

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*

CONTACT & PERSONAL INFORMATION

(1) LAST NAME: _____ (3) DOB: _____
 (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: _____

(13) MARITAL STATUS: _____ (14) CURRENT OCCUPATION: _____

(15a) PASSPORT NUMBER: _____ (15c) ISSUE DATE: _____

(15b) NAME ON PASSPORT: _____ (15d) EXPIRATION DATE: _____

EMERGENCY CONTACT

(16a) NAME: _____ (16b) RELATIONSHIP TO APPLICANT: _____
 (16c) PHONE: _____

BACKGROUND INFORMATION

All questions must be answered for your application 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) YES NO

(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):***

- 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: _____ Not Sure, Explain: _____

(22b) ***Please describe your experience in the gifted areas you indicated in question (22a):***

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

(24) **If question (23) 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:** _____

(25) **What country has God placed on your heart or for which you have had a burden?**

- Argentina Armenia China Egypt Ethiopia France India Indonesia Iraq Ireland
- Israel Jordan Kyrgyzstan Lebanon Moldova Nepal Republic of Georgia
- Russia Serbia Romania Syria Thailand Turkey Ukraine Macedonia Laos

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

(27) **What types of ministry outreaches are you interested in being involved in?**

- Children, Youth and Family focused Medical Missions Discipleship and Evangelism
- Refugee Support Disaster Relief Leadership Training 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?** YES NO **If NO, Explain:** _____
(Galatians 5:22-25)

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

(33a) 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.

(33b) **Are you comfortable with the above situation, as seen in question (33a)?** YES NO **If NO, Explain:**

(34) EDUCATION & LICENSE (FOR MEDICAL PROFESSIONALS ONLY)

School graduated: _____ Degree awarded: _____ Year: _____

Specialty: _____ Specialty: _____

Status: Retired – Year: _____

Active – Private Practice? Y N Employed By: _____

Liability insurance carrier: _____ Exp. Date: _____

Have you had any regulatory actions taken against you that limited your medical practice in any way? Y N

If yes, please describe on separate page.

List all current licenses. **A copy of each license must be attached.**

State/Country: _____ Medical License #: _____ Exp. Date: __/__/__

State/Country: _____ Medical License #: _____ Exp. Date: __/__/__

(35) 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:* _____

(36) 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:* _____

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

(38) How do you prefer to be contacted? Call Text Email Mail Facebook Messenger

(39) Please also include the following with your application:

- A brief testimony of how Jesus Christ has transformed your life on a separate page.
- A passport-style color photo of yourself.

ACKNOWLEDGMENT

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

Signature: _____ DATE: _____

STATEMENT OF PRACTICE

The commitment of World Missions Alliance is *to serve and not to be served*. Serving on assignment means your agreement to the following:

I am willing to set aside personal preferences, habits and schedule in the interest of others to fulfill the ministry of the mission or church to which I am assigned and to seek to win people to Jesus Christ.

I understand there are variations in practice and understanding of Scripture in some areas of doctrine, Christian living and witness. In serving with World Missions Alliance, I will abide by the standards of the mission to which assigned in all areas including dress, entertainment, activities, etc. This includes a willing agreement to abstain from the use of alcohol, drugs, and tobacco and being sensitive to cultural, regional, church and hospitals expectations and standards.

I understand that churches and other entities served by World Missions Alliance are Protestant evangelical entities in basic harmony with the World Missions Alliance Statement of Faith. However, due to varied viewpoints on some Christian doctrine (examples: eschatology, spiritual gifts, security of the believer, etc.) in serving, I agree to be respectful of the particular doctrine practiced by the host mission or church.

I agree with the following statement of the view of marriage, gender and sexuality: God has ordained marriage and defined it as the covenant relationship between a man, a woman, and Himself, marriage is a union between a biological man and a biological woman. God wonderfully and immutably creates each person as male or female. These two distinct, complementary genders together reflect the image and nature of God. (Gen 1:26-27.)

In cooperation with the mission, I will seek to provide excellence in all things and to present Jesus Christ as Lord and Savior.

I hereby acknowledge that I have received, read and understand the Statement of Practice and by signing below I am agreeing to the terms and conditions of the Statement of Practice.

Print Name: _____ Date: _____

STATEMENT OF FAITH

I believe in God, the Father, the Creator of heaven and earth, and in Jesus Christ, His only Son, our Lord and the Holy Spirit, eternally existing as one and only true God.

I believe that Lord Jesus Christ is deity that He was born of a virgin, that we are redeemed by His atoning death through His shed blood, that he bodily resurrected and ascended into heaven, and that he will come again in power and great glory.

I believe that men are saved through a direct, personal encounter with the risen Lord, at which time they are regenerated by the Holy Spirit. This event we hold to be an experience, rather than a doctrinal supposition.

I believe in the present ministry of the Holy Spirit, by whom Christ indwells each believer enabling him to live a godly life of obedience as he reaches maturity.

I believe the Bible to be the inspired, infallible, ultimately authoritative Word of God.

I believe the Holy Spirit unites all true believers in the Lord Jesus Christ and that together they form one body – His church.

I hereby acknowledge that I have received, read and understand the Statement of Faith and by signing below I am agreeing to the Statement of Faith.

Print Name: _____ Date: _____

Sign Name: _____

TESTIMONY

Please provide us with a brief personal testimony.

After your application is submitted, please remember to send your photo and letter of recommendation to rfwma@rfwma.org

FULL NAME _____