



# Summer Wake Crew Application

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## PERSONAL INFO

Full Name: \_\_\_\_\_ Cell #: \_\_\_\_\_  
E-mail address: \_\_\_\_\_ Birthday: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Best way to contact you?  Cell  Email  Facebook T-shirt size: \_\_\_\_\_  
 Completed background check online (anyone 18 and older)

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## HEALTH

1. Rate your health? \_\_\_\_\_ Excellent \_\_\_\_\_ Good \_\_\_\_\_ Average \_\_\_\_\_ Poor \_\_\_\_\_  
2. Health Insurance \_\_\_\_\_ Policy # \_\_\_\_\_  
3. Are you currently under a doctor's care for a medical condition/prescribed medications?  Yes  No  
Describe/list: \_\_\_\_\_  
\_\_\_\_\_

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## WATER BACKGROUND

1. Based on your swim experience please rate yourself:  
 Excellent  Average  Poor  Don't swim

2. Are you lifeguard certified?  Yes  No Are you willing to be certified?  Yes  No  
First Aid/CPR?  Yes  No  
Other \_\_\_\_\_

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## TELL US ABOUT YOURSELF

1. Have you ever served with 3/20?  Yes  No When? \_\_\_\_\_  
How: \_\_\_\_\_

2. Why do you want to serve with 3/20 as an intern?



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3. What are your expectations as an intern?

4. What value is there in using water and water sports to tell people about Jesus?

5. On a scale of 1-10, 10 being the highest, please evaluate your personal strengths and weakness.

- |  |   |
|--|---|
| <input type="checkbox"/> Relating to new people      | <input type="checkbox"/> Encouragement                                |
| <input type="checkbox"/> Maintaining friendships     | <input type="checkbox"/> Servant Attitude                             |
| <input type="checkbox"/> Sense of Humor              | <input type="checkbox"/> Conversation with strangers                  |
| <input type="checkbox"/> Ability to finish a project | <input type="checkbox"/> Listening                                    |
| <input type="checkbox"/> Self Starter                | <input type="checkbox"/> Submission to Leadership                     |
| <input type="checkbox"/> Establishing relations      | <input type="checkbox"/> Being an example                             |
| <input type="checkbox"/> Problem solving             | <input type="checkbox"/> Followship (willingness to follow direction) |
| <input type="checkbox"/> Confronting                 |   |

6. At what level is your personal evangelism:

Level 1/Attitude: (I witness through my lifestyle.)

Level 2/Behavior: (I witness through lifestyle and through kind acts and service.)

Level 3/Conversation: (through the above, plus I share:  my testimony  plan of salvation)

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## References

**Work Reference:** Name \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_  
How long you have known \_\_\_\_\_

**Personal Reference:** Name \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_  
How long you have known \_\_\_\_\_

# Your Faith Story

**Church Reference:** Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

How long you have known \_\_\_\_\_

**Please write your faith story (using non church words) using the following outline:**

1. What was your life like before coming to know Christ as your Savior?
2. When did you recognize you were a sinner (define sin), confess your sin and by faith accept Jesus as your Lord and Savior?
3. How has your life been different since becoming a follower of Christ and what are your personal devotional habits? List strengths and struggles