

# Global Youth Mission (GYM) 2013 Application

## 1. Global Youth Mission (GYM) Application

Please complete all fields in this online application before the due date of **February 8th, 2013**.

This application survey has four brief question pages, two pages of brief "essay style" questions, and a page for references and agreements. As you cannot save your work and return to this survey application, please schedule enough time to finish the survey application completely before you begin. Please also remember to mail in your letter of recommendation, secure your signatures, and schedule your interview.

If you have technical problems with the survey, please contact Beth at 414-758-2280. If you have questions about the program, please contact Cathy Pinter at 414-962-8155.

### PAGE 1: PERSONAL INFORMATION:

#### \*1. Please provide your contact information.

First Name:	<input type="text"/>
Last Name:	<input type="text"/>
Address:	<input type="text"/>
Address 2:	<input type="text"/>
City/Town:	<input type="text"/>
State:	<input type="text"/>
ZIP/Postal Code:	<input type="text"/>
Email Address:	<input type="text"/>
Phone Number:	<input type="text"/>

#### \*2. Additional information (required):

Birth Date:	<input type="text"/>
School:	<input type="text"/>
Grade (for 2012-2013):	<input type="text"/>

#### \*3. Do you have a valid passport? (Passport must not expire for at least 6 months after the return date of your trip.)

- ☐ Yes
- ☐ No

**Please Note:** You do not need to have a passport to apply for the program. However, if you are accepted to the program, you will need to have a passport before April 15, 2013.

#### 4. If you already have a valid passport, what is your full legal name as it appears on the passport?

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## 2. Parent/Guardian Information

**\*5. Please provide the contact information for your parent(s) or guardian(s).**

**(The name, work telephone number, and e-mail address of at least one parent or guardian is required).**

Mother's Name:

Mother's Work Telephone  
Number:

Mother's E-mail Address:

Father's Name:

Father's Work Telephone  
Number:

Father's E-mail Address:

Guardian's Name:

Guardian's Work Telephone  
Number:

Guardian's E-mail Address:

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## 3. Church Affiliation

### \*6. Parish Information:

Parish Name	<input type="text"/>
Parish Address:	<input type="text"/>
Address 2 (optional):	<input type="text"/>
City/Town:	<input type="text"/>
State:	<input type="text"/>
ZIP/Postal Code:	<input type="text"/>

### \*7. Who knows you well at the parish (choose one)?

- ☐ Pastor
- ☐ Youth Minister
- ☐ Other (please specify his or her title):

### \*8. Name and Telephone Number of Individual You Selected in Question #7:

Name:	<input type="text"/>
Telephone Number:	<input type="text"/>

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## 4. Site Preference and Language Skills

**\*9. Please prioritize your site preference for service [1 is high]. Every attempt is made to place youth in their first choice; however, since space is limited, another choice may be assigned – flexibility is critical.**

	1	2	3	Not interested in this site
Belize	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nicaragua	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Saint Lucia Island	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Language Skills:** For those applicants who would prefer Nicaragua, Spanish would be useful but is not required. All other sites are English speaking.

**\*10. Are you interested in having your GYM experience in Nicaragua? If yes, complete questions 11 through 14 below. If not, skip to question 15.**

- ☐ Yes, I am interested in one of the Spanish speaking sites.
- ☐ No, I am not interested in a Spanish speaking site.

**11. What level of Spanish are you currently studying? (If you are not currently taking Spanish, please indicate the last level you took, along with the year in which you took the class, and refer to this class for questions 12-14)**

