

Missions Department, CSCC
 11 East Coast Road #02-10
 The Odeon Katong
 Singapore 428722
 Tel: (65) 3444733 Fax (65) 63443877
 Email: missions@csc.org.sg

Please affix a recent passport-size photograph of yourself here

Name : _____

Mobile Number : _____

Date of Application: _____
dd/mm/yyyy

Application must be received by **30 April 2019**.
 (Application will not be considered complete until the Pastoral Recommendation Form is also received by 30 April 2019)

All information provided will be kept in strict confidence.

SECTION A – Apprentice Programme Details

Apprenticeship Trip Choice

1st choice: _____ Dates of availability: _____

2nd choice: _____

Note: General

1. Apprentices will need to fund their own financial support for the duration of the programme.
2. Apprentices are responsible for their personal expenses such as flights, meals, accommodation and transport.
3. All submitted Application and Pastoral Recommendation forms will be kept solely by the Missions Department.

SECTION B – Personal Information

General

Full Legal Name _____
Given Name _____ Family/Surname (s) _____

Residential Address _____

Contact Details _____
Home _____ Mobile _____

Email Address

Mailing Address (if different from above)

DOB _____ Gender Male Female
dd/mm/yyyy

Country of Birth _____ Citizenship _____ Race _____

Please list any other skills that could be relevant to the Apprenticeship (e.g. play musical instruments, mechanical/ technical skills, ministry skills etc):

To the best of your discernment, what are your spiritual gifts? What areas do you think you can contribute on the mission field?

SECTION D – Employment History

Are you currently employed? Yes No

Current Employment

Name of Employer _____ Start Date of Employment _____
dd/mm/yyyy

Name of Organization _____ Designation _____

Previous Employment

Name of Employer _____ Year of Employment _____ to _____
Start (Year) End (Year)

Name of Organization _____ Designation _____

SECTION E – Church Life

Cell Leader Name _____ Cell Leader Number _____

Cell Leader Email _____

Cluster Pastor Name _____

How long have you attended this cell? _____

Date of Salvation _____
dd/mm/yyyy

Date of Water Baptism _____
dd/mm/yyyy

Have you received the baptism of the Holy Spirit? Yes No
 (with the evidence of speaking in tongues)

Do you attend a cell group on a weekly basis? Yes No

How do your parents/ guardians/ spouse feel about your commitment to the Apprentice Programme?

Are you currently serving in church? Yes No

If yes, please indicate the position & areas of service, duration and involvement in your current duties. Please list too past areas of service in CSCC or other churches and indicate how long you have served.

SECTION F – Referrals Information

Please provide the details of **TWO** referrals that we may approach for recommendations. Referrals should be mature Christians who know you well and are able to comment on your personal and spiritual suitability for Christian education and training. (Please note that this is in addition to the Pastoral Recommendation Form.)

Referral 1

Name _____ Relationship _____
 Email Address _____ Contact No. _____
 Length of time known _____ Church Name _____

Referral 2

Name _____ Relationship _____
 Email Address _____ Contact No. _____
 Length of time known _____ Church Name _____

SECTION G – Personal Evaluation (I)

You may be referred to pastoral care in the local church for the following areas that are highlighted: -

1. Have you ever been in the past or are you currently &/or still struggling with illegal/recreational drugs? Yes No
2. Have you ever been in the past or are you currently &/or still struggling with tobacco? Yes No
3. Have you ever been in the past or are you currently &/or still struggling with alcoholic beverages? Yes No
4. Have you ever been involved/struggled or still struggling in homosexuality/lesbianism? Yes No
5. Have you had any professional psychological counseling? Yes No
6. Have you ever been arrested/ convicted of a crime? Yes No

If yes, what? _____

Date of Offence _____
 dd/mm/yyyy

SECTION H – Personal Evaluation (II)

Please give an honest evaluation of yourself in the following areas:
Rate 1-10 by checking (√) the appropriate boxes (with 10 being the highest)

Aspects	1	2	3	4	5	6	7	8	9	10
Personal Discipline										
Consistency/ Faithfulness										
Relationship Wholeness (Family/Spouse/Friends)										
Servant's Heart										
Positive Speech										
Self-Confidence										
Adaptability										
Financial Discipline										
Commitment to the Church										
Commitment to the Great Commission										
Submission to Authority										
Leadership Abilities										
Spiritual Maturity										
Evangelism and Discipleship										
Cross-Cultural Sensitivity										

SECTION I – Missions Interest / Experience

Have you ever been on a mission trip? Y/N

If yes, please fill in the following:

Church / Organization	City / Nation	Duration (MM/YYYY - MM/YYYY)

Please share about your interest in the Great Commission.

What countries are you especially interested in serving in? Why?

