



**Grace Dental & Medical Missions, Inc.**

150 Cross Street

Methuen, MA 01844

[gdmmissions.org](http://gdmmissions.org)

# Field Team Ministry Application

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



## PERSONAL INFORMATION

LAST NAME:

FIRST NAME:

STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

EMAIL ADDRESS:

PHONE:

DATE OF BIRTH:

MINISTRY TRIP OF  
INTEREST:



## CHURCH

NAME OF HOME  
CHURCH:

PASTOR'S NAME:

STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

YEARS ATTENDED:

PHONE:

---

## EMERGENCY CONTACT

EMERGENCY  
CONTACT:

STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

RELATION:

PHONE:

---

## REFERENCES

Please provide two references other than your pastor.

NAME:

STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

EMAIL:

PHONE:

---

NAME:

STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

EMAIL:

PHONE:

---

## EDUCATION & BACKGROUND

HIGH SCHOOL:

COLLEGE:

POST GRADUATE:

---

CHRISTIAN SERVICE  
EXPERIENCE:

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 DENTIST  
NURSE HYGIENIST  
MED STUDENT DENTAL ASSISTANT  
OPTOMETRY OTHER

MEDICAL SPECIALTY:

YEARS EXPERIENCED:

DO YOU HAVE OVERSEAS MEDICAL INSURANCE COVERAGE? YES  
NO

WHAT COMPANY? POLICY #

---

HAVE YOU READ THE **FIELD TEAM HANDBOOK** AND ARE YOU IN AGREEMENT WITH THE **DOCTRINAL POSITION** OF GDMMissions? YES  
NO

A copy of the handbook can be accessed at <http://gdmmissions.org/handbook.pdf>.

By submitting this form you agree that if you are accepted for Field Team Ministry, you will submit to the leadership of GDMMissions for the duration of the ministry trip. INITIALS:

---

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

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

---