

# GLOBAL TRIBES OUTREACH

## *Missionary Application Form*

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Please include with this application: 1) Personal Identification Form, 2) a recent photograph, 3) a dated reference form from your Pastor (if applying for EDGE include one additional reference form, if for more than three months include two additional reference forms—one from your father and one from your employer or a close associate), 4) a certificate of health by your Doctor, and 5) the Prayer Warrior form.

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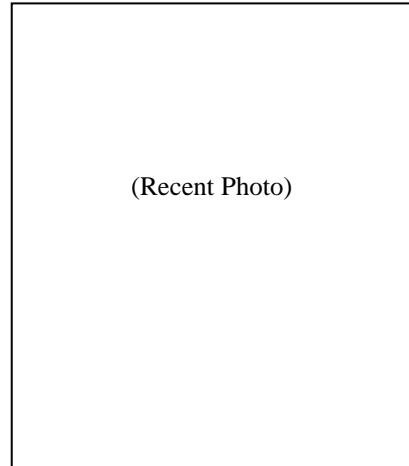
*(Please print)*

*Name:*

\_\_\_\_\_

*Date:*

\_\_\_\_\_



**1. Education** (Include Vocational Qualifications - Christian and secular)

| Name of Institution | Year(s) | Qualification |
|---------------------|---------|---------------|
|---------------------|---------|---------------|

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. Work Experience**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. Health** (Please attach certificate of health)

Have you ever been hospitalized for any reason? Yes\_\_\_ No\_\_\_  
If YES, please state why: \_\_\_\_\_

Have you ever suffered from any diseases - malaria, hepatitis.. Yes\_\_\_ No\_\_\_  
If YES, please state:\_\_\_\_\_

Do you currently suffer from any illness, disability, or allergy? Yes\_\_\_ No\_\_\_  
If YES, please state:\_\_\_\_\_

Do any of your immediate family members mentioned on this application form  
suffer any illness or disability? Yes\_\_\_ No\_\_\_  
If YES , please state:\_\_\_\_\_

**4. Church Affiliation**

Church you currently attend:\_\_\_\_\_

Years of membership:\_\_\_\_\_

Church address:\_\_\_\_\_

(Street address, PO Box, Rural Route No.)

\_\_\_\_\_  
(City) (State) (Zip)

Telephone # : (\_\_\_\_)\_\_\_\_\_ Fax: # (\_\_\_\_)\_\_\_\_\_

Pastor's Name:\_\_\_\_\_ Denomination:\_\_\_\_\_

In what areas are you involved in the ministry of the church? Please describe:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your church support this application? Yes\_\_\_ No\_\_\_  
If NO, please state why:\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

**5. Christian Commitment**

When did you commit your life to Christ?\_\_\_\_\_

Personal Statement: What does the Lord Jesus Christ mean to YOU?

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What do you consider your ministry gifts and abilities to be? (e.g. teaching, serving, evangelism, etc.)\_\_\_\_\_

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**6. Police Record**

Have you ever been convicted on a criminal charge? Yes\_\_\_ No\_\_\_

If YES, please give details:\_\_\_\_\_

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**7. Overseas Experience**

Give details of countries you have visited and purpose of visit:

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Give details of any languages/dialects you speak if applicable:

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How did you hear about Global Tribes Outreach? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you hope to accomplish in your time on the mission field if you join Global Tribes Outreach? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How long do you desire to commit to working with us?  
 Vision Trip (4 weeks)                       Study term (3 months)  
 EDGE (six months)                               Career (Three + years)  
 Short term (up to two years)

What country/countries are you applying to do mission work in? \_\_\_\_\_  
\_\_\_\_\_

**8. Finances**

GTO will not be responsibility for medical expenses of personnel on field nor for expenses involved due to deaths occurring while working under GTO. Each person or family is encouraged to make arrangements beforehand for covering such expenses. Home churches are encouraged to help in this

Do you understand that work with Global Tribes Outreach is voluntary and that limited financial assistance is given by the ministry to those working with them?  
Yes\_\_\_ No\_\_\_

Are you confident that you will have enough finances during your stay so that the burden of lack of finances will not affect your work or personal life while on the mission field?  
Yes\_\_\_ No\_\_\_

Do have any financial obligations?              Yes\_\_\_ No\_\_\_

Please state how you are expecting to have enough finances during your stay on the mission field: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE NOTE: To be signed by all applicants.**

1. I declare all information mentioned in this application form to be true and correct. I have not withheld any relevant information.
2. Should my application be accepted I agree to submit to the leadership of the mission board and field director and am willing to serve in whatever way is needed.
3. I will, by the grace of God, support the Statement of Faith, respect the practices and standards of my home church, and submit to the following standards of character, conduct, and practice:
  - a. Practice good stewardship, hospitality, courtesy, orderliness, kindness, patience, and cleanliness.
  - b. Observe the Lord's day, refraining from work and financial dealings.
  - c. Abstain from the use of intoxicating beverages and substances.
  - d. Refrain from mixed bathing.
  - e. Maintain well-balanced relationships with co-workers (dating relationships Are not to be started during short-term commitments; those already dating before coming to the field will under supervision of the administration) If a long-term worker begins a dating relationship while serving under GTO, he/she may be asked to return home for a period of personal evaluation.
  - f. Refrain from the wearing of jewelry (including wedding rings).
  - g. Men are required to wear their hair short; women are required to wear their hair long, uncut, and veiled.
  - h. Men are required to wear modest trousers and shirts; women are required to wear modest dresses/skirts and blouses; no shorts. If culottes are worn, they should be modest, loose fitting, look like skirts (not like shorts), and be skirt length (cover the knees when sitting. A pattern will be provided. Pants may be worn under skirts or dresses for certain activities.

Signed: \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

**RELEASE FORM: To be signed by all applicants**

I voluntarily assume any and all risks of being detained and/or incarcerated by the authorities of the country or countries where I travel while engaged in my voluntary duties on behalf of Global Tribes Outreach. Global Tribes Outreach will give all appropriate support in the event this should occur, but will not be responsible for making any ransom payments.

Signature of Applicant: \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_