



Missionary Application

North American Association of Missions
 PO Box 9, China Grove, NC 28023
 Phone: (704) 857-3311 Fax: (704) 857-3353

PERSONAL HISTORY

PLEASE PRINT CLEARLY

Last Name	First	Middle	Date of Birth	Place of Birth	
Wife's Maiden Name	First	Middle	Date of Birth	Place of Birth	
Address		City	State	Zip	
Husband's SS#	Wife's SS#	Anniversary Date	Home Telephone:		
Business Telephone:	E-mail Address:				
Nearest of Kin (for emergency)	Relation	Address (City, State, Zip)		Telephone	
Marital Status: Single ___ Married ___ Divorced ___ Separated ___ Widowed ___			Race: White ___ African American ___ Hispanic ___ Asian ___ Other: _____		
CHILDREN: Name	Date of Birth	SS#	Name	Date of Birth	SS#
Name	Date of Birth	SS#	Name	Date of Birth	SS#
Name	Date of Birth	SS#	Name	Date of Birth	SS#

PHYSICAL DATA

HEALTH:
 Husband or Single: Excellent ___ Good ___ Fair ___ Poor ___ Weight ___ Height ___ Color of Eyes ___
 Wife: Excellent ___ Good ___ Fair ___ Poor ___ Weight ___ Height ___ Color of Eyes ___

Have you or any member of your family been hospitalized in the last five years? Yes ___ No ___ If Yes, explain: _____

Have you or any member of your family suffered from a nervous breakdown or been treated for a mental disorder? Yes ___ No ___ If Yes, explain: _____

List any handicaps or special needs. _____

Are you presently under a doctor's care? Yes ___ No ___ If Yes, explain. _____

Check diseases you have had or are being treated for:
 Heart Attack ___ Diabetes ___ Epilepsy ___ Tuberculosis ___ Cancer ___ Other: _____

CHRISTIAN SERVICE

Church Membership	Address (City, State, Zip)	Telephone
Pastor's Name	Address (City, State, Zip)	Telephone
Date you joined the church	Present Church Office(s) and Service Husband or Single Applicant:	Wife:
Previous Church Membership (Include City & State): _____		
Are you ordained and/or a licensed minister of the Gospel? Ordained ___ Licensed ___		
Have you served in the pastorate? Yes ___ No ___ If Yes, where and how long? _____		
Have you ever been refused by a mission board? Yes ___ No ___ If Yes, explain. _____		

Requirements for Applicants

1. All applicants must give evidence of the New Birth experience and a sincerity to service the Lord.
2. All applicants must accept and are committed to the doctrinal positional of the board that they are representing.
3. All applicants and spouses will have to be personally interviewed by the board and recommended to be received to service.
4. All applicants must be 21 years or older.
5. All applicants must have two years apprenticeship under a reliable pastor to be considered a candidate for mission work.
6. All applicants will be required to adhere to the code of conduct and structure of the mission board.
7. All applicants must have a written recommendation from their pastor with a contact number to verify your membership with his congregation.
8. All applicants must have a type written recommendation from three other people who have know them for at least two years.
9. All applicants must submit a resume of service from the time of their conversion to Christ.
10. All applicants must submit a photograph of themselves or their family if married.
11. All applicants must have or be actively engaging to continue their studies of higher Christian education if they haven't reached a Masters level. (Biblical courses available upon request)

Note: All requirements and application forms must be submitted before applicant acceptance can be fully completed.