

**Quest—emergent ministry training**  
*A Heart to Honduras Experience*

**Reference Questionnaire**

**Current Mailing Address**

**Permanent Home Address (if different)**

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

If you are a student, please list the date this address is no longer effective. \_\_\_\_/\_\_\_\_/\_\_\_\_

Effective date of this address \_\_\_\_/\_\_\_\_/\_\_\_\_

Email Address \_\_\_\_\_

Do you speak Spanish?

Your College/University \_\_\_\_\_

Hablo mucho

Expected Graduation Date (month/year) \_\_\_\_/\_\_\_\_

Asi asi

Year in school (circle one) FR SO JR SR GRAD

Un poco

Your Major \_\_\_\_\_

I hope to learn how to ask for directions to the bathroom.

Are you an adult (over 18 years of age)? \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Sex  M  F

Have you ever participated in a Heart to Honduras project? If so, list the projects and year(s).

Marital Status \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Family Support**

Have you discussed your desire to participate in the Quest—emergent ministry training program with your family (parents/guardians or spouse)?  Yes  No

Please comment on your relationship with your family (parents/guardians or spouse).

**Financial Support**

If accepted, are you aware that you must raise your own financial support and that Heart to Honduras and the Quest - emergent ministry training program are not responsible for your expenses above that which you have raised?  Yes  No

## Personal Background

Have you ever been convicted of a felony?  Yes  No If yes, please explain.

How do you respond to someone in authority?

Are you willing to give up any social habits that might lessen your effectiveness and influence while associated with Heart to Honduras and the Quest-ment program?  Yes  No

## Church & Spiritual Background

When did you become a Christian?

What is your church affiliation and involvement?

How long have you attended this church?

Check all boxes that apply:  Regular attendee  Occasional attendee  
 Actively involved  Leadership role

Why do you desire to participate in the Quest—emergent ministry training experience?

How do you see this experience helping in plans for your future?

How do you see your self participating in ministry, community, and discipleship through this opportunity?

How would describe your personal relationship with Christ?

What are you hoping that God is going to teach you through this experience?

Complete the following statements:  
My greatest fear of ministry or missions is ...

In the next 2-4 years I would like to be...

### Employment Experience

List your most recent employment first.

Place of Employment \_\_\_\_\_

Position \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_

Position \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_

Position \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

### Ministry Experience

List and describe your leadership roles in your campus fellowship, church, or other organizations that you have held within the past 6 years.

Describe your strengths in ministry using personal examples.

Describe any missions or cross cultural experiences you have had.

### Team Experience

Check the box that applies:

I consider myself to be a team player.  Yes  No  Sometimes

I work best when I can work on my own.  Yes  No  Sometimes

I love group projects and a team environment.  Yes  No  Sometimes

**Medical Information**

Do you have any health conditions that would affect your ability to work in Honduras? Please list.

Will you be on any prescription medications while in Honduras?

Medication	Treatment for:

Do you have any allergies? If so, please list.

Within the last ten years, have you received counseling or treatment from a licensed psychotherapist? If so, please give reason for therapy and dates of treatment.

Personal Physician \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Group/Policy # \_\_\_\_\_

**Emergency Contact**

In case of an emergency, please contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone—Hm \_\_\_\_\_

\_\_\_\_\_ Phone—Wk \_\_\_\_\_

Email \_\_\_\_\_ Mobile # \_\_\_\_\_

**Document Information**

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Drivers License State \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Passport # \_\_\_\_\_ Expiration Date \_\_\_\_\_

## Agreement of Understanding

1. I understand that a valid passport is required for my entry into and exit from Honduras.
2. I understand that this information, a notarized Authorization and Release Form, and a photocopy of the information page of my passport must be filed with the stateside office of Heart to Honduras in Xenia, OH, in order for me to work in Honduras.
3. I understand that I will be working in the mission field as a guest of Heart to Honduras, and that my actions will reflect the work, efforts, and the reputation of this ministry. Therefore I will display the attitude of a servant fieldworker and guest throughout my stay in Honduras.
4. I affirm the above information is true and accurate to the best of my knowledge. I understand that withholding or misrepresenting any of the above information may be cause for my not being accepted as a participant, or result in my being asked to return home at my own expense.
5. My signature below gives my consent for Heart to Honduras to verify the information I have provided to the fullest extent possible, and to fully discuss this application and its contents with the references I have given.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Commitment

Please indicate your response to the following:

- I am willing to trust and submit to spiritual leadership within the bounds of biblical reason...including areas I may not understand or even be in agreement with.  Yes  No
- I am willing to read up to 500 pages assigned and be ready to enter discussion on the materials in a small group sharing.  Yes  No
- I am willing to raise \$1950 or more to participate in the Quest—emergent ministry training program.  Yes  No
- I am willing to serve humbly in a community of believers with the goal of unity and edification (building up each other in Christ).  Yes  No
- I understand this experience will include hard work, personal discipline, and moving beyond my comfort zone.  Yes  No

Please return this and other related forms, along with your \$100 Deposit to the following address. Checks should be made payable to Heart to Honduras. Please indicate Quest—your name on the memo line.

