



## Application for Ministry with Men For Missions



Men For Missions  
P. O. Box A  
Greenwood, IN 46142-6599  
Telephone: (317) 881-6752  
FAX: (317) 865-1076  
web site: [www.menformissions.org](http://www.menformissions.org)  
e-mail: [bevans@menformissions.org](mailto:bevans@menformissions.org)

This application obligates neither you nor OMS. The application is designed to gather information that will help us advise you about possibilities for association with OMS. Prospective employees will receive consideration without discrimination because of race, sex, age, marital status, national origin, physical impairment or veteran status. Questions related to these matters are used for a legally permissible reason, including ministerial or business necessity, or occupational qualification.

**Please fill in below, or print out a blank copy and type or print with BLACK ink.**

Today's Date _____	<div style="border: 1px solid black; padding: 10px;"> <p><b>Please affix a current photo or email with application (optional)</b></p> </div>	
Full Name as shown on passport _____		
Name you prefer to be called _____		
Mailing Address _____		
City _____ State/Province _____		
Zip/Postal Code _____ Country _____		
Home Phone _____ Cell Phone _____		
Email Address _____		
Occupation (If retired please give former employment) _____		
Are you eligible for employment in the U. S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Passport Number _____ Issue Date _____ Expiration Date _____		
Nationality _____ Issuing Authority _____		
Date of Birth _____ Sex <input type="checkbox"/> M <input type="checkbox"/> F Height _____ Weight _____		
<b>Please send us a clear photocopy or scan of the picture page of your passport</b>		
Marital Status _____ Spouse Name _____		
Emergency contact information: In case of an emergency, person we should contact		
Name _____ Relationship _____		
Address _____		
City _____ State/Province _____ Zip/Postal Code _____ Country _____		
Home Phone _____ Cell Phone _____		
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please explain: _____		
While ministering with Men For Missions International, you may not use tobacco, alcohol, or recreational drugs.		
Are you willing to abide by this policy? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Church _____ Name of Pastor _____		
Church Address _____ Phone _____		
Church Activities _____		
How long have you attended this church? _____		
Have you accepted Jesus Christ as your personal Lord and Savior? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____		
Describe previous MFM experiences or ministries _____		
Do you belong to a MFM Action Group? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of group _____		
Type of Team for which you are applying _____	Countries of interest _____	Dates of availability _____