

Application for Missionary Service

In the following pages, we ask for information necessary for reaching a decision regarding your application.

We therefore ask that you read each question carefully, answering it as accurately as possible, i.e. that you underline the appropriate answer. Your personal information will only be used and evaluated internally with Globe.

Please attach a recent photograph in the space provided (right).

recent photograph

Date of application: _____

A. Identification

1. Last Name, First Name _____

2. Current Address _____

3. Phone Number/s _____

4. E-Mail-Address _____

5. Date and Place of Birth _____

6. AHV Number or
Social Security Number _____

7. Citizenship _____

B. Family Status

1. **single** **engaged** **married** **separated** **divorced** **widowed**

2. If married:

2 a. Full name of Spouse (Given Name) _____

2 b. Wedding date _____

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3. Have you been married before? yes / no

4. If divorced: Is your former spouse still alive? yes / no

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

If you are divorced or separated from your spouse, or if you answered „yes“ to question 3, 4, or 5, please include a full explanation on an extra sheet of paper.

6. If you are engaged, when do you plan on getting married? _____

Please give the name and address of your future spouse: _____

C. Children

1. Please provide the names and birthdays of your children:

2. Are your children healthy? yes / no

3. If you are expecting a child, please provide your expected delivery date _____

D. Parents

1. Father's Name: _____

Age _____

Address _____

Phone Number/s _____

2. Mother's Name: _____

Age _____

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Address _____

Phone Number/s _____

3. Are there severe health problems or chronic illnesses in your family (with regard to any of the preceding groups B, C, or D)?

Name _____ Illness _____

Name _____ Illness _____

4. Are there private or family related problems that could jeopardize your service on the mission field or necessitate an early return?

5. Please indicate a person to be contacted in case of an emergency:

Name _____

Relationship _____

Address _____

Phone Number/s _____

E-Mail-Address _____

E. Physical Constitution

1. Gender _____ Age _____ Height _____ Weight _____

2. Do you have a normal family background according to your understanding? yes / no

If not, please explain: _____

3. Are you currently in good health? yes / no

If not, please provide details: _____

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4. Are you physically disabled? yes / no

If yes, please explain: _____

5. Have you persistently suffered from depression or moodiness? yes / no

If yes, please explain: _____

6. Have you ever been treated for anxiety, a mental or an emotional dysfunction? yes / no

If yes, when? _____

7. Please explain the nature of this dysfunction _____

8. Are you currently undergoing medical treatment? yes / no

If yes, for which illness? _____

9. Do you have allergies? yes / no

If yes, for which ones? _____

10. Have you ever taken any of the following substances over an extended period of time? yes / no

Alcohol Tobacco Narcotics (outside of medical treatment) Other drugs

If yes, over what time period? _____

11. Have you taken a financial responsibility for your parents medical care? yes / no

12. If you have children: What is their physical condition? Please describe briefly:

13. Do you or any of your children take prescribed medication? yes / no

If yes, name the medication and reason for taking it: _____

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14. Are you prepared to give up personal habits that could decrease your influence on converts or that are not consistent with the values of Globe Mission? yes / no

15. Can you easily adapt to new or strange living standards? yes / no

F. Financial Obligations

1. Do you own a vehicle? yes / no

If yes, please give the make and model: _____

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

3. Do you have debt? yes / no

4. Are your financial obligations self-imposed? yes / no

5. List your total debt (to companies, organizations, individuals).

Use an extra sheet of paper if necessary.

_____ Total Amount CHF | EUR: _____

_____ Total Amount CHF | EUR: _____

6. Monthly expense of paying of debts : Total Amount CHF | EUR: _____

7. What plan do you have for paying off your debts? _____

8. When will you be debt free? _____

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

10. Please include a statement that lists the amounts of your financial support through churches or individuals.

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

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

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12. Are you convinced, after intensive prayer and deliberation, that God has called you to a service in which you are called to trust in HIM alone for all your needs? yes / no

13. What is to be done with your possessions after you pass away? _____

14. Have you compiled a legal will? yes / no

15. Have you appointed a manager to manage your possessions? yes / no

If yes, please note the name and address : _____

16. Have you decided who will have the custody of your children should it become necessary? yes / no

If yes, please note the name and address : _____

17. Do you have health or hospital insurance? yes / no

If yes, through which insurance agency, and **who provides the coverage?**

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

18. Do you have life insurance? yes / no

If yes, please note agency and amount:

Amount CHF | EUR: _____

19. Please estimate your living expenses. Amount each month CHF | EUR: _____

20. Are you willing, taking into account the spiritual covering that GMS offers you as well as the administrative duties of which GMS relieves you, to give over 10% of your income to GMS? yes / no

21. Will you conscientiously and faithfully submit a monthly account of all funds received and provide bank statements (if needed for tax purposes)? yes / no

22. Do you have open obligations to the tax authorities? yes / no

If yes, please explain: _____

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23. Are all you and your family concerning tax manners, regulated to full satisfaction for both sides? yes / no

24. Do court procedures run against you? yes / no

If yes, please explain: _____

G. Church

1. Are you prepared to work with other Christians cooperatively if they agree with the foundational statements of our confession of faith (see handbook) but might have views differing from your own in issues of detail concerning Christian doctrine? yes / no

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

3. If so, please provide the name and address of this 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, verses 3, 5 and 7? yes / no

If yes, when (date): _____

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

How long ago was that? _____

How long did it last? _____

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

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

If yes, when (date)? _____

10. Which gifts of the Spirit (according to 1. Corinthians 12) do you possess? _____

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11. Have you been ordained? yes / no

If yes, when and where? _____

12. Do you wish to be ordained? yes / no

13. Does your family fully agree with your plans? yes / no

If not, please explain : _____

H. Education

1. Which High School degree do you have? Matur/Abitur, Sekundarschul-, Realschul-, Hauptschulabschluss or another diploma?_

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

2. Briefly summarize your scholastic career and include all final transcripts as well as the school addresses.

Date of Degree Referral (PhD): _____

If you have attained a PhD within the last ten years, we require official documentation of all college and university work.

3. Are you currently attending a school? yes / no

If yes, which one? _____

4. Do you intend to complete your studies? yes / no

When do you expect to graduate? _____

With what degree? _____

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5. Have you taken Bible courses? yes / no
If yes, how many hours? _____

6. Please indicate any specialized professional skills (such as computer skills, technical networking, accounting, trade, craft, etc):

7. Which musical instruments do you play? _____

8. Are you prepared to enroll in specialized missions training should Globe Mission find it necessary? yes / no

9. Which languages do you speak besides English? _____

10. How fluently do you speak these languages? _____

11. Are you prepared to learn a language that is new to you until you master it? yes / no

12. Which academic preparations have you already made for your ministry? _____

13. Have you made plans to prepare for your future (Language Institute, Mission School, Advanced Education, etc.)? yes / no

If yes, what sort of plans? _____

14. Have you completed your Military or Civil Service? yes / no

In the case of Military Service, please indicate your rank: _____

15. What plans do you have for the education of your school-aged children? _____

16. If you are homeschooling, which curriculum will you follow? _____

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I. Desired Job Assignments

If there are certain jobs you would prefer above others, please indicate what they are.

1. To which ministry do you feel called(country and type of ministry): _____

2. Why? _____

J. Spiritual Experience

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

Note that we are asking about your habits. We do not want a description of your occasional spiritual experiences. Please indicate how often you do the following and what it means to you.

Concerning Bible reading and personal study: _____

Concerning personal prayer: _____

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

Please describe what these look like: _____

Do you hold devotions with your children? yes / no

Please describe what these look like: _____

2. Please illustrate how often you attend church, church related meetings (such as Sunday School, Youth Gatherings etc) and other Christian events: _____

3. In which ways have you helped others accept Jesus as their Savior? _____

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4. Please summarize your experiences with God on a separate sheet of paper. Explain your calling to the mission field and how you want to serve Him.

5. What was it that brought you to believe that this calling will incorporate working together with Globe Mission? _____

6. For how long have you been considering missionary service? _____

7. Which special spiritual preparation have you undertaken for missionary service? _____

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

If not, please explain: _____

9. Do you currently have plans to set a time limit for the ministry? yes / no

If yes, how long do you plan on doing ministry? _____

10. Are you prepared to make sacrifices, suffer discomforts, trials, sicknesses, and, possibly, death in order to fulfill the command of Jesus to preach the gospel to „all creatures“ ? yes / no

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

12. Are you willing to accept decisions by the leaders the group has chosen? yes / no

Have you ever been in a situation, in which a majority or your superior made decisions that stood in contrast to your own opinion? yes / no

If yes, please describe the situation and your reaction on an extra page.

13. Are you willing to do anything in order to live in peace with your co-workers? yes / no

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

K. Recommendations (3 are required)

Please provide the names, addresses and E-Mail of your pastor or church leader and 2 other people to fulfill the requirement for references. Include persons you have come to know during the last four years. If possible, include at least one person from the following groups:

1. Former pastor
2. Educator
3. Fellow student
4. Business partner
5. Employer

Please inform the person you recommended to us and let her know that GMS will send the question sheet to them!

1. Recommendation (complete name and address and if possible E-Mail-address/ how does the person relate to you):

2. Recommendation (complete name and address and if possible E-Mail-address/ how does the person relate to you):

3. Recommendation (complete name and address and if possible E-Mail-address/ how does the person relate to you):

L. Employment History

1. Please write a summary of your employments. Start with your current employment and include the following information:

- a. Name and complete address of the employer
- b. Name and complete address of your immediate supervisor
- c. Beginning dates of your employments
- d. Description of your work and range of responsibility
- e. Promotions and reasons for leaving

References from each employer are to be added. If you are currently unable to obtain references from your current employer, please provide a possible date :

Date: _____

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2. Skills: List your skills and hobbies: _____

3. Are you experienced in working with computers? Which? _____

Confession

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

I have spoken about these steps with the staff and missionaries of Globe Mission and believe that God is leading me to join this organization. By the grace of God I will work to serve as a missionary 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 and will gladly obey those whom God has set over me.

Place, Date

Signature

A recent penal register extract is to be added to the application.

An application fee of CHF 50.00 must be transferred to the account listed below:

Globe Mission Schweiz, CH-4936 Kleindietwil

Account: 40-753969-1

IBAN: CH56 0900 0000 4075 3969 1

Please note: Registration Fee and Name

Please send the completed application along with the penal register extract, additional pages and a recent photograph to:

Globe Mission Schweiz

CH-4936 Kleindietwil