records.

**Step 3 MAIL** your completed application, a \$25 non-refundable application fee, check made payable to **Student Venture**, and three completed reference forms (in sealed envelopes) 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 understand 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 process will be a means for you to get to know yourself better, to be encouraged as you are reminded of your gifts and strengths, and to 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.**



# HIGH SCHOOL 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 SV 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

**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.

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Describe your spiritual growth recently.

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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?

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Why do you want to participate in a project?

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## MINISTRY EXPERIENCE

Are you involved in:

a local church?

NAME OF CHURCH

a Christian group other than Student Venture?

NAME OF GROUP

a local Student Venture 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 ministry?

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Check which SV events you have participated in:

- Outreach Meetings
- Student Venture Meetings
- Small Group Bible Study
- Servant/Leadership Team
- FastBreak
- Getaway
- Other SV Retreat
- International Project

INTERNATIONAL PROJECT NAME AND YEAR

How do you define "initiative evangelism?"

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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 (i.e. *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?

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

Are you accountable to someone for your spiritual growth and ministry skills development?

Yes  No Who? \_\_\_\_\_

Please describe this accountability relationship.

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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/<br>discipleship group        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Doing basic follow-up with new<br>Christians                 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Leading a Bible study/<br>discipleship group                 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Trained to use the Holy Spirit/<br><i>Satisfied?</i> booklet |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Prepared a three-minute<br>personal testimony                |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Given a three-minute personal<br>testimony before a group    |

HOW MANY TIMES?

### CONFIDENTIAL INFORMATION

*If you are a minor, your parent/guardian must read these questions before you answer them and give their consent by signing the Parent/Guardian Consent Form. 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 feel free to attach an additional sheet of paper.*

Has your parent/guardian read these questions and signed the *Parent /Guardian Consent Form*?

Yes No

If no, stop and do so now.

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? \_\_\_\_\_

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 follow 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

NAME: FIRST \_\_\_\_\_ LAST \_\_\_\_\_  
HOME PHONE \_\_\_\_\_ WORK OR CELL PHONE \_\_\_\_\_  
E-MAIL \_\_\_\_\_

### ► Teacher, Coach or Employer

NAME: FIRST \_\_\_\_\_ LAST \_\_\_\_\_  
HOME PHONE \_\_\_\_\_ WORK OR CELL PHONE \_\_\_\_\_  
E-MAIL \_\_\_\_\_

### ► Parent/Guardian

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 a photocopy for yourself)
- Three completed Reference Questionnaires (above)
- \$25 non-refundable Application Fee, check made payable to Student Venture
- Parent Consent Form

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

**FOR OFFICE USE ONLY**

Project: \_\_\_\_\_  
Received: \_\_\_\_\_  
 Application  
 Application Fee  
 Parent Consent Form  
 SV or CCC Staff/Spiritual Mentor/Youth Leader Reference  
 Teacher/Coach/Employer Reference  
 Parent/Guardian Reference

Evaluator: \_\_\_\_\_  
 Accept  Non-Accept  
 Accept/Non-Accept letter sent Date: \_\_\_\_\_  
 Go Pac Sent Date: \_\_\_\_\_



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

# Parent/Guardian Consent

Name of Minor \_\_\_\_\_ Project/year \_\_\_\_\_

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 I/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. I/We consent for my/our son/daughter to participate on a Student Venture International Project.

Yes       No

**PARENT/GUARDIAN'S ADVICE TO MINOR:**

Please check one of the following

- 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 listed under *Comments*.
- I/We have advised our son/daughter not to participate on a project for the following reasons listed under *Comments*.

**COMMENTS:**



I/We have read the questions in the Confidential Information section of the Student Application, and give consent for my/our son/daughter to answer those questions. I/We understand his/her information will be treated confidentially and will be seen only by individuals directly involved in his/her application decision and by appropriate project leadership.

Yes       No

\_\_\_\_\_  
 MOTHER/GUARDIAN'S SIGNATURE

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 FATHER/GUARDIAN'S SIGNATURE

\_\_\_\_\_  
 DATE

**Please Note:** The signatures of all legal guardians are required for evaluation of this application. However both signature do not need to be on the same form. If necessary, this form may be copied and signed individually. Then two forms may be submitted. If there is only one legal guardian please sign the form and submit an affidavit of sole legal guardianship. An affidavit form can be requested from SV International Projects by email or phone. Questions? Please call 407-826-2640

# 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.***



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

**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 teenagers who are actively involved in ministry with their peers, 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   <sup>NOT</sup>  
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 conferences
- Has participated in an International Project

Please describe the applicant's other ministry leadership (e.g. Sunday school, worship, emcee, campus club, 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 TEACHER/COACH/EMPLOYER

**THIS QUESTIONNAIRE IS TO BE COMPLETED BY A TEACHER, COACH OR EMPLOYER WHO KNOWS THE APPLICANT WELL.**

*Student Venture International Projects provide American teenagers with positive, supervised international experiences that develop their character, leadership, communication and peer-mentoring 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.*

<b>APPLICANT NAME</b>		<b>APPLICANT PHONE</b>		<b>PROJECT NAME</b>		
<b>REFERENCE NAME</b>			<b>SCHOOL OR COMPANY NAME</b>			
<b>PHONE</b>		<b>E-MAIL</b>				
<b>ADDRESS</b>		<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>		
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 (adjust well to change)						
Perseverance (moves ahead in the face of adversity)						
Responsibility (carries out duties and obligations)						
Punctuality						
Integrity						
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?

How does the applicant relate to his/her classmates, co-workers or peers?

Describe the level of supervision the applicant requires as a student or employee.

Please describe how the applicant has responded in resolving conflict with you or another person.

What is the applicant's overall attitude in the classroom or on the job ?

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

## LEADERSHIP ABILITY

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

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 teenagers develop positive character traits, as well as sharpen their leadership, communication and peer-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 held in confidence.** Please return this completed reference form to the address above, or to the applicant to mail with his/her completed application **sealed in the enclosed envelope.***

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

**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 friendships with peers.

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