Global Partners Missionary Application Form

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*Please type or print clearly with dark ink.*

**Application Field: □ General Missionary □ Short-Term Missionary □ Long-Term Missionary**

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| **Ⅰ. PERSONAL INFORMATION**Photograph1. Full legal name: (Dr., Rev., Mr., Miss.) (Last Name) (First Name) (Middle Name)(What you prefer to be called) 2. Age: Date of birth: / / Place of birth: 3. Present address:  City: State: Zip: 4. Home Phone : ( ) Work Phone : ( ) E-mail: Pager/ Cellular Phone : ( ) 5. US Social Security Number: Driver License #6. I am currently working/student (status)explain:  |

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| **Ⅱ. CHURCH INFORMATION**1. Church Name: 2. Address: City: State: Zip: 3. Church Phone: ( ) 4. Denomination: 5. Pastor/Elder’s Name: (*Please circle appropriate title)* 6. Are you an active participant in a local church? Yes / No7. List any responsibility or position you have in the church:   |

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| **Ⅲ. MARRIAGE INFORMATION**1. Marital status: □ Single □ Engaged □ Married □ Ever Divorced □ Separated  Date of marriage (or divorce) : / / 2. Describe your marriage and family life in 100 words.       |

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| **Ⅳ. SPOUSE & DEPENDENT INFORMATION**1. If you have dependents, please provide the following information: Name Relationship Gender Birth Date      |

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| **Ⅴ. EDUCATION INFORMATION**1. Did you graduate from high school? Yes / No 2. Please list any other formal training. Post high school training:Institution Degree/ Certificate Date attended       |

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| **Ⅴ. EDUCATION INFORMATION (Continued)**3. Please list any other formal training. Mission training:Program Degree/ Certificate Date attended       |

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| **Ⅵ. EMPLOYMENT INFORMATION**1. Present OccupationJob Title: Employer: Address: City: State: Zip: How long at this job: Describe your responsibilities: 2. Past EmploymentsJob Title: Employer: Address: City: State: Zip: How long at this job: Describe your responsibilities: 3. Other Past employmentsEmployer Title How long      |

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| **Ⅶ. LANGUAGE ABILITY**

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| Speaking Languages | Reading | Speaking | Writing |
| English | Speak fluently |  |  |  |
| Intermediate Level |  |  |  |
| Beginner Level |  |  |  |
| Almost Impossible |  |  |  |
| Other Language( ) | Speak fluently |  |  |  |
| Intermediate Level |  |  |  |
| Beginner Level |  |  |  |
| Almost Impossible |  |  |  |
| Other Languages( ) | Speak fluently |  |  |  |
| Intermediate Level |  |  |  |
| Beginner Level |  |  |  |
| Almost Impossible |  |  |  |

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| **Ⅷ. HEALTH INFORMATION**1. Heal Appraisal: □ Excellent □ Good □ FairHeight: Weight: Blood type: 2. Outline any significant medical history, including chronic ailments, physical disabilities, serious illness, allergies, asthma, etc.  3. Do you have any special dietary needs? Are you on any regular medication? If the answer is “Yes” to either of these questions, please give details.  4. Have you ever been treated for a mental or emotional problem? Give detail.  5. Doctor who has knowledge of your past and present medical condition:Name: Phone: ( ) Address:  |

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| **Ⅸ. GIFT AND TALENT**1. Please indicate all of your gifts and talents.□ Driver license □ Computer (Documenting, networking, programming, designing) □ Photo graphing □ Media (Video filming) □ Publication □ Administration□ Children education □ Secretary □ Research analysis □ Bible study□ Group leading □ Teaching □ Discipleship □ Counseling □ Medicine: □ Automobile tech □ Electronic Tech □ Agriculture □ Music: (Voice, Instrument, Conducting) □ Musical Instrument: Sports: Any other specialty: Do you have any other license or certificate? 2. How do you want to use your gift or talent in ministry?    |

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| **Ⅹ. FINANCIAL STATUS** 1. Do you have any financial debts to pay more than your monthly payment? (Please explain)     2. Any school debts? What is your payment plan?     |

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| **XI. BELIEF AND MINISTRY EXPERIENCE**1. When did you become a Christian and who is Christ to you? (If you are submitting a personal testimony, please omit this part / Missionary candidate should write a personal testimony)   2. What is your vision received from God?   3. Do you have any discipleship training experience? (Describe specific training)   4. Why do you apply for Global Partners Missionary?    5. How did you hear about GP?   6. Do you think God wants you to work with GP?   7. Do you have cross-cultural ministry experiences? (Including short-term missions trip & abroad travel)     |

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| **XI. BELIEF AND MINISTRY EXPERIENCE (Continued)**8. Have you ever worked with another mission? Yes / No Dates: Name of mission: Address: City: State: Zip: Phone: ( ) Contact: Describe your involvement:  9. What do you think is your worst problem when you dedicate yourself to a missionary?    10. Which country or area do you prefer to do missionary work and why for?    |

Please sign and submit this application. The application may not be returned to the applicants, nor may it be used for any other purpose. I acknowledge that all statements on this application are true to the best of my knowledge.

Signature: Date:

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| \* Please submit the following documents with the upper application form: 1) Recommendation forms written by your two acquaintances as well as pastor in your church 2) Faith testimony essay 3) Health certificate 4) Parent`s permission letter for missionary(under twenty one years old) 5) Two sheets of self photograph and one sheet of family photograph 6) Copy of your Passport\* In the case of couple(husband and wife), all documents must be submitted respectively  |