



covenant chapel

BHHP 2010 APPLICATION

Today's Date: _____

PERSONAL DATA

Name: _____ Date of Birth _____

Current Address: _____

Contact Information: Work: () _____ - _____ Home: () _____ - _____
Cell: () _____ - _____ Fax: () _____ - _____
Email: _____

Are you a member of Covenant Chapel? Yes No
Do you currently attend Covenant Chapel? Yes No

For Minors Only:
Father's Name: _____
Mother's Name: _____

INTEREST IN BHHP

Briefly explain why you are interested in joining Covenant Chapel for BHHP.

TESTIMONY

Please include a brief testimony on a *separate sheet* (about a page long). In your testimony, please include the circumstances that caused you to recognize your need for Christ and accept Him as your Lord and Savior.

Please explain, as succinctly as possible, your understanding of the gospel:

While participating in BHHP, we will have opportunities to share the gospel with students and educators. What are your feelings about sharing the gospel?

What are you currently doing to assure growth in your spiritual life?

Including mission trips, in what ministries have you participated?

ADDITIONAL INFORMATION

How are you planning to cover the cost of BHHP? Will you raise funds, pay out of pocket or both?

BHHP is both physically and spiritually demanding. Do you know of any health concerns that could impact your ministry? If so, please describe.

EMERGENCY CONTACT

Who should we contact in case of an emergency?

Name: _____ Relationship: _____

Address: _____

Phone: () _____ - _____ Email: _____

APPLICATION MATERIALS

Return the application and other materials to:

Covenant Chapel
Attn: International Mission Committee
13300 Kenneth Road
Leawood, KS 66209

OR

Email application and materials to:
missions@covenantchapel.com