



# MISSIONARY VENTURES

“Carrying the WORD to the World  
through *personal involvement*”

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## Application for Missionary Service

*To assist you in completing the application, please carefully read the following instructions. Your application will be processed only after **all** the forms have been received.*

1. Husbands and wives both should fill out the application. The first page is for both, and the Missions Statement on page 2 is for both, but everything else needs to be copied, so that we have an application on each of you. The Personal Health History needs to be copied and filled out for each person, including children, who will be considered for missionary service.
2. Complete the application by answering all questions. Use a separate sheet of paper when necessary. Type or print clearly in black ink.
3. Attach a photograph of all who are being considered (including children) to the first page of the application.
4. There are five (5) Reference Sheets with five (5) self-addressed return envelopes. Reference sheets should be sent to different individuals for the husband and the wife, except for the Pastor Reference Sheet, which can be the same. You are to give one to each individual designated, asking them to submit the references directly to Missionary Ventures after completion. We will not be able to process your application without them, so please attend to this quickly.
5. Do not forget to enclose your \$25.00 dollar application fee with your application.



# MISSIONARY VENTURES INTERNATIONAL

"Carrying the WORD to the world through personal involvement"

## USA

P.O. Box 593550  
Orlando, FL 32839-3550  
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Email: [info@mvusa.org](mailto:info@mvusa.org)

## Australia

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Email: [info@mvaustralia.org](mailto:info@mvaustralia.org)

## Europe

Office Suite 3 (First Floor), Champness Hall, Drake  
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OL16 1PB, UK  
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Email [rob@mvgb.org.uk](mailto:rob@mvgb.org.uk)

## Canada

336 Speedvale Avenue West  
Guelph Ontario  
Canada N1H 7M7  
Phone: 519-824-9380  
Fax: 519-824-9452  
Email: [mvcanada@mvcanada.org](mailto:mvcanada@mvcanada.org)

## South Africa

PO Box 10093, The Falls, Benoni,  
Gauteng, 1522, South Africa  
Phone: 27 11 425-4378  
Email: [croets@mvrusa.org](mailto:croets@mvrusa.org)

Date: / /

## APPLICATION FOR MISSIONARY SERVICE

### A. PERSONAL INFORMATION

1. Last Name:			First Name:			Middle Name:		
2. Social Security Number:			Birth Date:					
3. Passport Number:			Expiration Date:					
4. Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Engaged <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Remarried								
Anniversary (if married):								
5. Spouse's Name:								
6. Social Security Number:			Birth Date:					
7. Passport Number:			Expiration Date:					
8. Children: (Use separate sheet of paper if necessary)								
Name:			Name:					
Sex:			Birth Date:			Sex:		
Name:			Name:					
Sex:			Birth Date:			Sex:		
Name:			Name:					
Sex:			Birth Date:			Sex:		
9. Present Address:			Home Phone:					
State			Work Phone:					
Postal Code			Postal Code					
10. Permanent Address (if different):			Home Phone:					
State:			Postal Code:					
11. Email Address:								
12. Fax Number:								

**B. Church Relations Information**

1. Home Church		Phone Number
Pastors Name		Denomination
Church Address		
State	Post Code	Email Address
How long have you been a member?		
Please list the type(s) of ministry (ies) that you are currently engaged in or were engaged in the past.		
Type of Ministry	Your Role in this ministry	Result of this ministry
2. Are you an ordained or licensed minister?		
3. With whom do you hold credentials?		
4. With whom have you discussed the prospects of missionary service		
<input type="checkbox"/> Pastor <input type="checkbox"/> Elder <input type="checkbox"/> Church Staff Member <input type="checkbox"/> Missions Chairman <input type="checkbox"/> Missions Committee	<input type="checkbox"/> Deacon <input type="checkbox"/> Parents <input type="checkbox"/> Spouse <input type="checkbox"/> Friends <input type="checkbox"/> Other _____	
5. Are your parents in sympathy with this application? Yes or No If no, please explain		

**C. Missions Statement**

*On a separate sheet of paper, please write out your missions statement, using the following questions as a guideline. The paper should be no longer than two pages, typed, single-spaced, with double spaces between paragraphs.*

1. What is your philosophy of ministry?
2. What are your ministry objectives?
3. Explain how and why you believe God is leading you into missions' service.

