



Name of School/Church Group _____

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APPLICATION FOR SPRING BREAK TEAM

Name _____
(First) (Middle) (Last) (Name Used)

Address: _____

City: _____ Prov. _____ Postal Code: _____

Home Ph: () _____ Gender: ___ Male

Email: _____ ___ Female

Birthdate (D/M/Y): _____ Age: _____

Birthplace: _____ Citizenship: _____

T-shirt size (please circle): Small Medium Large Extra Large

REFERENCES:

Please provide the following 2 references:

Parents: Names: _____

Address: _____

Phone: () _____ Email : _____

School: Name of Teacher or Principal: _____

School Address: _____

Phone: () _____ Email: _____

Are your parents believers? _____

Are your parents in favor of you doing this ministry? _____

Please answer the following questions. If you need further space, please attach another piece of paper!

Why do you want to go on this Spring Break Team?

Please describe below how you became a Christian.

Please describe what God is doing in your life now.

Health Questionnaire

Please answer the questions below honestly. The answer to these questions will enable us to help you as you prepare for ministry with VTI.

1. Appraise your present health: Excellent, Good, Fair, or Poor

2. Do you have any chronic ailment or physical disability? (Please specify)

3. Do you have: asthma, irritable bowel syndrome, any allergies, special dietary needs, or other needs that would require special consideration? (Please be specific)

4. Approximately how many days have you lost from your usual activity in the past three years? _____

Please give your reasons: _____

5. How do you cope with stress?

6. How do you feel when you are surrounded by other people?

7. Do you have any other health concerns which would be good for us to be aware of?

Ministry Questionnaire

Use the chart below to share with us your interest & experience with the following arts.

Art Form	Experience	Education & Training	Interest & Ability Level (circle one)
Music: Vocals	Preferred vocal range Performance experience <input type="checkbox"/> Choir <input type="checkbox"/> Small group <input type="checkbox"/> Quartet <input type="checkbox"/> Trio <input type="checkbox"/> Duet <input type="checkbox"/> Solo	Do you: <input type="checkbox"/> read music <input type="checkbox"/> learn songs by ear <input type="checkbox"/> pick out harmonies	Interest: (low) 1 2 3 4 5 (high) Ability: (low) 1 2 3 4 5 (high)
Music: Instrument(s)	Instruments you play: Instruments you own: Are you willing to take it with you?	Formal lessons? _____ Level attained? _____	Interest: 1 2 3 4 5 Ability: 1 2 3 4 5
Drama	<input type="checkbox"/> Short dramas <input type="checkbox"/> Full length plays <input type="checkbox"/> Mime <input type="checkbox"/> Directing <input type="checkbox"/> Teaching <input type="checkbox"/> Narration		Interest: 1 2 3 4 5 Ability: 1 2 3 4 5
Creative Writing	<input type="checkbox"/> Dramas <input type="checkbox"/> Skits <input type="checkbox"/> Stories <input type="checkbox"/> Poetry <input type="checkbox"/> Music lyrics		Interest: 1 2 3 4 5 Ability: 1 2 3 4 5
Dance			Interest: 1 2 3 4 5 Ability: 1 2 3 4 5

Art Form	Experience	Education & Training	Interest & Ability Level (circle one)
Puppetry			Interest: 1 2 3 4 5 Ability: 1 2 3 4 5
Public Speaking (ex. Teaching, preaching)			Interest: 1 2 3 4 5 Ability: 1 2 3 4 5
Illusions			Interest: 1 2 3 4 5 Ability: 1 2 3 4 5
Drawing, Painting, Chalk Art			Interest: 1 2 3 4 5 Ability: 1 2 3 4 5