



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
 P.O. Box 10383
 Jackson, TN 38308

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
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Address	Home Phone
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City	State	Zip	Business Phone
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General Travel Info

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

Church Name	Is this church affiliated with a Denomination? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, which one? _____
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Mailing Address	How long have you been a member of your present church?
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City	State	Zip
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Pastor's name (First-Last)	Church Phone ()
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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
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List Countries and Dates of Previous Over seas Service	List all the evangelism training you have completed.
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Are you ordained? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, when? Da/Mo/Yr	By what church?
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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 _____

- 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 _____

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

- 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 _____



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

_____ 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.

__Member

Applicant(s) joined our church on this date: _____ __Watchcare

Applicant(s) has/have experienced believer's baptism: __Yes __No

Pastor or Church Clerk's Signature

Date of Signature