***We are very excited you’re interested in the 2023 Colorado Team!***

Please be sure and to complete this application **FULLY**. Please reference the following checklist to know if your application is complete:

* After opening this form, please go to FILE and select “SAVE AS” and save this to your computer. We suggest you type your answers in the form rather than handwriting them.
* ***For the checked boxes, click on the box and the option to check or uncheck will appear.***
* **It is recommended that you go over your completed application with your Campus Director or Staff Member before submitting your application to the Challenge State Directors Office.**
* ***If possible we prefer emailed applications.***
	+ Email completed applications to: **cuchristianchallenge@gmail.com**
	+ If email is not possible please mail completed applications to:

Christian Challenge

Attn: Derek Gregory

CO Team Application

1809 Marquette Drive

Erie, CO 80516

* You must have **FIVE** confidential references. Please print out or e-mail a reference form to five people who know you well, and make sure to put your name on each reference form in the “Applicant Name” category.
	+ **One reference MUST be from your campus minister**.
	+ The other **four** references need to be filled out by people in the following categories:
		- Pastor (or youth pastor), discipler/mentor, teacher/professor, friend of the same gender who has known you well for the past 2 years. Please tell your references what “category” they fall into or check the appropriate box on their form for them (i.e. “Discipler” or “Teacher/Professor”, etc.).
	+ Email references to **cuchristianchallenge@gmail.com**

 OR

* + Mail references to :

 Christian Challenge

 Attn: Derek Gregory

 CO Team Application

 1809 Marquette Drive

 Erie, CO 80516

* **Applications AND all five completed references must be received NO LATER than January 13th , 2023 by 5pm.** Space is limited, so please send in your application as soon as possible.

**If at any time, you decide that you no longer want to be considered for acceptance, please notify us via e-mail at cuchristiachallenge@gmail.com or via phone at (303)4063415**

We will be contacting you as soon as we can about your status in the project.

Blessings!

**Colorado Team**

**2023 Application**

**\*\*\*\*Please send to your campus director FIRST\*\*\*\*\***

**Email completed electronic applications to:** cuchristianchallenge@gmail.com

Please Include your name and campus in subject line.

**or mail them to: Christian Challenge, ATTN: Derek Gregory,**

**CO Team, 1809 Marquette Drive, Erie, CO 80516**

**This project runs from approx. May 22 to July 26. Are you available for these dates?**

**Personal Information**

**First Name:**       **Middle Name:**       **Last Name:**

**Preferred Name:**

**Date of Birth:**

**Age:**

**T-shirt Size:**

**City, State of Birth:**

**Phone Number:**

**Marital Status:**

**Email Address:**

**Current Mailing Address (Address, City, State, Zip):**

**How long will you be at this address?**

**Permanent Mailing Address (if different from above):**

**Current driver’s license number:**

**Would you consider yourself to be an introvert or extrovert?**

**Education**

**Are you currently a university student?**

**If so, which university?**

**When did you enter college (month/year)?**

**What is your current major/minor of study?**

**What is your current classification?**

**What is your current GPA?**

**How many hours will you have completed at the end of this semester?**

**When is your anticipated graduation date (month/year)?**

**How are you involved at your university’s Christian Challenge?**

**Name of your Christian Challenge director:**

**Phone number of your Christian Challenge director:**

**Email address of your Christian Challenge director:**

**Skills**

**Please indicate your level of proficiency/experience in the following areas**

**(1 = minimal, 5 = capacity to lead/teach)**

**Recreation/Sports 1 2 3 4 5**

**Worship Leading 1 2 3 4 5**

**VBS Day Camps 1 2 3 4 5**

**Youth Ministry 1 2 3 4 5**

**Preaching 1 2 3 4 5**

**Evangelism 1 2 3 4 5**

**Sharing Testimony 1 2 3 4 5**

**Singing (solo) 1 2 3 4 5**

**Musical Instrument 1 2 3 4 5**

**Audio/Visual 1 2 3 4 5**

**Parent Information**

**Father’s Name:**

**Father’s Address:**

**Father’s City, State, Zip:**

**Father’s Phone:**

**Father’s Email:**

**Mother’s Name:**

**Mother’s Address:**

**Mother’s City, State, Zip:**

**Mother’s Phone:**

**Mother’s Email:**

**Emergency Contact Info**

**Name of Emergency Contact/Relation to Applicant:**

**Mailing Address:**

**Phone:**

**Email:**

**Church Information**

**Present Church Membership:**

**How long have you been a member?**

**Church Address:**

**Church City, State, Zip:**

**Pastor’s Name:**

**Church Phone:**

**Church Denomination:**

**Church Currently Attend (if different):**

**Church Address:**

**Church City, State, Zip:**

**Pastor’s Name:**

**Church Phone:**

**Do you attend on a regular basis?**

**Church activities in which you are involved:**

**Health**

**List all medications you take on a regular basis and the reason you take them.**

**List all allergies (food, medicine, plants, seasonal, etc.) and explain the severity of them.**

**Do you have any dietary restrictions?**

**Do you have asthma?**

**If so, do you have and inhaler?**

**Are you hypoglycemic or diabetic?**

**Are you anemic?**

**How often do you get sick?**

**Do you currently have any kind of physical limitation, handicap, disability, or impairment?**

**If so, please explain.**

**Do you have any health/physical limitations that would limit long-term standing, sitting, walking, reaching, bending, stooping, lifting, or squatting?**

