



OCF

OUTREACH CHRISTIAN FELLOWSHIP

1304 S. Vine Ave. • P.O. Box 7637 Tyler, TX 75711

(903)312-5656 • ocfonmission@gmail.com

MISSIONARY APPLICATION

Date \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Spouse \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Permanent Address (If different from above) \_\_\_\_\_

\_\_\_\_\_

EDUCATION AND EXPERIENCE

	High School	College	Graduate
Years Completed	9 10 11 12	1 2 3 4	1 2 3 4

Please list all institutions attended beyond high school, including university, seminary, and professional training:

Name of institution \_\_\_\_\_ state \_\_\_\_\_ major \_\_\_\_\_ degree conferred? If so, what degree? \_\_\_\_\_

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Name of institution \_\_\_\_\_ state \_\_\_\_\_ major \_\_\_\_\_ degree conferred? If so, what degree? \_\_\_\_\_

Present Occupation \_\_\_\_\_

Other job experience, skills, or hobbies \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## SPIRITUAL BACKGROUND

On a separate paper, describe your walk with the Lord. Please include how and when you came to know Jesus Christ as Savior and trace your Christian growth since that time. Be sure to include why you wish to become a missionary.

Church Membership \_\_\_\_\_

Church Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Pastor's Name \_\_\_\_\_

## MINISTRY EXPERIENCE

List any ministry credentials:

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PREVIOUS MISSIONARY EXPERIENCE			
Organization/Church	Where/People Group	Date of Service	Position

List any other relevant Christian work you have done:

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Describe your Ministry Plan:

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Do you speak the language of the people with whom you will be working? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, do you plan to attend language school? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, where \_\_\_\_\_

What is the scope of your ministry? \_\_\_\_\_

\_\_\_\_\_

## PERSONAL INFORMATION

Marital Status:      Single \_\_\_\_\_      Engaged \_\_\_\_\_      Married \_\_\_\_\_

Widowed \_\_\_\_\_      Divorced \_\_\_\_\_

If married, anniversary: \_\_\_\_\_

Any special life circumstances? \_\_\_\_\_

\_\_\_\_\_

Please List Any Children:

\_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

Do you have any health problems or physical limitations which might hinder your work in a different climate, altitude, or adverse living condition? \_\_\_\_\_ If yes, please explain on a separate sheet of paper.

Medications? \_\_\_\_\_

Any additional support or expectations of OCF? \_\_\_\_\_

\_\_\_\_\_

## IMPORTANT PAPERS AND INFORMATION

For your protection, someone needs to have photo copies of any and all important papers. We are willing to keep in your file copies of passports, driver's licenses, social security numbers, ordination papers, etc. Either way, we can better serve you if you provide us with the following information:

Name of Family Member	Passport No.	Date Issued & Where	Social Security No.	Driver's License No.

Name of person to contact in the States in case of emergency: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Do you have a personal will? \_\_\_\_\_ Who has a copy? \_\_\_\_\_  
 Address \_\_\_\_\_ Telephone: \_\_\_\_\_

Do you have hospitalization insurance? \_\_\_\_\_ Will it be honored in a foreign country? \_\_\_\_\_

Do you have life insurance? \_\_\_\_\_

Are all immunizations current for you and your family? \_\_\_\_\_

Do you have sufficient monthly support promised to provide for you family? \_\_\_\_\_

Do you have sufficient funds in reserve that, in event of an emergency, one or all of the family could return home on short notice? \_\_\_\_\_

Are you financially free? \_\_\_\_\_

Do you have a State-side bank account? \_\_\_\_\_

## COMMITMENT

In faith, each OCF worker looks to the Lord for provision of his/her financial needs through churches and friends. Do you feel you can trust God to meet your needs in this way? \_\_\_\_\_

Will you be committed to sharing the same vision as OCF and be accountable to the Director and Board of Directors overseeing the ministry? \_\_\_\_\_

This does not constitute a contract with Outreach Christian Fellowship. We are in no way responsible for your financial, medical or other personal support, expenses, liabilities, or air fare in the event that it is necessary for you to leave a country suddenly.

It is understood and agreed upon that a tithe (10%) of the income you receive through OCF, plus any additional expenses, will be deducted if we handle your contributions, receipts, newsletters, and other personal business. (any exception or change is to be agreed upon by both you and the OCF Director.) It is further understood that all collect telephone calls will be deducted from your account.

The OCF logo and name are to be used exclusively by Outreach and may not be used for personal forms, publicity, etc., without the written consent of the Director.

Signed \_\_\_\_\_

## LETTERS OF REFERENCE

Please enclose letters of personal reference from:

1. Your home pastor
2. A business or professional person
3. A friend

After you have completed this questionnaire, we will arrange an interview to discuss finer details.