

FAITHLIFE GOSPEL MINISTRIES IN'T

P.O. BOX 1036 - 00518 NAIROBI KENYA

Date: _____

Part I: Personal Information:			
Print your name as it appears on identification used at airports			
Name (Print Full Name)		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Address			
City	State	Zip Code/Other	Country
Home Phone Number		Work Phone Number	
Fax		Mobile Phone	
Primary Email		Secondary Email	
Date of Birth			
Social Security Number		Country of Citizenship	
Passport Number	Passport Date of Issue	Passport Date of expiration	
If you are not a United States, Do you have a Residency Card? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes card # _____			

Part II: Marital and Family Status	
Marital Status: (Please Check one)	
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Annulled <input type="checkbox"/> Divorced and Remarried	
Spouse's Name _____	
Number of Dependent Children _____	
Name (Print Full Name)	Age

Part III: Contact - In case of an Emergency			
		<input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship
Address			
City	State	Zip Code/Other	Country
Home Phone Number		Work Phone Number	
Fax		Mobile Phone Number	
Primary Email		Secondary Email	

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Part IV: Field			
To Be Completed by Our Office			
Name of Missions Project			
Date of Missions Project	Field Assignment (Country)		
Description of Missions Project			
To Be Completed by Applicant			
Please list any Foreign Language Training and check you level of proficiency			
Language	Minimal	Average	Fluent
Please list Mission Experience			
Country	Mission Organization/Church	Dates	Ministry
Part V: Involvement			
Church Membership		Year of Membership	
List the ministries you have been involved with at your church (include any leadership positions you have held)			
List the ministries you have been involved with outside of your church (Include any leadership positions you have held)			
Check all that Apply			
<input type="checkbox"/> Faithfully Tithe	<input type="checkbox"/> Occasionally Tithe		
<input type="checkbox"/> Regularly Attend Sunday School	<input type="checkbox"/> Occasionally Attend Sunday School		
<input type="checkbox"/> Regularly Attend Bible Study	<input type="checkbox"/> Occasionally Attend Bible Study		

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Part VI: Medical Information	
How would you describe your present healthy? <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor	
Please indicate any major illness you have been diagnosed with in the last five years	
Are you presently under care of a Physician? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes explain	
List any medication you are taking and the dosage	
List any allergies you have been diagnosed with	

Part VII: Reference			
Please provide two references. One reference should be your church pastor or department director in a ministry which you serve. The other reference should be someone who knows your ministry abilities as well as your strengths and weaknesses.			
Name (Please include Title)		Relationship	
Address			
City	State	Zip Code/Other	Country
Home Phone		Work Phone	
Ministry Affiliation (If Applicable)			
Name (Please include Title)		Relationship	
Address			
City	State	Zip Code/Other	Country
Home Phone		Work Phone	
Ministry Affiliation (If Applicable)			

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Part IX: Activity Participation Agreement

Activity Information (To be completed by the activity sponsor)

Name of Sponsoring Organization _____
Address: _____ Tel _____
Name of Team Leader _____ Tel _____
Description of Activity _____

Date(s) of Activity _____ Location of Activity _____

Participant Information (To be completed by Participant or Authorized Guardian)

Name of Participant _____

Address _____ Tel _____

Name of Emergency Contact _____

Day Phone _____ Evening Phone _____

Is the sponsor authorized to approve medical treatment? Yes No

Is the participant covered by personal/family medical insurance? Yes No

If Yes name the insurer _____

Policy of Group Number _____

Participant Agreement

By signing below the participant (or parent/guardian if participant is a minor) acknowledge and accepts the risks of physical injury associated with participation in the activity described above. Except for gross negligence on the part of the sponsor, the participant (or parent/guardian) accepts personal financial responsibility for any bodily injury sustained during the activity. Further the participant (or parent/guardian) promises to hold harmless the sponsoring organization and its representatives for any injury related to the activity.

If a dispute over this agreement or any claim for damages arises, the participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable arbitration process.

Signature _____ Date _____