



MISSION APPRENTICESHIP ASSESSMENT

This form is part of the application for the Mission Apprenticeship Program. All information on this application is important for us to understand your interest in missions. If you need extra space please feel free to attach additional pages. All outreaches with CVM are self-funded. This application will not be used for employment purposes nor is it an implied contract with CVM/CRISTA Ministries.

Name:		
Email:		
Phone: Home:	Cell:	Work:
Vet School: Name of School:		Graduation Year:

1. Describe your faith journey including how you came to know Christ as Lord, your baptism and how God is growing your faith in Him today? _____

2. Describe the factors leading you to consider long-term mission service and steps you are taking to explore/confirm God's call regarding this interest. *(Please include your personal convictions, and the role your church and family have had).* _____

3. Give a history of your involvement in the local church and ministry organizations, including your Christian Veterinary Fellowship chapter: _____

4. List any training or schooling you have had to develop your ministry skills *(ie: Perspectives course, seminary classes, training through your church, etc.)* _____

5. When do you feel you will be prepared to apply for long-term missions? How long would you be willing to serve? _____

6. Is there anything that would prevent you from applying for long-term missions following graduation?

7. Are there areas of the world or people groups to whom you feel particularly called? Please explain.

8. Would you accept service elsewhere for your Apprenticeship? Yes No

9. How many weeks do you have available for an Apprenticeship? During what dates (month/year)?

10. Does your school have any special requirements that must be met during your Apprenticeship? If so, what are they? _____

11. How will this Apprenticeship assist you in pursuing a career in long-term missions? How else can CVM help you prepare? _____

12. With regard to stewardship, what is your anticipated student debt at the end of veterinary school? What is that debt for? What steps are you taking to minimize that debt as you consider long-term service? _____

13. Are you willing to participate in a program for raising personal financial support for this Apprenticeship?
 Yes No _____

14. Please describe past mission experiences. Include date, location, type of work, and responsibilities.

15. Please indicate the proficiency level for all the languages in which you have linguistic ability according to the following scale: E=excellent, G=good, F=fair, P=poor.

LANGUAGE	READ	WRITE	SPEAK	UNDERSTAND	YRS STUDIED

16. How did you find out about this Apprenticeship opportunity?

I confirm that all information included in this application is true and accurate. I hereby authorize CVM to release this data if it is relevant in the process of developing mission training, and service opportunities.

Date: ____ / ____ / ____

Please return this form at your earliest convenience via:
Email: shortterm@cvmusa.org
Fax: (206) 546-7458
Post mail: Christian Veterinary Mission
ATTN: Short-term Missions Coordinator
19303 Fremont Ave. N.
Seattle, WA 98133