SECTION J – Medical History & Declaration**I. PHYSICAL EXAMINATION – To be completed by a Medical Doctor**

Height: _____ Weight: _____ Blood Pressure: Systolic _____ Diastolic _____

Please indicate (mark with √) if the applicant has suffered any of the following:

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Malaria | <input type="checkbox"/> Skin Disease | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> HIV+/AIDS |
| <input type="checkbox"/> Gout | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Blood Disorder | <input type="checkbox"/> High Altitude Sickness |
| <input type="checkbox"/> Cancer/Tumor | <input type="checkbox"/> Gastric Disorder | <input type="checkbox"/> Sleep Disorder | |
| <input type="checkbox"/> Eating Disorder
<i>(E.g. anorexia, bulimia)</i> | <input type="checkbox"/> Mental Disorder
<i>(E.g. Depression, schizophrenia)</i> | <input type="checkbox"/> Allergies
<i>(E.g. drug, food, pollen, insect bites)</i> | |

Explain in detail any “Yes” answers (use a separate sheet if necessary).

Hearing: Normal Abnormal Explain: _____Vision: Normal Glasses Contact Lenses Explain: _____

Physical Disabilities/Deformities: _____

Diet Restrictions: _____

Surgery (if any) and Date of Surgery: _____

List any medical problems, illnesses or chronic conditions experienced in the last three years.

List of any medications or drugs required:

II. DOCTOR’S DECLARATION – To be completed by a Medical Doctor

I certify that I have examined the candidate _____ and certify that he/she is medically fit to travel &/or serve in the Apprentice Programme.

Name of Doctor and Qualifications_____
Official Stamp_____
Address_____
Country_____
Telephone_____
Doctor’s Signature_____
Date



III. PERSONAL DECLARATION – To be completed by Applicant

Emergency Contact

Name _____ Contact Number _____

Address _____

Relationship of Emergency Contact to Applicant _____

Current Physician / Family Doctor (if any)

Name _____ Contact Number _____

Address _____

Insurance Policy

Insurance Provider/ Group Name _____

Contact Number of Insurance Agent _____

I certify that the above medical information is correct to the best of my knowledge.

Applicant

Name & Signature _____ Date _____
dd/mm/yyyy

SECTION K – Finances

You have prayed and believe that this is the time to participate in the Apprentice Programme. Planning and securing the financial resources needed is the initiation of your volunteer term.

We recommend that you create a personal budget of expected expenses and then prayerfully seek God and step out in faith to appropriate the funds you will need for the duration of your time in the Apprentice Programme. The Apostle Paul believed that one should work to support oneself, and so he also developed the skill of tent making to help with this provision. Also remember that we serve a good God who provides abundantly, and thus He will make a way for you to receive or acquire the initial funds to register for this programme.

Will you have the total amount by the required date? Yes No

What is your plan to fulfil the financial requirements to meet your personal living expenses during the Apprenticeship?

Will you work before you join the Apprenticeship? Yes No

Do you have other sources of income? Yes No

Do you have any outstanding financial debts or monthly payments? Yes No

SECTION L – Acknowledgement of Financial Commitment

I/We understand the financial commitment involved and agree to the guidelines.

Applicant

Name & Signature _____

Date _____
dd/mm/yyyy

Parent/Guardian (if applicant is under 21 years of age)

Name & Signature _____

Date _____
dd/mm/yyyy

SECTION N – Your Agreement

In this section, we ask that you fill out your name, sign and date as acknowledgement and agreement in your application to the CSCC Apprentice Programme.

I, _____ (Full Legal Name), am fully persuaded that it is the will of God for me to be enrolled in the Apprentice Programme. I sincerely believe that I am here by the direction of the Holy Spirit and that God desires to do a unique work in my life which includes a deeper understanding of His word and works, the development of a stronger personal relationship to God, the further maturing of my Christian character, the strengthening of personal disciplines in my life, the sharpening of my ministry skills, to serve towards the fulfillment of the Great Commission.

I pledge that if admitted to the Apprentice Programme, I will at all times conduct myself as a Christian, faithfully and diligently adhering to the Apprentice Programme requirements, and promptly meeting all financial and other obligations.

I have thoroughly considered the time commitment, financial obligations, leadership role and personal devotion required to succeed as a Cornerstone Apprentice and am willing to apply myself to these standards. Also, I have honestly completed this application, and have answered the questions to the best of my ability. I understand that the Apprentice Programme is a limited ministry, and that I may not be accepted.

Name & Signature _____ Date _____
 dd/mm/yyyy

SECTION O – Upon Completion

By submitting this form, I agree that Cornerstone Community Church ("Church") may collect, use and disclose my personal data for the purposes of maintaining and updating the Church's record as indicated for the purposes above in accordance with the Personal Data Protection Act. You also consent to the Church contacting you by calls, text messages, post and emails.

You may submit your application by one of the following:

EMAIL

missions@csc.org.sg

DROP-OFF / MAIL TO:

Missions Department

Cornerstone Community Church
 11 East Coast Road #02-10
 The Odeon Katong
 Singapore 428722

Operation Hours: Tues – Fri (10am - 5pm)
 Tel: (65) 6344 4733

FINAL CHECKLIST

- Complete application form, short essays, and signed & dated agreements.
- Attach a photo (jpg or passport photo).
- Include a copy of your Qualifications/Proficiency certificates.
- Ensure that the Pastoral Recommendation has been sent to the CSCC Missions Department.

FOR OFFICIAL USE

Feedback & Comment by Missions Coordinator:

Reviewed by Senior Pastor/National Coordinator:

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(Signature)

Date: