

This application does not in any way obligate you or GDMMissions. Please answer each question as completely as possible.

*			
PERSONAL INFORMATIC	N		
LAST NAME:	FIRST NAME:		
STREET ADDRESS:			
CITY:			
STATE:	ZIF	P CODE:	
EMAIL ADDRESS:		PHONE:	
DATE OF BIRTH:			
MINISTRY TRIP OF INTEREST:			
1			
CHURCH			
NAME OF HOME CHURCH:			
PASTOR'S NAME:			
STREET ADDRESS:			
CITY:			
STATE:		ZIP CODE:	
YEARS ATTENDED:		PHONE:	

ZIP CODE:	
PHONE:	
or.	
ZIP CODE:	
	PHONE:
ZIP CODE:	
	PHONE:
	PHONE: or. ZIP CODE:

EDUCATION & BACKGROUND

HIGH SCHOOL:

COLLEGE:

POST GRADUATE:

CHRISTIAN SERVICE EXPEREINCE:

BRIEF TESTIMONY OF YOUR SALVATION:

WHY DO YOU WISH TO SERVE IN THIS MINISTRY:

EXPERIENCE & SKILL SET							
HAVE YOU PARTICIPATED IN A MISSIONS TRIP BEFORE?			YES NO				
IF SO, WITH WHOM AND WHERE?							
HOW MUCH TIME CAN YOU DEVOTE TO A MINISTRY TRIP?							
LANGUAGE SPOKEN:		FLUENT:	YES	NO			
MEDICAL PROFESSION:	MEDICAL DOCTOR NURSE MED STUDENT OPTOMETRY	DENTIST HYGIENIST DENTAL ASSISTANT OTHER					
MEDICAL SPECIALTY:							
YEARS EXPERIENCED:							
DO YOU HAVE OVERSEAS MEDICAL INSURACE COVERAGE?			YES NO				
WHAT COMPANY?	MPANY? POLICY #						
HAVE YOU READ THE FIELD TEAM HANDBOOK AND ARE YOU INYESAGREEMANT WITH THE DOCTRINAL POSITION OF GDMMissions?NO							
A copy of the handbook can be accessed at https://gdmmissions.org/handbook.pdf.							
By submitting this form you agree that if you are accepted for Field INITIALS: Team Ministry, you will submit to the leadership of GDMMissions for the duration of the ministry trip.							

Once you have completed this application please save the file, go to <u>https://apps.gdmmissions.org</u>, and add/upload the file to our administrative department. You may also save the file and send it as an e-mail attachment to <u>apps@gdmmissions.org</u>. Alternatively, send us a printed copy at:

Field Team Acceptance Committee **GDMMissions** 69 Cross Street Methuen, MA 01844