

IMF MISSIONS CANDIDATE APPLICATION FORM
(Confidential)

Please type or print in black ink one form per family unit. Answer each question carefully and do not abbreviate.

Personal information

1.) Name: _____
(Last) (First) (Middle) Maiden (if applicable)

2.) Present Address: _____
Street City State Zip Code

3.) Mailing Address: _____
Street or P.O. Box City State Zip Code

4.) Home Telephone No.: _____ Work Telephone No.: _____
Cell Phone No.: _____

5.) E-mail Address*: _____
*(This is for personal and confidential use by IMF and applicant only. Please keep current e-mail address on file with IMF!)

6.) Marital Information: _____ Married _____ Single _____ Widowed _____ Divorced _____ Remarried

Date of Marriage: _____

Full Name of Spouse: _____ Spouse's Maiden Name _____

7.)

A. Applicant General Information:

Date of birth _____
City of birth _____
State of birth _____
Country of birth _____
Country of citizenship _____
Social Security # _____
Credential status _____
Credentialed with _____
Date received _____
Date of conversion _____
Home church _____

B. Spouse General Information:

Date of birth _____
City of birth _____
State of birth _____
Country of birth _____
Country of citizenship _____
Social Security # _____
Credential status _____
Credentialed with _____
Date received _____
Date of conversion _____
Home church _____

Education and Training

8.) Are you a high school graduate?

A. **Applicant:** () yes () no

B. **Spouse:** () yes () no

9.)

A. **Applicant:** List Education background:

College University or Seminary	City	State	Date of Entry	Date of Leaving	Date of Graduation	Degree/ Diploma or Seminary Hrs.	Major/Minor or Course

B. **Spouse:** List Education background:

College University or Seminary	City	State	Date of Entry	Date of Leaving	Date of Graduation	Degree/ Diploma or Seminary Hrs.	Major/Minor or Course

11.)

A. **Applicant:** Indicate any languages with which you are familiar and your degree of proficiency:

Language	Formal Study Check if yes	Where Studied	Circle Level of Proficiency				
			(Lowest) 0	25	50	75	100 (Fluent)
			(Lowest) 0	25	50	75	100 (Fluent)
			(Lowest) 0	25	50	75	100 (Fluent)
			(Lowest) 0	25	50	75	100 (Fluent)
			(Lowest) 0	25	50	75	100 (Fluent)
			(Lowest) 0	25	50	75	100 (Fluent)

B. **Spouse:** Indicate any languages with which you are familiar and your degree of proficiency:

Language	Formal Study Check if yes	Where Studied	Circle Level of Proficiency				
			(Lowest) 0	25	50	75	100 (Fluent)
			(Lowest) 0	25	50	75	100 (Fluent)
			(Lowest) 0	25	50	75	100 (Fluent)
			(Lowest) 0	25	50	75	100 (Fluent)
			(Lowest) 0	25	50	75	100 (Fluent)
			(Lowest) 0	25	50	75	100 (Fluent)

Previous experience in a foreign country

12.)

A. **Applicant:** List any previous experience you have had in a foreign country.

Ministry	Length of Term	If current, give anticipated return

Explain reason for leaving: _____

B. **Spouse:** List any previous experience you have had in a foreign country:

Ministry	Length of Term	If current, give anticipated return

Explain reason for leaving: _____

Family Life

13.) List your children who are under 23 years of age. If currently expecting a child, give the due date. If adopted, please indicate.

Name	Date of Birth	Sex	SS #	Adopted	Place of Birth	Grade in School

14.) List full name(s) of your children who are 23 years of age or older.

Name: _____ Address: _____
Street City State Zip

Name: _____ Address: _____
Street City State Zip

Name: _____ Address: _____
Street City State Zip

15.) List any serious illnesses or handicaps, emotional difficulties, learning disabilities or problems of substance abuse you or any family member living with you may have or have had in the past:

Name of Individual	Illness or Handicap

Financial Debt/Obligations

List your financial obligations and debts below:

Obligation/Debt	Total Amount	Monthly Payment	Plan for Meeting It
Rent/Mortgage (circle one)			
Student Loan			
Car(s)			
Credit Card(s)			
Insurance (life, car, home)			
Pledge(s)			
IRS			
Other			

16.) If you have financial responsibilities for parents or other relatives, please explain: _____

17.) Do you faithfully practice tithing? ___ Yes ___ No

Country & Type of Service Desired

18.) Type of Work/Service Desired: _____

19.) Region (or specific country) Desired: _____

Miscellaneous Information

20.) Have you ever been discharged or asked to resign from any job? If so, give details and name and address of employer.

A. Applicant: ____ Yes ____ No _____
Employer name and address

B. Spouse: ____ Yes ____ No _____
Employer name and address

21.) Have you ever resigned your ministerial credentials or had them suspended or revoked by any organization?

If yes, please explain.

A. Applicant: ____ Yes ____ No _____
Reason for suspension or revocation

B. Spouse: ____ Yes ____ No _____
Reason for suspension or revocation

22.) Have you ever opted out of paying Social Security? ____ Yes ____ No

If yes, the date you opted out: _____

If yes, have you re-entered into the Social Security system? ____ Yes ____ No

23.) Please list your current medical insurance company: _____

24.) Please explain any hesitations you may have concerning any of the above information: _____

Having prayerfully considered my lifework and desiring to fulfill what I believe to be God’s will for my life, I hereby make application for appointment to world missionary service. I am a member in good standing of International Ministerial Fellowship and I have read and understand the Missions Manual policies and purposes.

Applicant’s Signature: _____

Spouse’s Signature: _____

Date: _____

A photocopy of this application should be kept for your records.

Return to: IMF, Missions Department, P. O. Box 32366, Fridley, MN 55432-0366