



## Cross Impact Ministries Summer Missionary Program

Name \_\_\_\_\_  Male  Female

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Date of birth \_\_\_\_\_ (mm/dd/yy)

College \_\_\_\_\_

Year in school \_\_\_\_\_ Major \_\_\_\_\_

Home church \_\_\_\_\_

Church address \_\_\_\_\_

Pastor's name \_\_\_\_\_ Church phone \_\_\_\_\_

Church e-mail \_\_\_\_\_

List ministry experience (camps, mission's trips, children's ministries, etc.):

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Describe a recent soul-winning experience:

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**Describe a recent discipleship relationship:**

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**Please write out a brief salvation testimony:**

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**Why would you like to join the CIM summer missionary program?**

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**Please give us three references:**

- Name \_\_\_\_\_ Phone number \_\_\_\_\_
- Name \_\_\_\_\_ Phone number \_\_\_\_\_
- Name \_\_\_\_\_ Phone number \_\_\_\_\_

**Send to:**  
CIM Summer Program  
6953 West 92<sup>nd</sup> Lane  
Westminster, CO 80021  
Phone: 303.356.5052  
Fax: 303.424.3865  
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[www.crossimpact.org](http://www.crossimpact.org)