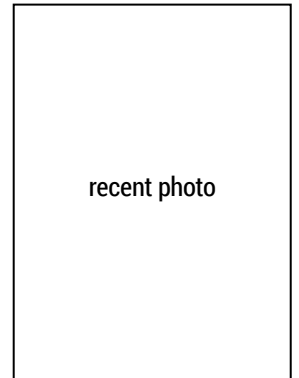


Application for Missionary Service



In the following pages, we ask for information that is needed to make a decision about your application.

Please read each question carefully and answer as accurately as possible, or underline the correct answer. Your personal information will only be used and evaluated internally at Globe.



Date of application: _____

A. Personnel data

1. Last name, First name _____

2. Current residential address

3. Telephone number/s _____

4. E-mail address _____

5. Date and place of birth _____

6. Hometown _____

6. AHV number or
Social security number _____

7. Nationality _____

B. Family Status

1. single engaged married separated divorced widowed

2. If married:

2 a. Full name of spouse (with given name) _____

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2 b. Wedding date _____

3. Were you married before? yes / no

4. If divorced: is your former partner still alive? yes / no

5. Are there any disagreements between you and your spouse regarding your calling? yes / no

If you are divorced or separated, or if you answered „yes“ to any of questions 3, 4 or 5, we would be happy to talk about this in a personal conversation.

6. If you are engaged, when do you plan to get married? _____

Please provide the name and address of your fiancé(e): _____

C. Children

1. Please provide the names and dates of birth of your children:

2. Does your child/one of your children have a physical or mental impairment? yes / no

3. If you are expecting a child, please indicate the approximate date of birth: _____

D. Parents

1. Briefly describe your family background:

2. Father's name: _____

Age _____

Address _____

Telephone number/s _____

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3. Mother's name: _____

Age _____

Address _____

Telephone number/s _____

4. Have you taken on a responsibility to care for your parents? yes / no

If yes, please explain briefly: _____

5. Are there any serious health problems or long-term illnesses in your family (referring to previous groups B: spouse, C: children or D: parents).

Name _____ Illness _____

Name _____ Illness _____

6. Are there any personal or family problems that might affect your service on the mission field or cause you to return early?

7. Does your family agree with your calling/goals? yes / no

If no, please explain briefly: _____

8. Which person should be notified in the event of an emergency?

Name _____

Relationship _____

Address _____

Telephone number/s _____

E-mail _____

E. Physical condition

1. Gender _____ Age _____ Height _____ Weight _____

2. Is your current health condition good? yes / no

If no, please explain briefly: _____

3. Do you have any physical limitation? yes / no

If yes, please explain briefly: _____

4. Have you ever suffered from any mental illness? yes / no

If yes, please explain briefly: _____

Have you ever received medical treatment for this? yes / no

If yes, when: _____

Please explain briefly: _____

5. Are you currently receiving medical treatment? yes / no

If yes, please explain briefly: _____

6. Do you have any allergies? yes / no

If yes, which ones: _____

7. Have you ever used any of the following addictive substances for an extended period of time? yes / no

Alcohol Tobacco products Narcotics (other than medical) Other drugs

If yes, during what period of time: _____

8. Are you, your spouse, or any of your children taking any medically prescribed medications? yes / no

If important to us as an organization in a medical emergency, please provide more specific information: _____

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9. Are you willing to give up personal habits that might diminish your impact on those around you or are not consistent with Globe Mission values? yes / no

10. Can you easily adapt to new and/or foreign living conditions? yes / no

F. Financial Obligations

1. Do you own a vehicle? yes / no

If yes, please indicate make and model: _____

2. Do you own your own home? yes / no

3. Do you have debts? yes / no

If yes, are your financial obligations self-imposed? yes / no

Please list your debts (to companies, corporations, organizations or individuals).

Please use an extra sheet if necessary.