**D. Biographical Sketch**

*On a separate sheet of paper, please write out your missions statement, using the following questions as a guideline. The paper should be no longer than two pages, typed, single-spaced, with double spaces between paragraphs.*

1. Briefly comment on your early life, place of birth, and any interesting facts about your home background and early training.
2. Tell the story of your conversion, including any interesting factors that may have played a part in leading you to Christ.
3. If you are separated, divorced or remarried, please give only the relevant history.
4. Tell of your training and schooling, particularly regarding the leading of the Lord in your preparation

**E. Education**

*Summarize your school history following high school. If you have not completed high school, list the highest grade you completed.*

Name of School	Dates Attended	Degree Earned

**F. Experiences**

1. List your employment history for the last ten (10) years

Name of Employer	Dates Employed	Position / Responsibilities

2. List your skills and hobbies. Give some indication as to your degree of competence using a scale of 1-5, with 5 being very proficient

Skill or Hobby	Rating	Skill or Hobby	Rating

**G. Languages**

What languages do you speak? Rate your fluency level with the 1-5 scale

Language	Fluency	Language	Fluency

**H. Financial Information**

*Because our missionaries live on a limited income, it is important for us to know the extent of the financial commitments which you would bring with you.*

1. Do you have any indebtedness? If so, list all indebtedness. Use extra sheets if necessary.

Purpose of Debt	Total Debt	Monthly Payments

2. Will you have financial responsibilities for parents or others? \_\_\_\_\_ If so, who and what will be your responsibility?

3. How do you expect to meet your financial obligations?

4. Will you or your spouse be working in a secular job and earning an income? \_\_\_\_\_  
If yes, how much will your be earning on a monthly basis?

5. What level of support do you need on a monthly basis to maintain yourself on the mission field?

Missionary Service  
Application

6. Have you begun support raising? _____ If yes, how much do you have currently pledged – monthly and one-time?  Monthly _____ One-Time _____			
7. What steps are you currently taking to raise this support?			
8. Do you have someone to be a financial coordinator while on the field? ____ If yes, list name and address below			
Name	Address	State	Zip Code
Work Number		Home Number	
Cell Phone		Email	

**I. Personality Information:**

<p>1. Missionary life often involves difficulties of which the following are common:</p> <ul style="list-style-type: none"> <li>▪ Living without modern conveniences</li> <li>▪ Facing health hazards</li> <li>▪ Enduring separation from loved ones</li> <li>▪ Learning a new language</li> <li>▪ Adjusting to new and strange environments</li> <li>▪ Extensive traveling and staying in humble places</li> <li>▪ Submitting to the decision of the majority</li> <li>▪ Assuming heavy personal and group responsibilities</li> <li>▪ Managing on a limited income</li> <li>▪ Working in an isolated community</li> <li>▪ Working harmoniously with fellow workers, national leaders and other Christians</li> </ul> <p>Which of these do you anticipate giving you the most difficulty, and why?</p>
<p>2. The following questions pertain to personal character and relating to others. In your answers, give illustrations or explanations where possible.</p>
a) Do you feel you have a “servant’s heart”?
b) Are you flexible? Can you shift to perform other jobs and tasks that may not be a part of your original job description?
c) What are your spiritual gifts?

Missionary Service  
Application

d) What are your greatest strengths?
e) What are your weaknesses?
f) How do you react when pressure is put upon you?
g) Do you get along well with fellow workers and other Christians who may differ doctrinally and philosophically?
h) What is your attitude toward authority?
i) Are you receptive to correction and instruction?

3. What is the degree of commitment of your spouse to your calling, and especially, to this kind of ministry?

4. Are there any reservations, problems, assets, etc, that you have which the Personnel Committee should know in order to effectively consider your application?