**If so, please explain.**

**Do you follow a special diet?**

**If so, please explain.**

**What is your exercise routine?**

**Do you have any kind of surgical history?**

**If so, please explain.**

**Do you regularly get headaches or migraines?**

**If yes, please describe frequency and severity.**

**Are you under a doctor’s care?**

**If so, for what reason(s)?**

**How often do you see the doctor?**

**Do you have any special health needs?**

**If so, please explain.**

**Were you the victim of sexual, physical or emotional abuse as a child or adolescent?**

**If so, please explain.**

**Please tell us how you’ve worked through this issue and who has helped you through this process.**

**Do you currently or have you ever experienced a significant period of depression or anxiety?**

**If so, please explain.**

**Have you ever seen a professional counselor or needed psychiatric care?**

**If so, please explain.**

**References**

**1. Mentor / Discipler**

**Name:**

**Address:**

**City, State, Zip:**

**Phone:**

**Email:**

**2. Christian Challenge Director**

**Name:**

**Address:**

**City, State, Zip:**

**Phone:**

**Email:**

**3. Pastor**

**Name:**

**Address:**

**City, State, Zip:**

**Phone:**

**Email:**

**4. Teacher / Professor**

**Name:**

**Address:**

**City, State, Zip:**

**Phone:**

**Email:**

**5. Personal friend of the same gender who has known you well for the last 2 years**

**Name:**

**Address:**

**City, State, Zip:**

**Phone:**

**Email:**

**Experience**

**Have you had formal evangelism training?**

**If so, what training?**

**If not, will you commit to getting training in sharing the gospel and be accountable for this?**

**Are you currently employed?**

**If so, where?**

**What is your job title or position?**

**How many hours per week do you work?**

**How long have you been employed at this job?**

**Team**

**Are you willing to follow policies and project leadership even though you might not totally agree with them in every situation?**

**If “no” why not?**

**Do you have a close friend or accountability partner who is also applying for this project?**

**If so, who?**

**Are you currently in a dating relationship?**

**If so, with whom?**

**Ministry**

**Please tell us (A) what you are personally doing to grow spiritually, and (B) how many times**

**during an average week you intentionally read God’s word and pray.**

**What do you think God is teaching you through your time in God’s word and prayer?**

**Please describe three personal strengths and how you perceive they might benefit a team.**

**Please describe one personal weakness and how you perceive it might affect a team.**

**Please describe a difficult struggle in your life and how you have sought to work through it with**

**God’s help.**

**Who, other than Jesus, has been your most significant role model and why?**

**Are you currently in a discipling relationship?**

**If so, how is that helping you grow?**

**What are your long term ministry/career goals?**

**Lifestyle**

**1.) Have you had a voluntary sexual relationship/encounter with a member of the opposite sex,**

**other than your spouse, in the last 12 months?**

**If “yes,” please explain. It is not necessary to share the details. Please let us know how you have**

**dealt/are dealing with it.**

**2.)** **Do you currently use or have used alcohol in the last 12 months?**

**If “yes,” please explain.**

**3.)** **Do you currently use or have you used tobacco products in the last 12 months?**

**If “yes,” please explain.**

**4.) Have you ever been charged with a crime?**

**If “yes,” please explain.**

**5.)** **Do you have a police or prison record?**

**If “yes,” please explain.**

**6.)** **Have you ever used narcotics, hallucinogens, illegal drugs, or have you abused prescription medication?**

**If “yes,” please explain.**

**7.) Have you ever been or are you now involved in a homosexual lifestyle?**

**If “yes,” please explain.**

**8.) Have you engaged in pornography of any kind in the last 12 months?**

**If “no,” skip to question** **9**. **If “yes,” please explain.**

**How often?**

**Please give us the date of your most recent involvement/visit to a pornographic site.**

**If you have stopped engaging in internet pornography, to whom are you accountable?**

**If you have not stopped, what steps are you willing to take to correct this problem?**

**9.) Have you ever struggled with an eating disorder such as bulimia or anorexia (or experienced bulimic or anorexic tendencies)?**

**If “yes,” please explain.**

**10.) Is there anything in your past or present that would hinder you in any way from effectively ministering to children or youth?**

**If “yes,” please explain.**

**11.) Is there anything in your life that if made known would hinder or embarrass your witness, your church or the Baptist Convention of New Mexico?**

**If “yes,” please explain.**

**Essay**

**1.) Briefly describe how you came to faith in Jesus Christ and baptism experience. How is Christ active in your life now?**

**2.) How are you involved in witnessing to non-believers? Relate a recent experience of sharing your faith with someone who was not a Christian.**

**3.) Give a brief statement of the basic Christian message which you hope to proclaim or share with persons you encounter in your ministry.**

**4.) List spiritual gifts God has given you and how you believe they may be used in your ministry?**

**5.) What are your expectations in serving as a collegiate missionary?**

**6.) Why have you applied for the Colorado Team?**

**7.) Why do you believe you are qualified for the Colorado Team?**

**8.) Do you know what the Cooperative Program is?**

**If so, please briefly explain and tell us how the Cooperative Program has had an influence on your life.**

* **I wish to make clear my understanding that the Colorado Baptist General Convention and/or Christian Challenge assumes no responsibility for loss of property, damage to same, personal harm or illness that may occur; and I, for myself, my heirs, executor, administrators, distributes, and assigns, in consideration of my admission to volunteer service and other good and valuable considerations, do hereby absolve said Colorado Baptist General Convention and hold it harmless from any claim or demand which I or they might conceivably assert upon the basis on the foregoing.**
* **I understand that I will be under the policies of the Colorado Baptist General Convention. I agree to immediately abstain from the use of tobacco products, alcoholic beverages, illegal drugs, and any other behavior that would hinder Christian ministry. I understand that a breech of this contract will be cause for dismissal and return home at my own expense.**
* **I hereby give the Colorado Baptist General Convention permission to authorize a background check on my personal history and records.**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**