

Application for missionary service abroad

	Photo			If married: Photo of spous	e		
Pe	ersonal information						
Mrs.	☐ Mr. ☐ Dr. 〔		First na	ame:	Last Nan	ne:	Maiden Name:
Sex	F M M		Date o	Date of Birth:		Birthplace:	
Marita	l status: Married 🗖	divorced (ev	ver)□	Single□ Engage	d □ Wi	dowed□	
Name	of spouse:		Date o	Date of Marriage:			
Nationality (yours):					Nationality (spouses):		
Curren	t mailing address:						
E-mail: Phone (Home): Tel (office): N				Mobile:			
Permanent address in USA (after departu			re): Tel:		Name, relationship (parents, etc.):		
In	formation on childre	en					
	Name: Sex:		Birth date:		ite:	School class:	
				I		1	

Church membership (indicate if spouse attends a different church)

Name of the church:		Denomination / Association:		
Mailing address (street, city, po	stal code):		Member since:	
Name of pastor (first and last na	ame):	Tel:		
Were you ever excommunicated	d from a church?:			
References				
In addition to the pastor please glonger period of time (teacher, for		n who is not related to you	but knows you very well for a	
Last and first name :		Tel.:		
Mailing address :		1		
What is your relationship with th	nis person:			
Desired location and type o	of missionary serv	ice		
Country (City):		Project:		
I am ready to go anywhere ☐ Yes ☐ No	Expected duratior	of the service:		
Desired responsibilities:				
Desired involvement for spouses): -			
Training				
Name of School:	Address:	Duration:	Degree/Certification:	
If currently in training, the exp	ected date of com	npletion:		

Training (for spouses)

Name of School:	Address:	Duration:	Degree/Certification:
If currently in training	g, the expected date of co	ompletion:	
Employment in the la	st 10 years, beginning wi	th the last	
Timeframe:	Position:	Organization / Company:	Address:
If in retirement, last o	day of employment:		
	day of employment: st 10 years, starting with	the last (for spouses)	
		the last (for spouses) Organization / Company:	Address:
Employment in the la	st 10 years, starting with		Address:
Employment in the la	st 10 years, starting with		Address:
Employment in the la	st 10 years, starting with		Address:
Employment in the la	st 10 years, starting with		Address:
Employment in the la	Position:		Address:
Employment in the last of the	Position: day of employment:		Address:
Employment in the last of the	Position:		Address: Musical Instruments:
Employment in the last of the	Position: day of employment:	Organization / Company:	Musical Instruments:

Have you been ordained Yes No		If so, when and for what service:		Where:		
Skills and experiences (fo	r spouse	es)				
Special skills / talents:			Foreign languages:		Musical Instruments:	
How have you served in	your loc	al church in the I	past and/or would like to	o in the f	uture?	
Experience with operations abroad and how long: Yes No		•	In what capacity?			
Please send the filled out New Fields Ministries Inc. 7050 W. 107 th St. Suite 22 Overland Park, KS 66212 Tel. 913-214-2992 Testimony Please describe on a separate	0	·		ion field	Here you can	
mention people, events, a how God has spoken to yo	nd expe	-			•	
For married couples: both	n partnei	rs must separate	ely describe their calling.			
Place and date:						
Signature:						
Signature of spouse:						
the faces are clearly visible	ail your r lidate (w e.	name and refer t with spouse, if mo	·	rtrait pho	oto, in which	