**J. Emergency Contact Information:**

Name		Relationship to Applicant		
Address		City	State	Postal Code
Home Phone	Work Phone	Cell phone		
Email Address		Email 2		

**L. CHRISTIAN CHARACTER – CONFIDENTIAL**

Christian character is simply exhibiting the character of Christ in all that we think, say, and do. While the bible doesn't specifically mention every thing that would be against the character of Christ, i.e. drinking, smoking, drugs, pornography, etc., it does provide some general principles by which we can be guided, particularly in these areas. Three of these principles are found in 1 Corinthians, chapters 6, 8, and 10. Paul is addressing some specific problems the Christian community in Corinth has been facing and in doing so, has given us some general principles to follow:

**I Corinthians 6: 12 “All things are lawful for me, but not all things are profitable. All things are lawful for me, but I will not be mastered by anything.” (NAS95)**

(This principle is concerned with Who our Master really is. Since Christ is our Master [see Romans 6:14-18], we are not free to allow anything else to master us. The phrase “not all things are profitable” especially applies to activities such as drinking, smoking, drugs, pornography, etc..)

**I Corinthians 8: 9 & 13**

**9 But take care that this liberty of yours does not somehow become a stumbling block to the weak. (NAS95)**

**13 Therefore, if food causes my brother to stumble, I will never eat meat again, so that I will not cause my brother to stumble. (NAS95)**

(This principle deals with the fact that there are things that some people can do that others cannot do, and that we, in our liberty, need to be careful not to cause our brothers and sisters to stumble, again, especially with regard to such activities as drinking, smoking, drugs, pornography, etc..)

**I Corinthians 10:31 Whether, then, you eat or drink or whatever you do, do all to the glory of God. (NAS95)**

(The main characteristic of the life of Christ was that His purpose was to bring glory to God [see John 4:34], therefore that should be our main concern as well. We would do well to consider at length if there is anything about drinking, smoking, drugs, pornography, etc. that could possibly bring glory to God.)

In light of all of the above, please answer the following questions prayerfully and know that your answers are and will remain confidential.

**1. Do you drink, socially or otherwise? (Yes or No) \_\_\_\_\_ If Yes, are you willing to quit, as of now, to be considered by this Mission for missionary service? (Yes or No) \_\_\_\_\_. Do you have any comments you would like to make regarding this? (Use additional pages if necessary)\_\_\_\_\_**

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**L. CHRISTIAN CHARACTER – CONFIDENTIAL (continued)**

**2. Have you had a drinking problem in the past? (Yes or No) \_\_\_\_\_ If Yes, please explain:  
(Use additional pages if necessary) \_\_\_\_\_**

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**3. Do you smoke? (Yes or No) \_\_\_\_\_ If Yes, are you willing to quit, as of now, to be  
considered by this Mission for missionary service? (Yes or No) \_\_\_\_\_. Do you have any  
comments you would like to make regarding this? (Use additional pages if  
necessary)\_\_\_\_\_**

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**4. Have you smoked in the past? (Yes or No) \_\_\_\_\_ If Yes, please explain:  
(Use additional pages if necessary) \_\_\_\_\_**

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**5. Do you do drugs, socially or otherwise? (Yes or No) \_\_\_\_\_ If Yes, are you willing to quit,  
as of now, to be considered by this Mission for missionary service? (Yes or No) \_\_\_\_\_. Do  
you have any comments you would like to make regarding this? (Use additional pages if  
necessary)\_\_\_\_\_**

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**6. Have you had a drug problem in the past? (Yes or No) \_\_\_\_\_ If Yes, please explain:  
(Use additional pages if necessary) \_\_\_\_\_**

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**K. PERSONAL HEALTH HISTORY - CONFIDENTIAL**

**\*\*\*Please make copies and fill out one per family member\*\*\***

Applicant Name: \_\_\_\_\_

Missionary Ventures International sends missionaries into remote locations around the world where medical treatment and services may be limited. Missionaries maybe exposed to uncommon health risks, safety and welfare, which necessitates an extensive examination.

