## 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

CONTACT & PERSONAL INFORMATION	Full Face, Front View, Unmounted and Against a Plain		
(1) LAST NAME:			
(2) FIRST NAME:	(4)GENDER:   F  M		
(5a) ADDRESS 1:	(6) CITY: (7) STATE: (8) ZIP:		
(5b) ADDRESS 2:	(10) MOBILE PHONE:		
(9) EMAIL:	(11) HOME PHONE:		
(12)LANGUAGES SPOKEN:			
	(14) CURRENT OCCUPATION:		
(15a) PASSPORT NUMBER:	(15c) ISSUE DATE:		
(15b) NAME ON PASSPORT:	(15d) EXPIRATION DATE:		
EMERGENCY CONTACT	(16b) RELATIONSHIP TO APPLICANT:		
(16a) NAME:	(16c) PHONE:		
BACKGROUND INFORMATION			
All questions must be answered for your applicat	ion to be reviewed. You may mark "not sure" if needed.		
(17) How long have you been a Christian?			
(18) Do you regularly attend a local church family?	(Check One)		
(19) If answer to question (18) is NO, please explain	):		
(20) If answer to question (18) is YES, which church?	·		
(21) Denominational affiliation (optional):			
(22a) "MY GIFTS ARE" (Check all that apply):			
$\square$ Preaching $\square$ Teaching $\square$ Praying for People $\square$	Prayer Walking □Intercessory Prayer □Children or Youth		
. — • • — . • — —	Dance or Drama		
	rship Training   Spiritual Warfare   Medical Services		
	lain:		
(22b) Please describe your experience in the gifted a	reas you indicated in question (22a):		

(Continued on next page...)

		WMA APPLICATION	ON, PAGE 2 — REVISED 7/11/2019
(23) Have you participated in a foreign mission before?	(Check One)	☐ YES	□NO
(24) If question (23) was answered YES, please pro the hosting organization, year you attended and the trip:	d any other infor	mation that m	•
(25) What country has God placed on your heart o	or for which you h	nave had a bur	 den?
□ Argentina       □ Armenia       □ China       □ Egypt       □ Egypt	anon ☐ Molo a ☐ Thailand	dova 🔲 Nep	oal Republic of Georgia
(27)What types of ministry outreaches are you int	terested in being	involved in?	
☐ Children, Youth and Family focused ☐ Medi	ical Missions	Discipleship a	and Evangelism
□ Disaster Relief □ Refugee Support □ Disa	ster Relief 🔲 Le	eadership Train	ing □ Feeding the Poor
☐ Bible and Gospel Tract Distribution			
(28) Do you consider yourself a good leader?	☐ YES ☐NO	If NO, Explain	):
(29) Do you consider yourself a good follower?	☐ YES ☐NO	Explain:	
(30) Do you consider yourself a team player?	☐ YES ☐NO	If NO, Explain	):
(31) Is the Fruit of the Spirit evident in your life? (Galatians 5:22-25)	 ☐ YES ☐NO	If NO, Explain	n:
(32) By the grace of God, are you able to love the unlovely?	☐ YES ☐NO	If NO, Explain	ı:
(33a) On your second day in the country of destinate and instructions for each day of the ministry will Because of the nature and locations of our mission follow the orders of the group leadership without	be discussed dur on trips, there ma	ing the mornin ay be situations	g prayer meetings.
(33b) Are you comfortable with the above situation Explain:	n, as seen in ques	stion (33a)?	YES □NO □ <i>If NO,</i>

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:
Observable $_{(35)}$ Do you have a physical disability, medical condition or food allergy that may be dangerous to you or other passengers during the trip? YES $\square$ NO $\square$ If YES, Explain:
(36)How did you find out about World Missions Alliance?
(37) <b>How do you prefer to be contacted?</b>
(38)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 of yourself.
AKNOWLEDGMENT
By signing this application, I certify that all information given in this application is complete and accurate.
Signature: DATE: