



# Information Form

- INSTRUCTIONS: 1. Please type or print clearly.  
 2. Carefully complete each section.  
 3. Enclose 2 passport-style photos.  
 (Print name on back of both photos.)

Return to:  
 Global Youth Ministry  
 40 Blackhawk Tr.  
 Chatsworth, GA 30705

## Personal Information

Name <u>Dr.</u> <u>Mrs.</u> <u>Ms.</u> First Middle Last <u>Mr.</u> <u>Miss</u>			Maiden Name (if applicable)		
Preferred Name		Gender <u>M</u> <u>F</u>	Social Security Number	Date of Birth	
Place of Birth (city)	Place of Birth (state)		Place of Birth (country)	Name of Spouse	
Marital Status (Check all that apply) <u>Single</u> <u>Married</u> <u>Engaged</u> <u>Widowed</u> <u>Separated</u> <u>Ever Divorced</u>					
Date of Marriage		Dates of any Divorce(s) 1) _____ 2) _____ 3) _____			
Country of Citizenship _____ If not the U.S., are you a permanent resident? <u>Yes</u> <u>No</u> If not born in the U.S., what year did you move to the U.S.? _____			Ethnicity: (for data collection purposes only. You are not required to provide this information.) <u>Native American</u> <u>African American</u> <u>Caucasian</u> <u>Asian</u> <u>Hispanic</u> <u>Other</u> _____		
Have you previously been in contact with GYM regarding service? <u>Yes</u> <u>No</u>					

## Address

Current Mailing Address		City	State	Zip
Email	How do you prefer to receive future correspondence? <u>Email</u> <u>Regular Mail</u>			
Home Phone No. ( )	Work Phone No. ( )	Ext.	Can you be contacted at work? <u>Yes</u> <u>No</u>	
Cell Phone No. ( )	Fax Phone No. ( )			
Permanent U.S. Mailing Address		City	State	Zip
Phone No. ( )	Name	Relationship (parents, etc.)		

## Children

Are you expecting? <u>Yes</u> <u>No</u>	If Yes, anticipated date of birth?					Accompany		Is this child a	
Name (First, Middle, Last)	Preferred Name	Gender	Social Security #	Date of Birth	Current Grade	parents overseas		legal dependent	
						Yes	No	Yes	No
						Yes	No	Yes	No
						Yes	No	Yes	No
						Yes	No	Yes	No

Father <u>Living</u> <u>Deceased</u> ____Year	Name	Address			Age
	Occupation	Employer	Christian <u>Yes</u> <u>No</u> Where church member?		
Mother <u>Living</u> <u>Deceased</u> ____Year	Name	Address			Age
	Occupation	Employer	Christian <u>Yes</u> <u>No</u> Where church member?		

Is your family in support of your interest in missions? Yes No

Name

Date

**Permanent Contact Person**

Name Last	First	Middle	Relationship
Address			Home Phone
City	State	Zip	Business Phone

**General Travel Info**

Name of the Nearest Major Airport (to assist in travel arrangements)	City of Nearest Major Airport
Do you have a passport? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, passport # _____	Country of Issue
Date of Expiration	

**Employment** (List significant employment in last 10 years beginning with most recent. Include any previous employment with a mission agency.)

From Da/Mo/Yr to Da/Mo/Yr	Job Title (such as teacher, clerk)	Organization or Company	City	State/Country

Retired  Yes  No If Yes, date of retirement \_\_\_\_\_

**Church Membership Information**

Church Name	Is this church affiliated with a Denomination? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, which one? _____
Mailing Address	How long have you been a member of your present church?
City	State
Zip	
Pastor's name (First-Last)	Church Phone ( )

**Ministry and Calling**

List all ministry involvement in your local church, denomination and community

Do you have previous Missionary Service? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please explain type of service and organization it was for
List Countries and Dates of Previous Over seas Service	List all the evangelism training you have completed.
Are you ordained? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, when? Da/Mo/Yr
By what church?	

What motivated you to consider missionary service?

Briefly describe your calling.

Name \_\_\_\_\_

Date \_\_\_\_\_

**Assignment Availability**

I can serve anywhere  Yes  No

If No, please explain.

Type job assignment preferred \_\_\_\_\_

Geographic preference \_\_\_\_\_

Length of availability  1 year  1-2 years  3 to 5 years

I can serve anytime  Yes  No

If No, please explain.

**Medical History Screening Questions:**  
(If more space is needed, please write in addendum or an additional page.)

- 1. Have you been treated for a malignancy within the past two years or currently undergoing cancer treatment?..... Yes No
- 2. Do you have any physical impairment that prevents you from full time work or are you on disability?..... Yes No
- 3. Have you had any major surgery within the past two years?..... Yes No
- 4. Have you currently, or within the past two years, consulted with a professional counselor or been prescribed antidepressant or anti-anxiety medication?..... Yes No
- 5. Are you a diabetic?..... Yes No
- 6. Have you ever been diagnosed with an inflammatory bowel or Crohn's Disease?..... Yes No
- 7. Are you currently taking seizure medication or have you experienced a seizure within the last two years?..... Yes No
- 8. Do you have any significant cardiovascular or coronary artery disease?..... Yes No
- 9. Have you ever been hospitalized or treated at an urgent care center for asthma within the last two years?..... Yes No
- 10. Current weight \_\_\_\_\_ Height \_\_\_\_\_ Waist Measurement \_\_\_\_\_  
(Tape parallel to the floor, just above the hip bones)
- 11. Do you currently have medical insurance coverage?..... Yes No
- 12. Approximate date for last time you saw a physician \_\_\_\_\_

**Financial** (If Yes, give details. If more space is needed, please write in addendum or an additional page.)

- 1. Total unmortgaged debt \$ \_\_\_\_\_ Monthly payments on this debt \$ \_\_\_\_\_
- 2. Have you ever filed for bankruptcy?.....  Yes  No \_\_\_\_\_
- 3. Have you ever been denied credit due to a poor credit history?.....  Yes  No \_\_\_\_\_
- 4. Do you have any school debt that you are still paying on?.....  Yes  No \_\_\_\_\_
- 5. Are you a tither?.....  Yes  No \_\_\_\_\_  
(If No, give details.)

**Reference List** (We will send out confidential references to the references you provide.)

- 1. Pastor (can be same as spouse) How long has this person known you? \_\_\_\_\_  
Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Ext. No.  
City/State/Zip \_\_\_\_\_

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- 2. Church Staff or Campus Minister How long has this person known you? \_\_\_\_\_  
Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Ext. No.  
City/State/Zip \_\_\_\_\_

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- 3. Employer or Work Supervisor How long has this person known you? \_\_\_\_\_  
Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Ext. No.  
City/State/Zip \_\_\_\_\_

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- 4. Person who has known you well in the last five years How long has this person known you? \_\_\_\_\_  
Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Ext. No.  
City/State/Zip \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_

**Personal History**

Answer the following carefully and truthfully.

1. Have you ever been involved in the use of alcohol or drugs?  Yes  No. If yes, when was the last time? \_\_\_\_\_ Please explain \_\_\_\_\_

2. Have you ever been involved with the occult or cult?  Yes  No. Please explain \_\_\_\_\_

3. Have you ever been expelled from school?  Yes  No. Sent to a juvenile detention center?

Yes  No. Please explain \_\_\_\_\_

4. Do you have any criminal proceedings currently outstanding and/or nearing trial?  Yes  No  
If Yes, please explain: \_\_\_\_\_

5. Have you ever been arrested for committing a crime, or for abuse of any kind or plead "guilty" or "no contest" to or been convicted of a crime other than a minor traffic violation?  Yes  No

If yes, please provide dates and details: \_\_\_\_\_

6. Are you presently involved in any kind of romantic, dating relationship?  Yes  No.

If yes, how long? \_\_\_\_\_.

Please describe \_\_\_\_\_

7. Have you ever had an eating disorder?  Yes  No. Describe: \_\_\_\_\_

8. Have you ever had professional counseling?  Yes  No. If yes, when was the last time? \_\_\_\_\_

9. Have you ever had a time of serious spiritual stumbling? Describe: \_\_\_\_\_

10. At what level is your personal evangelism:

Level 1/Attitude: (I witness through my lifestyle.)

Level 2/Behavior: (I witness through lifestyle and through kind acts and service.

Level 3/Conversation: (through the above, plus I share:  my testimony  plan of salvation

11. On a scale of 1-10, 10 being the highest, please evaluate your personal strengths and weakness.

Relating to new people

Establishing relations

Conversation with strangers

Maintaining friendships

Problem solving

Listening

Sense of Humor

Confronting

Submission to Leadership

Ability to finish a project

Encouragement

Being an example

Self Starter

Servant Attitude

Followship

12. What tends to upset you the most? \_\_\_\_\_

13. How many hours of TV do you watch per week? \_\_\_\_\_ How many books a year do you read? \_\_\_\_\_

The last book you read? \_\_\_\_\_. The last movie you watched? \_\_\_\_\_



## Church Recommendation

Please give this form to your church staff and have them complete it as soon as possible. A couple may submit one form Return completed form to:

Global Youth Ministry  
P.O. Box 10383  
Jackson, TN 38308

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*(Name of applicant)*

has/have applied for service through Global Youth Mentors with Global Youth Ministry.

Whereas applicants should be emotionally and physically healthy, sound in his/her faith, a member of a church for at least two years, and spiritually equipped for overseas service, the

\_\_\_\_\_ Church acknowledges that the above person(s) is/are an active member(s) in good standing. Furthermore, the church whole heartedly recommends this/these person(s) to Global Youth Ministry.

Applicant(s) joined our church on this date: \_\_\_\_\_  
\_\_Member \_\_Watchcare

Applicant(s) has/have experienced believer's baptism:  
\_\_Yes \_\_No

\_\_\_\_\_  
Pastor or Church Clerk's Signature

\_\_\_\_\_  
Date of Signature