



MISSIONARY APPLICATION

P.O. Box 777 • Atlanta, TX 75551 • Ph: 888-635-5378 • Fx: 866-635-5379

Personal Details

This form must be completed by all missionaries or mission organizations before being considered for financial support. Financial support cannot be considered until this form has been completed. Please realize that we receive many requests for support each month. Please trust the Lord to speak to our hearts and give us wisdom about who to help financially.

First Name: _____ Middle: _____ Last: _____

Street Address: _____ City: _____

State/Province: _____ Country: _____

Home Phone: _____ Cell Phone: _____ Fax: _____

Email address: _____ Web address: _____

What language(s) do you speak? (Explain degree of fluency) _____

Please describe your salvation experience (attach an additional document if more space is needed): _____

Ministry Details

1) Were you referred to us? Yes No If yes, please provide us with their contact information:

Name: _____ Organization: _____

Address: _____ Phone: _____ Email: _____

2) Mission field location(s): _____

3) List all the financial support you are currently receiving:

Organization: _____ Amount: _____ How Long? _____

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Organization: _____ Amount: _____ How Long? _____

Minimum monthly budget needed: _____ What will budget be used for? _____

4) Please list all formal education and training completed: _____

5) List any musical or other talents/experience which may be useful for this ministry: _____

6) Is there an inerrant, inspired, translation of the Bible, available in the language you will be using? Yes No

Please list the Bible name. _____

7) Are you a member of a local Church? Yes No If yes, which church? _____

8) Describe your relationship with the above church, including areas of ministry and leadership: _____

9) Do you consider yourself a personal soul winner? Yes No

10) How many souls did you personally win to Christ last year? _____

11) Are you affiliated with, or getting support from a mission board or any other organization? Yes No If yes, please list here: _____

12) If we were providing support and your views changed, would you feel obligated to notify us of those changes? Yes No

13) Mission opportunities often involve challenging circumstances. Our concern is that you not be put in a place where you might stumble or cause others to stumble. Please indicate if you think you may have difficulty dealing with any of the following areas: Alcohol Tobacco
Nonprescription drugs Gambling Occult involvement Pornography Heterosexual promiscuity Homosexual promiscuity
Please explain: _____

References

Please provide three references from a person you are not related to.

1) Name: _____ Organization: _____
Address: _____ Phone: _____ Email: _____
2) Name: _____ Organization: _____
Address: _____ Phone: _____ Email: _____
3) Name: _____ Organization: _____
Address: _____ Phone: _____ Email: _____

Christ Centered Missions Statement of Faith

- ✠ The Holy Bible is the infallible Word of God, that it is His holy and inspired Word, and that it is of supreme and final authority;
- ✠ in one God, eternally existing in three persons—Father, Son, and Holy Spirit;
- ✠ that Jesus Christ was conceived by the Holy Spirit, born of the Virgin Mary, He led a sinless life, took on Himself all our sins, died and rose again, and is seated at the right hand of the Father as our mediator and advocate;
- ✠ the depravity of man as brought about in the fall of Adam;
- ✠ the reality of Heaven and Hell as set forth in the Bible;
- ✠ that all men everywhere are lost and face the judgment of God, and need to come to a saving knowledge of Jesus Christ through His shed blood on the cross;
- ✠ salvation by grace without any mixture of works;
- ✠ the bodily resurrection, ascension, and return of Jesus Christ;
- ✠ the requirement of implicit obedience and faith to the commands of Christ;
- ✠ in holy Christian living, and that we must have concern for the hurts and social needs of our fellowmen; and
- ✠ we must dedicate ourselves anew to the service of our Lord and to His authority over our lives.

By signing below I am affirming all statements I have made are true to the best of my ability and that I agree without exception in Christ Centered Mission's Statement of Faith.

Print Name: _____ Date: _____