

**Cornerstone Baptist Church**  
**Adult Short-Term Ministry (STM) Application**

**STM-009**

**STM destination**

**STM dates**

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**First Name**

**Middle Name**

**Last Name**

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*Enter full name exactly as shown on your passport. (If Applicable)*

☐

Mr.

☐

Mrs.

☐

Miss

**Street address**

**City**

**State**

**Zip Code**

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**Contact**

Cell phone:		Home phone:	
Email:		Work phone:	

**Passport – Enter information exactly as shown on your passport, if passport is required for this trip.**

**First Name**

**Middle Name**

**Last Name**

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Passport #:

Date of birth:

Citizenship:

Issue Date: (E.g.: 31 Oct 2016)	Expiration date: (E.g.: 30 Oct 2026)
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**Michigan Drivers License – Enhanced/Registered or State Issued ID – Enter information exactly as shown.**

**First Name**

**Middle Name**

**Last Name**

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**License or State ID Number**

**Date of Birth**

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**Emergency Contact**

Name:		Relationship:	
Email:		Phone:	

## Language & Culture

Have you had cross-cultural experience?      YES <input type="checkbox"/> NO      If so, where, when, and with what agency?		
Which foreign language do you speak?	At what skill level? <input type="checkbox"/> Fluent <input type="checkbox"/> Semi-fluent <input type="checkbox"/> Some	

## Giftedness and Team Unity

What is your spiritual gift? In what Christian service have you had a sense of God using you? (Eph 4:11; Rom 12:6-8; I Cor 12:8-10)			
How do you see yourself being helpful in accomplishing the goals of this STM trip?			
Check the service(s) that best describes your God-given skills / natural talent.			
<u>Administrative</u> <input type="checkbox"/> Finances <input type="checkbox"/> Leading <input type="checkbox"/> Organizing <input type="checkbox"/> Secretarial	<u>Domestic</u> <input type="checkbox"/> Childcare <input type="checkbox"/> Crafts <input type="checkbox"/> Food prep <input type="checkbox"/> Infants	<u>Health</u> <input type="checkbox"/> Dental <input type="checkbox"/> Medical <u>Practical</u> <input type="checkbox"/> Cleaning <input type="checkbox"/> Landscaping	<u>Ministry</u> <input type="checkbox"/> Music <input type="checkbox"/> Teaching <input type="checkbox"/> Teens <input type="checkbox"/> Testimony <input type="checkbox"/> Translation
<u>Technical</u> <input type="checkbox"/> Construction <input type="checkbox"/> Electrical <input type="checkbox"/> Electronics <input type="checkbox"/> Mechanics <input type="checkbox"/> Plumbing			
Other:		My specialty is:	

## Connection with Other Believers

What church do you attend?		
How long have you been at this church?	Are you a member of this church?      YES      NO	
What ABF or Sunday school class do you attend?		
List two church leaders who are willing to serve as a reference for you.		
Name:	Position:	Phone:
Name:	Position:	Phone:

## Education and Employment

Place of employment:
Responsibilities:

**Conversion**

When were you converted to Christ, and under what circumstances did that happen?

What is your ongoing relationship with Jesus? How are you learning, and how are you growing?

What are the necessary elements of the Gospel (point-by-point with two verse references)?

How do you expect your life to be impacted as a result of this STM trip?

## **Preparation**

Because this ministry is important to God, the Mission Team may ask you to make some preparation's for the trip. This preparation may involve reading, learning about the country to which you are going, attending a training class, meeting with others on the same team, praying, and/or packing. Your good attitude and a servant's heart are essential to having a successful STM ministry.

## **Health Watch**

Maintaining good health on the field enables a person to contribute. Depending on the destination of a given STM, Team Members may be required to obtain immunizations or take medications, before, during and/or after the STM. While your Team Leader will assist you (as you request), Team Members are responsible to check with the U.S. State Department and use local sources such as Beaumont Travel Clinic or Macomb County Health Dept to assist them in determining what immunizations and medications would be appropriate for all foreign travel. Because there are differences of opinion as to how much and which medications are needed, Team Members need to be students of such matters.

## **Security and Crisis Management**

Every effort will be made to ensure the safety and well-being of our people. However, the world is not friendly to the Gospel of our Lord Jesus Christ. Anything can happen to a person on any given day while in America. Overseas, the likelihood of the unexpected is increased. Team members agree to trust God's providential care and protection as we would expect other missionaries to do.

## **Additional Documentation**

Before the application process can be completed, please submit the following documents:

- A photocopy of the picture page of your passport
- If you are going to a country with an Advanced Purchase Visa, a copy of the passport's visa stamped page
- A photocopy of your immunizations record
- A photocopy of your medical insurance card
- A signed Parental Consent Form (STM-007) for all Team Members under 18 years of age

## **Projected Costs**

The Mission Team will do all that it can to accurately project the costs of STM project, but occasionally there are residual funds remaining in the project account. It is the Mission Team's desire to have a zero balance at the end of each STM project. When there is money remaining in the project account, the Mission Team will use the funds as they deem appropriate for other projects. Residual funds CANNOT be refunded to STM Team Members.

## Christ-like Unity

Team Unity: I agree to cheerfully follow the individual(s) designated as the Team Leader(s). In the event I disagree, I will obey Matthew 18:15 by having a private discussion with the Team Leader. If sufficiently serious, I would return home without creating dissension on the Team rather than jeopardize the mission.

Financial Unity: We at Cornerstone Baptist are committed to an annual budget. It assumes no interruption of the faithful giving of God's people. Therefore, STM participants from Cornerstone are asked to not reduce their giving to Cornerstone to finance their STM ministry. Participants are free to share their ministry with anyone and provide all information relating to this ministry with anyone that may be interested. However, STM candidates and STM accepted Team Members may not solicit financial support from anyone affiliated with Cornerstone Baptist Church. Please see STM-005 for details of this policy.

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**Name of Applicant**  
(as you would like it to appear on a nametag)

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**Date**

**Please Note:** This application will be reviewed by CBC leadership and you will be contacted if your application is approved.

## Change Log

Revision #	Date	Description	Author
0	4/1/2021	Released	Mission Team