**12. What are your grades in Spanish this academic year?**

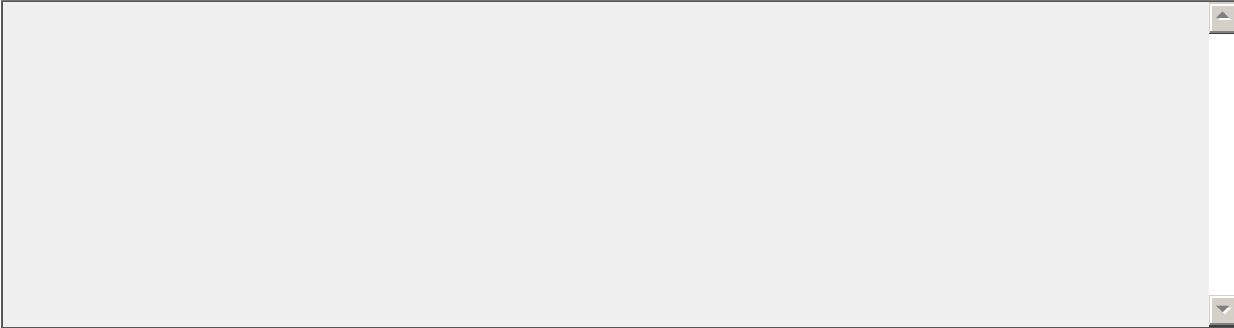
**13. What is the name of your current Spanish teacher?**

**14. Teacher's Phone Number:**

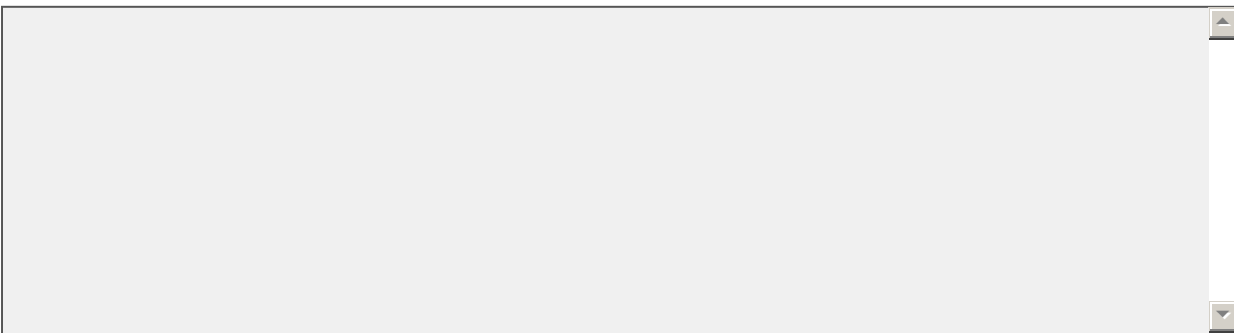
## 5. Personal Background and Preparation for this Experience

Please respond **briefly** to the following questions:

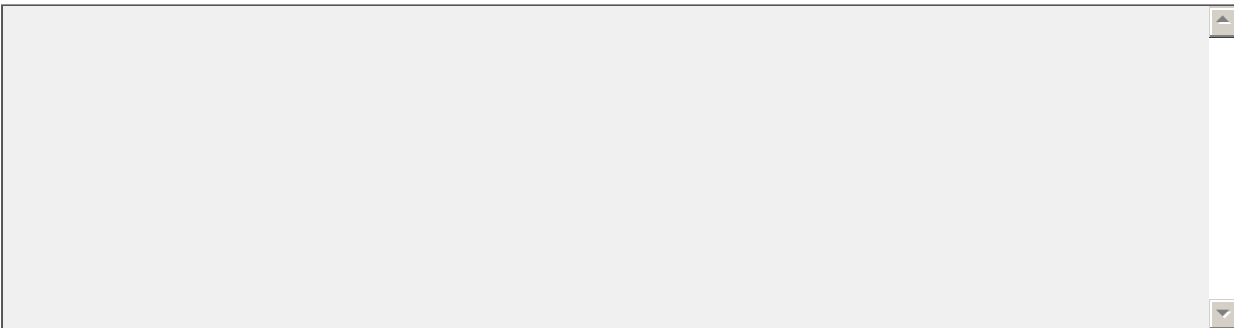
**\*15. Why would you like to serve in another country?**

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**\*16. What past service/mission/cross cultural experiences have you had? How have these experiences affected you?**

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**\*17. What talents/skills/special gifts do you bring to this mission?**

