



GLOBAL
OUTREACH
MISSION

PRELIMINARY APPLICATION

Global Outreach Mission Inc.

Box 2010 Buffalo, NY 14231-2010 Box 1210 St Catharines, ON L2R 7A7

Member I.F.M.A.



- Career Missionary
- Encounter Assignment (1, 2 or 3 years)
- Global Medical Ministries
- Office Employment

1. Please write your full legal name below: (Name as it appears on passport)

First: _____ Middle: _____ Last: _____

Known As: _____

2. Present Address _____ City _____

Prov/State _____ Code/Zip _____ Home Phone _____ Fax _____

3. Permanent Address _____ City _____

Prov/State _____ Code/Zip _____ Home Phone _____ Cell Phone _____

4. Birth Date (D/M/Y) _____ 5. Birth Place _____ 6. Citizenship _____

7. SSN/SIN # _____ 7 (a) E-MAIL _____

8. Home Church _____

9. Member there? Yes, since _____ No 10. Pastor's Name: _____

11. Marital Status: single, engaged, married, divorced, widowed (circle those that apply) If divorced or remarried, explain: _____

12. Marriage Date _____ 13. Spouse's name _____ 14. #Children _____

15. If single, parent's names _____

Address _____ City _____

Prov/State _____ Code/Zip _____ Home Phone _____ Fax _____

16. Present health (circle one): excellent good fair

17. Any physical disability that could hinder your ministry? _____

18. Do you use tobacco, alcoholic beverages, drugs? (Circle those that apply) Explain _____

19. (A) Education: highest year completed _____ (B) Profession _____

20. College _____ Major: _____

Graduate? Yes, if so what degree? _____ No

21. Your goals in life _____

22. Knowledge of foreign languages: read, write speak fluently (circle) Language? _____

23. Where have you traveled or lived abroad? _____

24. In which country are you interested in serving?

1st choice _____ 2nd choice _____ 3rd choice _____

25. Ministry interests: (circle) evangelism, music, children's work, church planting, street preaching, literature distribution, manual work, other. Explain _____

26. Describe your experience or abilities for the ministry _____

27. Who is Jesus Christ?

28. Who is the Holy Spirit?

29. Do you practice the gift of speaking (or singing) in tongues, or the gift of interpretation of tongues?
(Please note that we are a member mission of the IFMA and non-charismatic.)

30. Explain the importance of prayer in your life _____

31. What does the Bible mean to you? _____

32. Do you wholeheartedly subscribe to the Missions Statement of Faith. Yes No

33. Are you applying to other mission boards? Yes No If yes, please list _____

I certify that the information in this application is true to the best of my knowledge. If accepted, I will commit myself to faithfully serve the Lord through Global Outreach Mission.

Date _____ Signature: _____

Please give four references who you believe would give an honest evaluation. Provide FAX# or e-mail where possible.

1. Senior Pastor

Name: _____ Relationship: _____
 Church Address _____ Address _____
 City: _____ Prov/State _____ City: _____ Prov/State _____
 Code/Zip _____ Code/Zip _____
 Phone: _____ Fax: _____ (W): _____
 E-mail: _____ Phone: (H) _____ (W): _____
 Fax: _____ Non - Christian
 E-mail: _____

2.

Name: _____ Relationship: _____
 Address _____ Address _____
 City: _____ Prov/State _____ City: _____ Prov/State _____
 Code/Zip _____ Code/Zip _____
 Phone: (H) _____ (W): _____ Phone: (H) _____ (W): _____
 Fax: _____ Non - Christian Fax: _____ Non - Christian
 E-mail: _____ E-mail: _____

3. Name: _____

