

Baptist World Missionary Outreach Ministries, Inc.



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PRELIMINARY QUESTIONNAIRE for MISSIONARY CANDIDATES

Please complete all applicable sections to the best of your knowledge and ability. Approximate dates are satisfactory. If you need more space than is allotted, please use a separate sheet of paper. This questionnaire is not to be considered a formal application, nor does it involve any obligation. Please type or print all answers.

Name: _____

Maiden Name: _____

Address (Street and/or P.O. Box Number): _____

City: _____ State: _____ Zip Code: _____

Telephone: Home (_____) _____ Work (_____) _____

E-mail address: _____

Date of Birth: _____

Country of Citizenship: _____

Social Security No.: _____

Family:

Family Status: Single _____ Engaged _____ Married _____ Divorced _____ Widowed _____

If you have been legally separated, divorced, or had an annulment, please give the details on a separate sheet of paper.

Please give names and dates of birth for:

Name:

Date of Birth:

Spouse: _____

Children: _____

Christian service and testimony:

Name of church where you are a member: _____

Address: _____

Pastor: _____ Telephone: _____

How long have you been a member? _____

Previous church: _____

Address: _____

Pastor: _____ Telephone: _____

Name of church where you were baptized: _____

Address: _____

Date of baptism: _____

Are you ordained? _____ If so, when and in what church? _____

On a separate sheet of paper:

1. Briefly describe your salvation experience.
2. Describe your Christian service. Give dates for each area of responsibility and briefly describe the duties involved. Tell whether the service was full or part-time.
3. Explain why you want to become a missionary.

Have you read the doctrinal statement for B.W.M.O.M? _____

Do you also hold the doctrines expressed in that statement? _____

Is your spouse also in agreement with the doctrinal statement? _____

Is your spouse in agreement with your making application? _____

Field of Service and Position Desired:

Do you have any foreign mission experience (NOT including temporary/short-term mission trip(s)? YES___ NO___

If yes, describe that particular ministry. _____

What is your field of service and position desired? _____

Have you ever visited this field? _____ If yes, when and for how long? _____

Have you been involved in ministry to this particular group of people within the USA? _____

If yes, in what capacity did you minister? _____ If there is a foreign

language involved, do you now know or are you studying that language? _____

Have you ever worked with the deaf? _____ Do you know Sign Language? _____

Health Information:

Height: _____ Weight: _____

Do you or any member of your family have any physical disabilities? _____

Do you or any member of your family have any chronic illnesses? _____

Have you or any member of your family been under a physician's care in the last three years? _____

Please give details and dates on a separate sheet of paper.

Education:

Please list all schools attended including high school, Bible college, Seminary, Bible institutes and any special schools that will enhance your mission endeavors.

Name and address of school	Date Entered	Date Left	Course pursued or major/minor	Degree/cert received
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Employment:

What is your current occupation? _____ How long? _____

Who is your current employer? _____ How long? _____

What is your current total indebtedness (estimate)? _____

Mission Applications:

Have you applied to or served under any other mission agency? _____ If yes, please give the name of the agency, describe your relationship with the agency and reason for leaving the agency.

Signature

Date

Please attach a recent family photo to this Preliminary Questionnaire.