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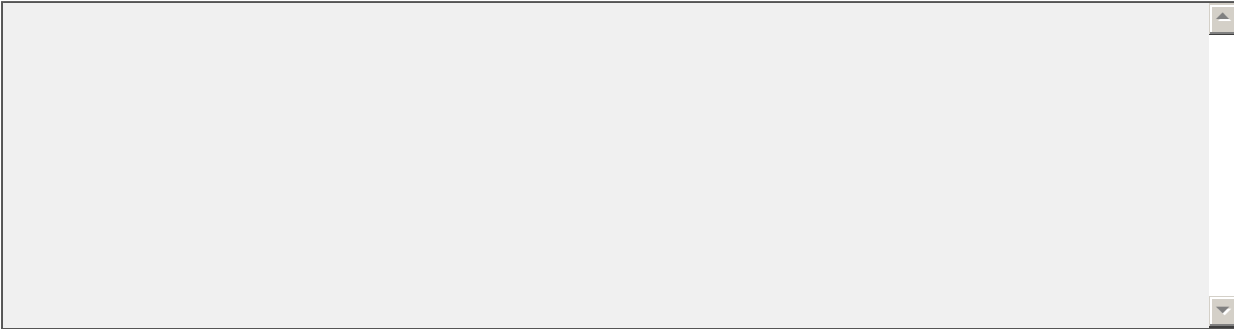
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**\*18. What life experiences have prepared you for this mission?**

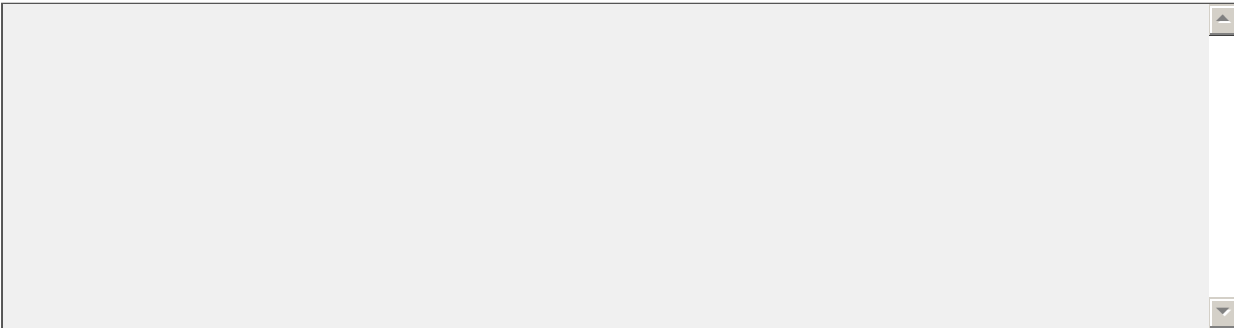


## 6. Personal Background and Preparation for this Experience, Continued

**\*19. In what ways are you involved in your Church and school communities?**

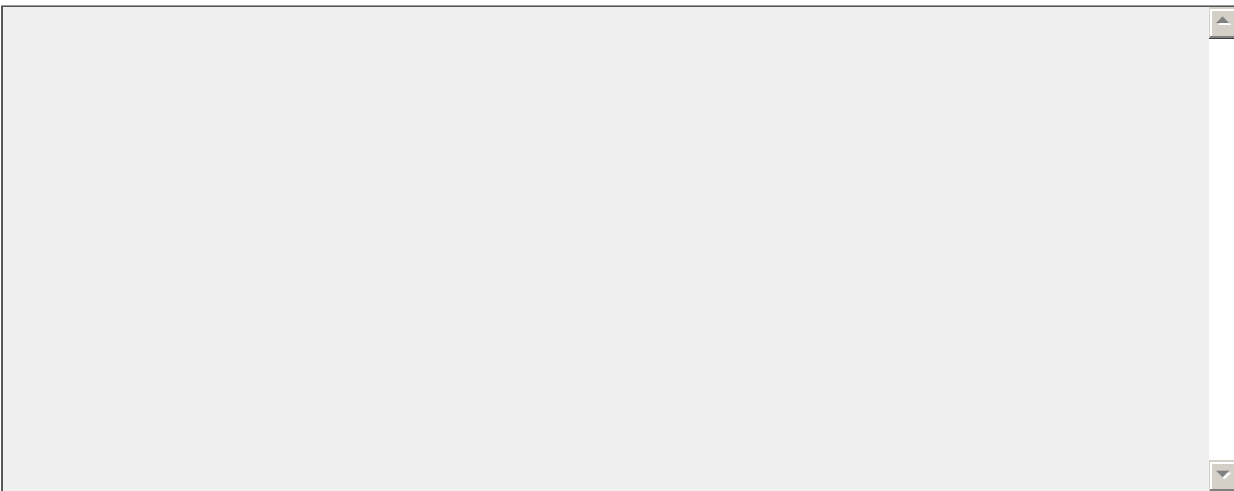
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**\*20. What special needs would you have, e.g. medications, allergies, illness. (For your well being this information is needed.)**

