

WORLD MISSIONS ALLIANCE MINISTRY APPLICATION

Please Mail, Fax or E-mail A Completed Application To:
 World Missions Alliance • PO Box 1067 • Branson West, MO • 65737
 Phone (417) 231 4131 • E-mail rfwma@rfwma.org

PASSPORT PHOTO

Please Affix One Recent
Identical Passport Photo In Color

*Full Face, Front View,
Unmounted and Against a Plain
White or Off-White Background*

NAME & CONTACT INFORMATION

(1) LAST NAME: _____ (3) DATE OF BIRTH: _____
 (2) FIRST NAME: _____
 (4.a) ADDRESS 1: _____ (5) CITY: _____ (6) STATE: _____ (7) ZIP: _____
 (4.b) ADDRESS 2: _____ (9) MOBILE PHONE: _____
 (8) EMAIL: _____ (10) HOME PHONE: _____

EMERGENCY CONTACT (11.b) RELATIONSHIP TO APPLICANT: _____
 (11.a) NAME: _____ (11.c) PHONE: _____

PERSONAL INFORMATION

(12.a) PASSPORT NUMBER: _____ (12.c) ISSUE DATE: _____
 (12.b) NAME ON PASSPORT: _____ (12.d) EXPIRATION DATE: _____
 (13) MARITAL STATUS: _____ (14) CURRENT OCCUPATION: _____

BACKGROUND INFORMATION

Please also include the following with your application:

- A brief testimony of how Jesus Christ has transformed your life on a separate page.
- A letter of recommendation from your pastor or spiritual mentor and his/her contact info.
- A passport-style color photo, which can be printed/purchased at locations such as Walgreens.

(15) **How long have you been a Christian?** _____

(16) **Do you regularly attend a local church family?** (Check One) YES NO

(17) **If answer to question (16) is NO, please explain:** _____

(18) **If answer to question (16) is YES, which church?** _____

(19.a) **"MY GIFTS ARE..." (Check all that apply):**

- Preaching Teaching Praying for People Prayer Walking Intercessory Prayer Children or Youth Ministry Singing Playing an Instrument Dance or Drama Witnessing Counseling Marriage Counseling Church Volunteer Training Leadership Training Spiritual Warfare Medical Services
- Other Languages _____
- Other: _____ Not Sure, Explain: _____

(19.b) **Please describe your experience in the gifted areas you indicated in question (19.a):**

(20) **Have you participated in a foreign mission before? (Check One)** YES NO

(21) **If question (20) was answered YES, please provide additional information, such as the country visited, the hosting organization, year you attended and any other information that might provide insight into the trip:**

(22) **What country or part of the world has God placed on your heart or for which you have had a burden?**

(23) **What are your expectations for this trip (briefly share)?**

(24) **Do you consider yourself a good leader?** YES NO **If NO, Explain:** _____

(25) **Do you consider yourself a good follower?** YES NO **Explain:** _____

(26) **Do you consider yourself a team player?** YES NO **If NO, Explain:** _____

(27) **Is the Fruit of the Spirit evident in your life?** YES NO **If NO, Explain:** _____

(Galatians 5:22-25)

(28) **By the grace of God, are you able to love the unlovely?** YES NO **If NO, Explain:** _____

(29.a) On your second day in the country of destination, there will be an orientation meeting. The schedules and instructions for each day of the ministry will be discussed during the morning prayer meetings. Because of the nature and locations of our mission trips, there may be situations when you will have to follow the orders of the group leadership without a lot of explanation.

(29.b) **Are you comfortable with the above situation, as seen in question (29.a)?** YES NO **If NO, Explain:** _____

(30) **Are you able to walk, use stairs (if no elevators are available), sit through a service without air conditioning (if none available)?** YES NO **If NO, Explain:** _____

(31) **Do you have a physical disability, medical condition or food allergy that may be dangerous to you or other passengers during the trip?** YES NO **If YES, Explain:** _____

(32) **How did you find out about World Missions Alliance?** _____

ACKNOWLEDGMENT

By signing this application, I certify that all information given in this application is complete and accurate.

Signature: _____ **DATE:** _____