_____ Total amount CHF | EUR: _____

_____ Total amount CHF | EUR: _____

The total monthly expenses to pay off the debts: Total amount CHF | EUR: _____

What is your plan for paying off your debts? _____

When will you be debt free? _____

4. Do you have **financial** obligations to your parents or other relatives? yes / no

5. Please attach a list showing the amounts you are supported with by churches and/or individuals.

6. Do you have other sources of income (relatives, friends, pensions, etc.)? yes / no

If yes, please list the sources and amounts on an extra sheet.

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7. After intense prayer, reflection and examination, are you convinced that you are called by God to a ministry in which you must trust HIM alone for all your needs? yes / no

8. What do you want to happen to your possessions after your death? _____

Have you legally established this will? yes / no

9. Have you appointed an administrator (general power of attorney) to manage your property? yes / no

If yes: please note the full name and address of the administrator: _____

10. Have you determined who, if necessary, will be responsible for the care of your children? yes / no

If yes, please note the full name and address of the caretaker parents: _____

11. Do you have a health insurance? yes / no

If yes, with which insurance company? _____

Are you insured worldwide or only in your home or host country? _____

12. Do you have a life insurance or pension insurance? yes / no

If yes, with which insurance company?

_____ Total amount CHF | EUR: _____

13. Please estimate the amount you will need for your living expenses. Total amount per month CHF | EUR: _____

14. Are you willing to give 10% of your income to Globe Mission Schweiz for the spiritual protection, counseling, care and support that Globe Mission Schweiz offers you, or for the administrative tasks that GMS takes over for you? yes / no

15. Will you reliably and faithfully provide us with a monthly statement of all income and expenses and provide bank statements (if required for proof to the tax authorities)? yes / no

16. Do you have any outstanding obligations to tax authorities? yes / no

If yes, please explain briefly: _____

17. Have all tax matters concerning you and your family been completed to mutual satisfaction? yes / no

18. Are there any legal proceedings against you at present? yes / no

If yes, please explain briefly: _____

G. Education

1. Which school degree do you have? Matura/Abitur, Sekundarschul-, Realschul-, Hauptschulabschluss or another diploma?

If you have no diploma, please describe your reasons for leaving school: _____

2. What education/s and/or studies have you completed?

3. Are you currently attending a school or completing a training, further education or studies? yes / no

If yes, which? _____

When do you expect to graduate from school, training, further education or studies? _____

4. Have you participated in Bible courses, attended a discipleship, Bible school or theological studies? yes / no

If yes, which (name, location and length of time of education and/or training)? _____

5. Are you ordained as a pastor? yes / no

If yes, when and where? _____

6. Are you planning to complete theological studies and/or be ordained as a pastor? yes / no

If yes, when and where? _____

7. Name special professional skills (computer/IT, finance/accounting, administration, health field, service field, crafts, etc.):

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8. What computer and IT skills do you have? _____

9. Which musical instruments do you play? _____

10. Which languages do you speak? _____

How fluent are you in these languages? _____

12. Are you willing to learn a new language until you master it? yes / no

13. What concrete preparations have you already made for your outreach/service (language study, further education/courses in professional, theological and/or missionary topics, etc.)?

14. Do you have concrete plans regarding your further preparation for your outreach/service (language school, mission school, college, courses, etc.)? yes / no

If yes, which ones? _____

15. Are you willing to undergo specific training and/or further education if Globe Mission Schweiz deems it necessary for your outreach/service? yes / no

16. Have you completed your military or civilian service? yes / no

If military service, please indicate rank: _____

17. What are your plans for your children's schooling (public school, private school, homeschooling, etc.)?

18. If you plan to homeschool the children, what curriculum will you use? _____

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H. Church

1. Are you willing to work cooperatively with other Christians if they agree with the basic statements of our confession of faith (see Policy Manual) but do not agree with your view on all detailed matters of Christian doctrine? yes / no

