



MOUNT ABARIM BAPTIST MISSION INTERNATIONAL

Initial Missionary Application
(please print)

APPLICANT INFORMATION					
Last Name		First Name		M.I.	Date
Present Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Cell Phone		Social Security No.		Date Available	
Address that will always reach you:					
Present Occupation (If in school, indicate school, course of study and expected graduation date)					
Father's Full Name			Mother's Full Maiden Name		
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, where is your citizenship? (if you are citizen in more than one country, list here)	
Have you ever worked for another mission agency?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, for whom and when?	
Are you currently or recently applying with another mission agency?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, with whom? What was the result?	
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	
Position Applied for:					
Marital Status (single, engaged, married, or widowed)					
If engaged or married give name of spouse (or betrothed)					
Have you ever been divorced?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	
If divorced, is former spouse still living?		YES <input type="checkbox"/>	NO <input type="checkbox"/>		
If you have children, list name, gender and birth date of each:					
Is your health:		Vigorous? <input type="checkbox"/>	Fair? <input type="checkbox"/>	Poor? <input type="checkbox"/>	If poor, explain
Height		Weight		Date of last physical	
Do you have any chronic ailments or physical disabilities?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
				If yes, explain	
List any major illnesses you have had, with dates:					
What is your favorite form(s) of recreation?					

EDUCATION

High School			City/State		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree(s)
College			City/State		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree(s)
Other			City/State		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree(s)
Other			City/State		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree(s)
List honors, awards, and extracurricular activities:					
What plans do you have for future study?					

CHURCH MEMBERSHIP

Sending Church:			City/State		
Do you currently attend this church?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	Attended From To
If not, explain					
Are you a member of this church?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	Member From To
If not, explain					
Previous Church			Attended From To		
Reason for leaving					
List Church Activities and Ministries you have participated in (include age group and length of service):					

MINISTRY AND CALLING

What type of work/ministry do you wish to do?	
Where?	When Available?
What experience and special training not listed under academic education have you had in the type of work which you prefer to do? Include field work, employment, and most significant voluntary activity.	

Might any of the following factors make it more difficult for you to go to the mission field?			
<input type="checkbox"/> Financial Debt	<input type="checkbox"/> Opposition from Family	<input type="checkbox"/> Physical Handicap or Weakness	<input type="checkbox"/> Other
If yes to any of the above, please explain			
What influences have led you to feel that God has called you to missionary service?			
On a separate sheet of paper, give a detailed account/testimony of your salvation and baptism (include dates, church, etc.)			
On a separate sheet of paper, give a testimony of your call to ministry and to missions service.			
Which of the following statements best describe your present position?			
<input type="checkbox"/> I am a missionary volunteer, but not yet sure of the Lord's will for me.			
<input type="checkbox"/> I am sure of God's call to full-time service, but have not chosen a missions agency.			
<input type="checkbox"/> I wish to make a formal application to Mount Abarim Baptist Mission International.			
Signature			

REFERENCES			
<i>Please list three personal references.</i>			
Full Name:	Years Known:	Relationship:	
Address			Phone ()
Full Name	Years Known:	Relationship:	
Address			Phone ()
Full Name	Years Known:	Relationship:	
Address			Phone ()

Send completed application form(s) to:

Dr. Mike Patterson, President
 Mount Abarim Baptist Mission International
 International Office/Missionary Application
 P.O. Box 173067
 Arlington, TX 76017