



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

A recent photo is required. Please attach here.

### APPLICATION

Scan and email completed application to [info@proclaiminternational.com](mailto:info@proclaiminternational.com)  
Or mail to office address above (keep a photocopy)

\_\_\_\_\_ current date

Married couples applying should complete individual 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

Cell phone ( \_\_\_\_\_ ) \_\_\_\_\_ Work ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Country of Citizenship \_\_\_\_\_ Country of Birth \_\_\_\_\_  
M D YR

Passport Number \_\_\_\_\_ Issue Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
(if in possession) Please confirm that your passport expiration date is good for at least 6 months after return, and that you have 3 empty pages for customs use.

### 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):

- Overall condition of health  Excellent  Good  Fair  Poor
- When was your last immunization for tetanus?
- List any allergies. How do you keep them under control? How might these allergies or medications cause limitations in your lifestyle or missionary service? Do you carry an epi pen?
- List any diagnosed medical 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.
- Explain any medical dietary requirements that need to be accommodated while on a ministry assignment.
- Explain any major illnesses within the last five years.
- Explain any use, or effects relating to your use, of illegal drugs.
- On a separate piece of paper explain the circumstances (include dates) and issues surrounding any attempted suicide.
- List any physical limitations, or specific health problems, you have which might impair your ability to serve.
- Explain any use of alcohol, tobacco, or drugs.

### IN CASE OF EMERGENCY, NOTIFY

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

Address \_\_\_\_\_  
Street City State/Province Zip/Postal Code Country

Cell phone ( \_\_\_\_\_ ) \_\_\_\_\_ Work ( \_\_\_\_\_ ) \_\_\_\_\_

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

Please give name of spouse or fiancé(e) 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	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	___/___/___	_____

**EDUCATION**

List all schools attended most recently (include formal/informal biblical training, ordination and licenses).

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

**OCCUPATION:** \_\_\_\_\_

**CHRISTIAN LIFE AND EXPERIENCE**

Home Church \_\_\_\_\_ Denomination \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Pastor \_\_\_\_\_ Is this church supportive of your missionary interest?  Yes  No

**Current church you attend (If different)**

\_\_\_\_\_ Denomination \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Pastor \_\_\_\_\_ Is this church supportive of your missionary interest?  Yes  No

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 human beings, though created in the image of God, are sinful and lost without Christ and in need of regeneration by the Holy Spirit through faith in Jesus Christ alone.
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 (ID on document transmission validates typed signature)

# 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.

## MINISTRY EXPERIENCE AND GOALS

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

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List any **spoken** language abilities and rate (F=Fluent, G=Good, S=Some) Have you had experience translating?  Yes  No

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.**

**MUSICIANS: Do you read music?**  Yes  No

**INTERNSHIP** See more info on internships: <https://proclaiminternational.com/get-involved/internships/>

**INSTRUMENTAL** List instruments you play and indicate your level of proficiency on each.

P = Professional, S = Semi Professional, A = Amateur, B = Beginner

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_

**VOCALIST**  Soprano  Alto  Tenor  Bass

**THEATER / MOVEMENT**  Puppets  Magic  Dance  Mime  Street performer  Other \_\_\_\_\_

**PERSONAL WITNESS**  Door-to-Door  Person-to-Person  Street Evangelism  Other \_\_\_\_\_

**COMMUNICATIONS ARTS**  Writing  Photography  Graphic/Visual Arts  Public Speaking  Preaching  Teaching

**TECHNICAL SKILLS**  Sound Technician  Computer  Recording  Lighting  Stage Design

Video Shooting  Video Editing  Other (or details) \_\_\_\_\_

**PRACTICAL SKILLS**  Secretarial  Accounting  Cooking  Carpentry  General Labor  Electrical

"Roadie"  Child Care  Serving others  Other \_\_\_\_\_

**MEDICAL / DENTAL SKILLS**  Medical  Dental  Other \_\_\_\_\_

**SPORTS** (specify) \_\_\_\_\_

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 \_\_\_\_\_

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Length of ministry availability  \_\_\_\_\_ 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 \_\_\_\_\_

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What expectations do you have for your field experience? \_\_\_\_\_

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How did you hear about Proclaim International? \_\_\_\_\_

## Commitment

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 filling out by hand please print email addresses very clearly

If applying for less than 1 year, list four people who know you well and have agreed to provide references (include a Pastor or spiritual mentor). 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 \_\_\_\_\_

Address \_\_\_\_\_  
Street City State/Province Zip/Postal Code Country

**NAME** \_\_\_\_\_ Relationship to you \_\_\_\_\_

Telephone \_\_\_\_\_ / \_\_\_\_\_ E-Mail address \_\_\_\_\_

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Telephone \_\_\_\_\_ / \_\_\_\_\_ E-Mail address \_\_\_\_\_

Address \_\_\_\_\_  
Street City State/Province Zip/Postal Code Country

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



Signature (ID on doc transmission validates typed signature) \_\_\_\_\_ Printed name \_\_\_\_\_ Date \_\_\_\_\_

Audition or sample materials enclosed (If applicable)