Heart to Honduras  
PO Box 38  
Xenia, OH 45385-0038  
Attn: Quest—emt application

Deadline for application is: May 1, 2007

## References

Consider carefully who you will ask as references. They should be persons who know you well and at least two of these persons should have a very good sense of your relationship with Christ. Please provide complete information for the following:

### Pastor

Name\_\_\_\_\_ Phone\_\_\_\_\_

Address\_\_\_\_\_ Email\_\_\_\_\_

\_\_\_\_\_

### Spiritual Leader/Discipler/Mentor

Name\_\_\_\_\_ Phone\_\_\_\_\_

Address\_\_\_\_\_ Email\_\_\_\_\_

\_\_\_\_\_

### Roommate (not spouse) or Peer/Friend, if no roommate

Name\_\_\_\_\_ Phone\_\_\_\_\_

Address\_\_\_\_\_ Email\_\_\_\_\_

\_\_\_\_\_

### Peer/Friend

Name\_\_\_\_\_ Phone\_\_\_\_\_

Address\_\_\_\_\_ Email\_\_\_\_\_

\_\_\_\_\_

### Peer/Friend

Name\_\_\_\_\_ Phone\_\_\_\_\_

Address\_\_\_\_\_ Email\_\_\_\_\_

\_\_\_\_\_

To speed up the application process, send the reference questionnaire directly to the reference you list below. Please have them mail or fax the completed form to:

Heart to Honduras 937-372-3503  
PO Box  
Xenia, OH  
Attn: Quest—emt

# QUEST—emergent ministry training

*A Heart to Honduras Experience*

Heart to Honduras  
 PO Box 38  
 Xenia, OH 45385-0038  
 (937) 372-3503  
 www.hth.org  
 Email: hthquest@yahoo.com

\_\_\_\_\_ has submitted an application to be considered for a one month emergent ministry training experience in Honduras with the Heart to Honduras organization. The program consists of the elements of : Community, Servanthood, Discipleship, and Cultural Immersion in a rural mountain village in Honduras. We would appreciate your assistance in helping us determine his/her suitability as a participant by carefully and prayerfully responding to the following questions. Your responses will be kept confidential.

In what relationship have you known this person?\_\_\_\_\_ How long?\_\_\_\_\_

How well would you say that you know the applicant?

CHARACTER TRAIT	Poor (1)-----Excellent (5)					COMMENTS
<b>SOCIAL MATURITY</b>						
Ability to communicate	1	2	3	4	5	Unknown
Ability to develop relationships	1	2	3	4	5	Unknown
Ability to confront	1	2	3	4	5	Unknown
Tactfulness/Sensitivity	1	2	3	4	5	Unknown
Team Player	1	2	3	4	5	Unknown
Social poise	1	2	3	4	5	Unknown
<b>EMOTIONAL MATURITY</b>						
Self-image	1	2	3	4	5	Unknown
Self-perception	1	2	3	4	5	Unknown
Freedom from worry, anxiety	1	2	3	4	5	Unknown
Self-confidence	1	2	3	4	5	Unknown
Relationship with the opposite sex	1	2	3	4	5	Unknown
Relationship with spouse (if married)	1	2	3	4	5	Unknown
<b>SPIRITUAL MATURITY</b>						
Consistent spiritual walk	1	2	3	4	5	Unknown
Knowledge of the Bible	1	2	3	4	5	Unknown
Dependence on prayer and the Bible	1	2	3	4	5	Unknown
<b>PERSONAL MATURITY</b>						
Self-discipline	1	2	3	4	5	Unknown
Conscientiousness	1	2	3	4	5	Unknown
Perseverance	1	2	3	4	5	Unknown
Common sense & judgment	1	2	3	4	5	Unknown
Flexibility	1	2	3	4	5	Unknown
Decisiveness/Follow-through	1	2	3	4	5	Unknown
Servant's attitude	1	2	3	4	5	Unknown
<b>LEADERSHIP MATURITY</b>						
Drive/Initiative	1	2	3	4	5	Unknown
Mental Alertness	1	2	3	4	5	Unknown
Team Player	1	2	3	4	5	Unknown

I recommend this individual :  without reservation  with some reservations (Please explain.)

I cannot recommend this individual at this time.  (Please explain.)

Signature\_\_\_\_\_ Date\_\_\_\_\_ Affiliation: \_\_\_\_\_