

PO Box 56888 • Jacksonville FL 32241 USA • Tel: 904 739-0065 • Fax: 904 639-6009
 www.proclaiminternational.com

A recent photo is required. Please attach here

Current date _____

Please return to the address above. If married, husband and wife should complete separate forms. Please type or print in black ink. Thank you for your interest in serving with PROCLAIM! INTERNATIONAL.

PERSONAL

Name _____ Gender M F
Title First Middle Last Preferred Nickname

Present address _____
Street City State/Province Zip/Postal Code Country

Dates at this address, if school or temporary _____ to _____

Permanent address _____
(if different) Street City State/Province Zip/Postal Code Country

Telephone Home (_____) _____ Work (_____) _____ Cell (_____) _____
Area Code Number Area Code Number Ext. Area Code Number

E-mail address _____ Date of Birth ___/___/___ Social Security # ___ - ___ - ___

Identity Card # _____ Country of Citizenship _____ Country of Birth _____
(if applicable)

Passport Number _____ Issue Date ___/___/___ Expiration Date ___/___/___
(if in possession)

Marital Status (check one) Single Engaged Married Widowed
 Separated Annulled* Divorced* Divorced and Remarried*

Please give name of spouse or fiancée and date of wedding _____

*If you check *annulled*, *divorced*, or *divorced and remarried*, please include a separate page giving circumstances.

Dependents

Name	Gender	Date of Birth	Social Security #	Country of Citizenship
_____	<input type="checkbox"/> M <input type="checkbox"/> F	___/___/___	___ - ___ - ___	_____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	___/___/___	___ - ___ - ___	_____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	___/___/___	___ - ___ - ___	_____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	___/___/___	___ - ___ - ___	_____

Name of closest relative _____ Relationship _____

Address _____
Street City State/Province Zip/Postal Code Country

Telephone Home (_____) _____ Work (_____) _____
Area Code Number Area Code Number Ext.

In case of an emergency, notify _____

Address _____
Street City State/Province Zip/Postal Code Country

Telephone Home (_____) _____ Work (_____) _____
Area Code Number Area Code Number Ext.

MEDICAL

Experience has shown that medical problems may become more intense in the stress of a different culture. Therefore, for your benefit, we require your response to the following questions (use separate sheet if necessary):

1. Overall condition of health Excellent Good Fair Poor
2. When was your last immunization for tetanus?
3. List any allergies. How do you keep them under control? What limitations might these allergies or medications cause on your lifestyle or missionary service?
4. Explain any special dietary requirements that need to be accommodated while a ministry assignment.
5. List any diagnosed medial and/or psychological conditions from which you have suffered. Explain any possible limitations to ministry resulting from medication or therapy for above mentioned condition/s.
6. Explain any major illnesses within the last five years.
7. Explain any use, or effects relating to your use, of illegal drugs
8. On a separate piece of paper explain the circumstances (include dates) and issues surrounding any attempted suicide.
9. List any physical limitations or specific health problems you have which might impair your ability to serve
10. Explain any use of alcohol, tobacco, or drugs

EDUCATION

List all schools attended from most recent to high school (include formal/informal biblical training, ordination and licenses).

Name/Location	Major/Minor	Year Finished	Degree/Certificate
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CHRISTIAN LIFE AND EXPERIENCE

Home Church _____ Telephone (_____) _____

Address _____

Denomination _____ Pastor _____

Is this church supportive of your missionary interest? Yes No

Current church you attend (If different)

_____ Telephone (_____) _____

Address _____

Denomination _____ Pastor _____

Is this church supportive of your missionary interest? Yes No

PLEASE DESCRIBE BRIEFLY ON A SEPARATE SHEET OF PAPER:

1. How you came to faith in Jesus Christ and your present walk with Him.
2. The most recent experience you have had in sharing your faith.
3. All ministry involvement.

Applicants for service with **PROCLAIM! INTERNATIONAL** are required to sign a doctrinal statement. Please read the following carefully and sign if you are in agreement.

STATEMENT OF FAITH

1. We believe the Bible to be the only inspired, infallible, and authoritative word of God.
2. We believe that there is one holy God, perfect in all his attributes, eternally existent in three persons: Father, Son, and Holy Spirit.
3. We believe in the deity of our Lord Jesus Christ, in his virgin birth, in his sinless life, in his miracles, in his vicarious and atoning death through his shed blood, in his bodily resurrection, in his ascension to the right hand of the Father, and in his personal return to power and glory.
4. We believe that for the salvation of lost and sinful man, regeneration by the Holy Spirit is absolutely essential.
5. We believe in the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a godly life in unity with other believers in the church, the body of Christ.
6. We believe in the resurrection of all: those who are saved unto the resurrection of life and those who are lost unto the resurrection of damnation.

The above statement of faith accurately represents my beliefs. _____
Signature

MINISTRY EXPERIENCE AND GOALS

Have you had previous missionary experience? Yes No If so, explain (indicate country, dates, and organizations)

List any spoken language abilities and rate (F = Fluent, G = Good, S = Some)

1) _____ 2) _____ 3) _____ 4) _____

Which of these ministry opportunities interest you? **NOTE: Persons applying for a performance assignment must provide appropriate audition materials with your application. Persons applying for a communications (visual or written) assignment must provide samples of your work with your application.**

Instrumental List instruments you play and indicate your level of proficiency on each. **Audition or sample materials enclosed (if applicable)**
P = Professional, S = Semi Professional, A = Amateur, B = Beginner

1) _____ 2) _____ 3) _____ 4) _____

VOCALIST Soprano Alto Tenor Bass

THEATER / MOVEMENT Puppets Magic Dance Mime Other

PERSONAL WITNESS Door-to-Door Person-to-Person Street Evangelism Other

COMMUNICATIONS ARTS Writing Photography Graphic Design Public Speaking / Preaching

TECHNICAL SKILLS Sound Technician Computer Recording Lighting Stage Design Video Shooting Video Editing

PRACTICAL SKILLS Secretarial Accounting Cooking Carpentry General Labor Electrical "Roadie" Child Care
 Painting Other _____

Indicate training, special skills or talents, certificates, memberships, and/or Christian service experience for each item checked. Be specific. Use a separate sheet of paper if necessary _____

Length of ministry interest _____ weeks _____ months 1 year 2-3 years 4+ years

Specific dates you wish to serve _____ to _____

List by priority any countries or ministries of particular interest: 1) _____ 2) _____ 3) _____

Explain why you are interested _____

What expectations do you have for your field experience? _____

MISCELLANEOUS

How did you first hear about **PROCLAIM! INTERNATIONAL**? School Conference Church Conference

Website Brochure Magazine Ad Radio Other _____

I understand that I will need to raise full financial support to serve with **PROCLAIM! INTERNATIONAL** Yes No

Do you have a positive attitude toward working alongside nationals? Yes No

Do you have a positive attitude toward working under the authority of nationals? Yes No

Could you cooperate in carrying out a decision by leadership even if you were in disagreement? Yes No

REFERENCES

If applying for less than 1 year, list four people who know you well and have agreed to provide references (include a spiritual mentor or pastor). If applying for 1 year or longer, list eight people (include an employer and pastor). Do not include members of your immediate family. No more than one Proclaim staff member may be listed.

NAME _____ Relationship to you _____

Telephone _____ / _____ E-Mail address _____
Area Code Number

Address _____
Street City State/Province Zip/Postal Code Country

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I affirm that the statements made on this application are complete and true.
I acknowledge that the reference responses will remain confidential.

Signature

Printed name

Date