## **MOUNT ABARIM BAPTIST MISSION INTERNATIONAL**

Initial Missionary Application (please print)



| APPLICANT INFORMATION  |                        |            |   |                       |                   |  |
|--|------------------------|------------|---|-----------------------|-------------------|--|
| Last Name  | ast Name First Name    |            |   | M.I.                  | Date              |  |
| Present<br>Address   |                        |            |   |                       | Apartment/Unit #  |  |
| City   | State                  |            |   |                       | ZIP               |  |
| Phone  | E-mail Addres          | SS         |   |                       |                   |  |
| Cell Phone   | Social Securit         | y No.      |   |                       | Date<br>Available |  |
| Address that will always reach you:                                      |                        |            |   |                       |                   |  |
| Present Occupation<br>(If in school, indicate school, course of study ar | nd expected gra        | aduation o | date)   |                       |                   |  |
| Father's Full Name Mother's Full Maiden Name                             |                        |            |   |                       |                   |  |
| Are you a citizen of the United States? YES S NO                         |                        |            | If no, where is your citizenship?<br>(if you are citizen in more than one country, list here) |                       |                   |  |
| Have you ever worked for another MES NO NO                               |                        |            | If yes,<br>for whom and when?   |                       |                   |  |
| Are you currently or recently applying with another mission agency?      |                        |            | If yes, with whom?<br>What was the result?  |                       |                   |  |
| Have you ever been convicted of a felony? Y                              | ES 🗌 NO                |            | If yes, explain   |                       |                   |  |
| Position Applied for:  |                        |            |   |                       |                   |  |
| Marital Status (single, engaged, married, or wic                         | lowed)                 |            |   |                       |                   |  |
| If engaged or married give name of spouse (or                            | betrothed)             |            |   |                       |                   |  |
| Have you ever been divorced? YES NO If yes, explain                      |                        |            |   |                       |                   |  |
| If divorced, is former spouse still living? YES NO                       |                        |            |   |                       |                   |  |
| If you have children, list name, gender and birt                         | h date of each:        |            |   |                       |                   |  |
|  |                        |            |   |                       |                   |  |
|  |                        |            |   |                       |                   |  |
|  |                        |            |   |                       |                   |  |
| Is you health: Vigorous?  Fair?  | Poor? If poor, explain |            |   |                       |                   |  |
| Height   | Weight                 |            |   | Date of last physical |                   |  |
| Do you have any chronic ailments or physical disabilities? YES 🗌 NO      |                        |            | D 🗌   | 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            | City/State |           |  |  |
| From   | То | Did you graduate? YES | NO 🗌       | Degree(s) |  |  |
| College  |    |                       | City/State |           |  |  |
| From   | То | Did you graduate? YES | NO 🗌       | Degree(s) |  |  |
| Other  |    |                       | City/State |           |  |  |
| From   | То | Did you graduate? YES | NO 🗌       | Degree(s) |  |  |
| Other  |    |                       | City/State |           |  |  |
| From   | То | Did you graduate? YES | NO 🗌       | 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 D NO   | Attended From To |  |  |  |  |
| If not, explain   |                  |  |  |  |  |
| Are you a member of this church? YES NO   | 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?                               |  |  |  |  |
|---|--|--|--|--|
| Financial Debt       Opposition from Family       Physical Handicap or Weakness       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?  |  |  |  |  |
| I am a missionary volunteer, but not yet sure of the Lord's will for me.  |  |  |  |  |
| I am sure of God's call to full-time service, but have not chosen a missions agency.  |  |  |  |  |
| I wish to make a formal application to Mount Abarim Baptist Mission International.  |  |  |  |  |
| Signature   |  |  |  |  |

| REFERENCES                             |  |  |               |  |  |
|--|--|--|---------------|--|--|
| Please list three personal references. |  |  |               |  |  |
| Full Name: Years Known: Rela           |  |  | ationship:    |  |  |
| Address                                |  |  | Phone ( )     |  |  |
| Full Name Years Known: Re              |  |  | telationship: |  |  |
| Address                                |  |  | Phone ( )     |  |  |
| Full Name Years Known: Re              |  |  | Relationship: |  |  |
| Address                                |  |  | Phone ( )     |  |  |

## Send completed application form(s) to:

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