

BAPTIST WORLD MISSIONARY OUTREACH MINISTRIES, INC.
P.O. Box 3303, Chattanooga, Tennessee 37404
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WEBSITE: www.bwmom.org

MISSIONARY ACCEPTANCE POLICY - B.W.M.O.M.

The personal questions in this application should be answered as completely as possible. All information will be treated as confidential. We recommend that you do not allow the submitting of this application to interfere with your present work in any way.

Candidates may be accepted for appointment as BWMOM missionaries twice a year at either the annual Board of Directors meeting in the fall or the semi-annual meeting held in the spring. Prospective families or individuals are encouraged to fill out and submit all questionnaires to the main office no later than August or February 1 (before the meeting in which they wish to be considered for appointment). Both spouses of a prospective missionary couple must appear before the Board of Directors for questioning at that meeting.

In addition to the answers given in writing, the following areas will be discussed at a meeting with the Board:

1. Clear recognition of call and prospective ministry, including goals, country, need, people and the requirements involved (language, culture, etc.).
2. Explanation of spiritual gifts possessed, acquired skills and their use in ministry.
3. Doctrinal questioning and presentation of philosophy of ministry.

FORMAL APPLICATION

Having prayerfully considered the matter of applying to B.W.M.O.M. for missionary service, I hereby submit the following information for your consideration:

1. Name _____ Soc. Sec.# _____
2. Present Address _____

3. Date of Birth _____
4. Name of Parents _____ Address _____
_____ Phone # _____

5. If parents are not living, give name and address of nearest relatives:

Name _____

Address _____

6. Marital Status

Single _____ Engaged _____ Name of fiancée _____

Married _____ Name of Spouse _____

Divorced _____

Widowed _____

7. List the name and date of birth of each of your children. (If expecting, please indicate.)

Name	Date of Birth:
_____	_____
_____	_____
_____	_____
_____	_____

8. Health: Excellent _____ Good _____ Fair _____ Poor _____

9. Is there any health defect that might impair your service with B.W.M.O.M.? Yes _____ No _____

If yes, explain: _____

Please provide a copy of the most recent physical exam results to B.W.M.O.M.

10. In case of emergency, who should be contacted? _____

Relationship _____ Phone _____

Address _____

Spiritual Background

11. List the name and address of your present church membership. _____

Pastor's Name: _____

12. Please give the name and address of your sending church and pastor:

Church Name: _____

Address: _____

Pastor: _____

13. When did you become a believer in Jesus Christ? _____

14. Please relate your salvation experience. You may attach additional pages.

15. Are you ordained? _____ Licensed? _____ If so, by whom: _____

16. Why do you choose to serve with B.W.M.O.M.? _____

17. What are your special talents, abilities and/or gifts? _____

Academic Background

18. **High School** (Name and Address) _____

Dates attended and Graduation Date _____

College (Name and Address) _____

Dates attended and Graduation Date _____

Major Study Course _____ Credit Hours _____

Degree Earned _____

Bible Institute or School (Name and Address) _____

Dates attended and Graduation Date _____

Major Study Course _____ Credit Hours _____

Degree Earned _____

Seminary (Name and Address) _____

Dates attended and Graduation Date _____

Major Study Course _____ Credit Hours _____

Degree Earned _____

19. Foreign Language(s) spoken and/or read _____

Work Experience

Beginning with your present employer:

20. Name and Address _____

Dates of Employment _____ Position/Job _____

Reason for leaving _____

Name and Address _____

Dates of Employment _____ Position/Job _____

Reason for leaving _____

Name and Address _____

Dates of Employment _____ Position/Job _____

Reason for leaving _____

21. Are you willing to abide by the policies of and cooperate with the home office staff? Y ___ N ___

22. List three (3) non-relative references (Names and Addresses):

Name	Address
_____	_____
_____	_____
_____	_____

23. Do you wholeheartedly affirm your belief in the B.W.M.O.M. doctrinal statement? Yes ___ No ___

Applicant's signature: _____

Witness: _____

Date: _____