2. Are you under the covering of a local church? yes / no

3. If yes, please provide the name and address of that church:

4. How long have you been a member of this church? _____

5. Please provide the name and address of the pastor:

6. Have you clearly been born again in accordance with John 3 verse 3, 5, 7? yes / no

If yes, when (approximate date)? _____

7. Have you ever backslidden in the sense of turning away from God? _____

How long ago was this? _____

For how long? _____

8. Have you been baptized by immersion in water? yes / no

9. Have you received the baptism in the Holy Spirit? yes / no

I. Spiritual Experiences / Calling

1. What are your habits concerning Bible study and prayer?

Concerning Bible reading and own study: _____

Concerning prayer: _____

If you are married, do you hold devotions with your spouse? yes / no

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Do you hold devotions with your children? yes / no

2. Please briefly describe how regularly you attend church, church-related meetings (such as services, service groups, teaching classes, small group, prayer meetings, etc.) and other Christian events: _____

3. In what ways have you helped others come to know Jesus? _____

4. On a separate sheet of paper, please tell about the following experiences with God: conversion, formative experiences, call to missionary service

5. What leads you to believe that your call to missions involves working with Globe Mission Schweiz?

6. How long have you been considering missionary service? _____

7. Do you intend on making missions your life's work if the Lord wants it? yes / no

If no, please explain briefly: _____

8. Do you have any plans at this time for a time limit for the ministry? yes / no

If yes, how long do you plan your outreach/service to be? _____

9. Are you prepared to make sacrifices and suffer discomforts, trials, sickness and perhaps death in order to fulfill the command of Jesus to preach the gospel to "all creatures"? yes / no

10. Are you prepared to be loyal and submissive to the leadership that God has placed over you? yes / no

Have you ever had the experience that decisions of a majority or your superior were contrary to your opinion? yes / no

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If yes, please explain briefly: _____

11. Are you willing to do everything to live in peace with the people you work with? yes / no

12. Are you willing to peacefully withdraw as a missionary of Globe Mission Schweiz if your way of life should no longer correspond with the tasks discussed between you and Globe Mission Schweiz? Are you willing, upon its request, to appear before the board of Globe Mission Schweiz if the board no longer agrees with your way of life? yes / no

J. Vision / Future ministry

1. To what ministry do you feel led? Briefly describe your vision and the place and nature of your future ministry:

K. Recommendations (please provide three references)

To obtain a reference through GMS, please provide the name and address of your pastor or church leader and two other people. Include people from different areas of your life that you have met over the past several years. For example: former pastor, educator, business partner, employer, fellow student, mentor, etc.

Please inform the persons you have listed that GMS will be contacting them to obtain a reference!

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1. Reference (Complete name and address and if possible E-mail address / how is this person related to you):

2. Reference (Complete name and address and if possible E-mail address / how is this person related to you):

3. Reference (Complete name and address and if possible E-mail address / how is this person related to you):

L. Resume

1. Briefly summarize your educational and professional background in a curriculum vitae and attach all diplomas, certificates and employment references.

2. List your skills and hobbies:

Confession

I believe in Jesus Christ as my personal Lord and Savior. I believe that in HIM I have become a new creation.

I have communicated with the staff of Globe Mission Schweiz about applying for missionary service and believe that it is God's leading for me to join this organization. I will, with God's grace, commit myself with all my strength in order to complete the task to which I am called. I will submit to the leadership and the resulting instructions of Globe Mission Schweiz and willingly obey those whom God has placed over me.

Place, Date

Signature

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A recent criminal record extract and a special private extract must be enclosed with the application.

An application fee of CHF 50.00 must be transferred to the account of Globe Mission Schweiz (Globe Mission Schweiz, CH-4934 Madiswil, IBAN: CH56 0900 0000 4075 3969 1, reference: Application fee and name).

Please send the complete application with supplementary sheets, curriculum vitae, diplomas, training certificates, work certificates and confirmations, criminal record extract, special private extract and a recent photo to:

**Globe Mission Schweiz
CH-4934 Madiswil**