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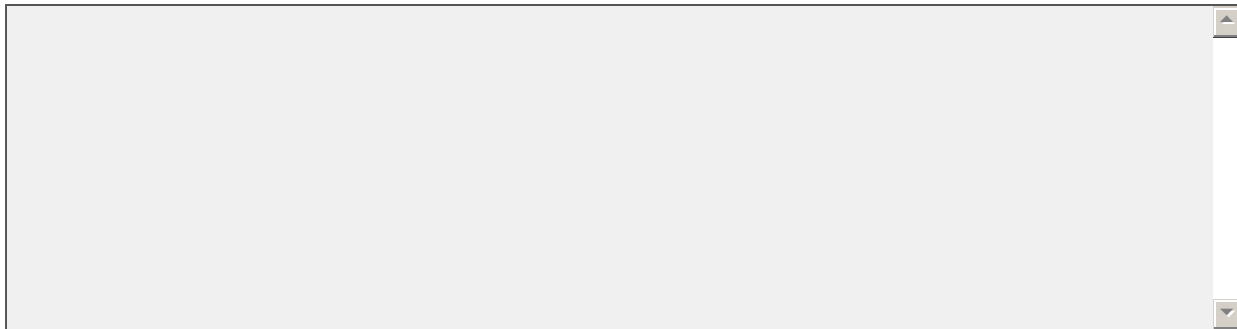
**\*21. Why have you chosen the site you have for your number one choice and number two choice?**

**Please explain why you have specific interest in both of these choices.**

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**\*22. Upon your return, how will you continue to live out your mission experience in your own life and to share that experience with others?**





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## 7. References, Recommendations and Next Steps

### **\*23. Provide three references and their phone numbers:**

Reference 1 Name:	<input type="text"/>
Reference 1 Phone:	<input type="text"/>
Reference 2 Name:	<input type="text"/>
Reference 2 Phone:	<input type="text"/>
Reference 3 Name:	<input type="text"/>
Reference 3 Phone:	<input type="text"/>

**\*24. You must also submit a letter of reference written by a school faculty member or a church staff person. This must be received by the application due date of February 8, 2013. They may send the letter directly to this name and address:**

**Cathy Pinter, Youth Mission Coordinator  
3518 North Cramer Street  
Shorewood, Wisconsin 53211**

**Please check the radio button below to indicate you have read and understand this statement.**

☐ I have read and understood this statement and a letter of recommendation will be sent.

**\*25. BEFORE YOU SUBMIT!: When you click "done", you will not be able to change your responses (unless you have left a required field blank). Please be sure your responses are complete and accurate before clicking "Done".**

**IMPORTANT!: After you click "Done", a page will display that asks for signatures. You must print this page, sign and date it and secure the signatures of your parent(s)/guardian(s) and parish/school representative (if applicable). Please bring this signed sheet to your interview.**

**Schedule your interview!: After you have completed your application survey, please call 414-758-2280 to register for an interview appointment. The office is open from 9:00 am to 5:00 pm, Monday through Friday.**

☐ I have read these statements and will obtain the signatures and schedule my interview.