**2025 Kairos Missions Initiative Application**

**All applications and references should be received by January 31st, 2025**

**PERSONAL INFORMATION**

**Name:** Click here to enter text.

**Preferred Phone:** Click here to enter text.

**Preferred Email:** Click here to enter text.

**Date of Birth:** Click here to enter text.

**Gender:** Click here to enter text.

**Current address:**

**Street:** Click here to enter text.

**City:** Click here to enter text.

**State:** Click here to enter text.

**Zip:** Click here to enter text.

**(If different) Permanent address:**

**Street:** Click here to enter text.

**City:** Click here to enter text.

**State:** Click here to enter text.

**Zip:** Click here to enter text.

**EMERGENCY CONTACT**

In case of emergency, please notify:

**Name:** Click here to enter text.

**Relation:** Click here to enter text.

**Phone:** Click here to enter text.

**Address:** Click here to enter text.

**Have you discussed your desire to participate in KMI with your parent/guardian?**

**Yes**  **No**

**EDUCATION and EMPLOYMENT**

**Highest level of education completed:** Click here to enter text.

**School:** Click here to enter text.

**Major:** Click here to enter text.

If in college…

**Which year:** Click here to enter text.

**Expected Graduation Date:** Click here to enter text.

**Current Employer and Occupation (if applicable):**

Click here to enter text.

**CHURCH AFFILIATION**

**Present Church Membership:** Click here to enter text.

**City and State:** Click here to enter text.

**Church currently actively attending (if different):** Click here to enter text.

**City and State:** Click here to enter text.

**Are you involved in a Campus Ministry?** Choose an item.

**If so, which one?** Click here to enter text.

**Name of the campus minister:** Click here to enter text.

**Campus Minister Email:** Click here to enter text.

**Have you discussed this opportunity with your minister?**

**Yes**  **No**

**PASSPORT INFORMATION**

**Passport #:** Click here to enter text.

**Expiration Date:** Click here to enter text.

**Have you applied for a passport if you don’t already have one?** Choose an item.

(Your passport’s expiration date must be **AT LEAST 6 MONTHS AFTER** the dates of travel.)

**PERSONAL HEALTH INFORMATION**

**I would describe my overall health as:**

**Excellent**  **Good**  **Fair**  **Poor**

**Are you currently taking any medication?**

**Yes**  **No**

**If “Yes”, what medications are you currently taking?** Click here to enter text.

**Are there any medical conditions that might impact your service or need special accommodations? Yes**  **No**

**If “Yes”, please explain:** Click here to enter text.

**PERSONAL FAITH STATEMENT**

**Please respond to each of the following in 1-2 paragraphs**

1. Briefly share your faith journey and how that has shaped who you are now and how you understand God working in your life.

Click here to enter text.

1. Share your previous missions experience and something that you learned while serving in those settings?

Click here to enter text.

1. Describe your unique gifts and talents and how you hope to use them in this mission experience?

Click here to enter text.

1. What are your expectations of what serving in an international mission setting will be like?

Click here to enter text.

1. Why missions?

Click here to enter text.

**Please also include a photo of yourself (copy + paste following your essay)**

**REFERENCES**

1. **Name of Ministerial Reference and E-mail:** Click here to enter text.
2. **Name of Professional Reference and E-mail:** Click here to enter text.

*Please have each reference complete the appropriate Reference Form and email to:*

*KairosInitiative@bgav.org*

**Email completed application to KairosInitiative@bgav.org**