Applicants may also be subjected to physical and emotional stresses that they may have never encountered before. Work can be strenuous both physically and emotionally. It is not advisable for individuals with immune-compromised conditions due to pre-existing diseases to apply to work in two-thirds world countries or developing nations. This could include diagnosis of HIV, sometimes Insulin-dependent Diabetes, organ transplant and organ failure. This does not exclude other diseases or medications that may cause immune-suppression.

**PERSONAL HEALTH HISTORY** (to be **completed by applicant**, and reviewed by a doctor)

All major surgeries	Year

Other Hospitalizations	Year

**Prior Medical Testing:** In the last 10 years, list all x-rays, blood tests, exercise tests, heart catheterizations (coronary angiograms), echocardiograms (ultrasounds), scans, brain scans that are *related to any significant illness or physical condition*

Type of Test	Year

Do you wear glasses/contact lenses? Yes  No

**Blood Transfusions.** List any transfusions you have had, including dates and reasons for transfusions.

Date	
Date	

**Professional Counseling/ Psychiatric Care.** List any professional counseling or psychiatric care you have received in the past five years (please include reasons results and dates).

Date	
Date	

**Medications Taken in Past Five Years**

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**K. PERSONAL HEALTH HISTORY – CONFIDENTIAL (continued)**

**\*\*\*Please make copies and fill out one per family member\*\*\***

Applicant Name: \_\_\_\_\_

Please list any **other** immunizations you have had, and comment on any incomplete/partial immunization series:

\_\_\_\_\_

Have you ever had any of the following COMMUNICABLE DISEASES?	
No <input type="checkbox"/> Yes <input type="checkbox"/> Chicken Pox	No <input type="checkbox"/> Yes <input type="checkbox"/> Scarlet Fever
No <input type="checkbox"/> Yes <input type="checkbox"/> Pertussis (Whooping Cough)	No <input type="checkbox"/> Yes <input type="checkbox"/> Measles (Rubeola)
No <input type="checkbox"/> Yes <input type="checkbox"/> Rubella (German Measles)	No <input type="checkbox"/> Yes <input type="checkbox"/> Mumps
No <input type="checkbox"/> Yes <input type="checkbox"/> Tuberculosis: Date:	Neg <input type="checkbox"/> Pos <input type="checkbox"/>

**HEALTH HISTORY REVIEW:** Have you had recent (in the last 12 months) or chronic problems with any of the following:

	<b>OTHER</b>	
No <input type="checkbox"/> Yes <input type="checkbox"/> Glaucoma	No <input type="checkbox"/> Yes <input type="checkbox"/> Cancer	No <input type="checkbox"/> Yes <input type="checkbox"/> Chronic Headaches
No <input type="checkbox"/> Yes <input type="checkbox"/> Serious Eye Problems	No <input type="checkbox"/> Yes <input type="checkbox"/> Serious Ear Problems	No <input type="checkbox"/> Yes <input type="checkbox"/> Paralysis
No <input type="checkbox"/> Yes <input type="checkbox"/> Arthritis	No <input type="checkbox"/> Yes <input type="checkbox"/> Frequent Infections	No <input type="checkbox"/> Yes <input type="checkbox"/> Weakness
No <input type="checkbox"/> Yes <input type="checkbox"/> Epilepsy	No <input type="checkbox"/> Yes <input type="checkbox"/> Jaundice	No <input type="checkbox"/> Yes <input type="checkbox"/> Tuberculosis
No <input type="checkbox"/> Yes <input type="checkbox"/> Hepatitis	No <input type="checkbox"/> Yes <input type="checkbox"/> Diabetes	No <input type="checkbox"/> Yes <input type="checkbox"/> Nervous Disorders
No <input type="checkbox"/> Yes <input type="checkbox"/> Skin Conditions	No <input type="checkbox"/> Yes <input type="checkbox"/> Head Injury	No <input type="checkbox"/> Yes <input type="checkbox"/> Chronic Back Problem
<b>GASTRO-INTESTINAL</b>	<b>CARDIAC</b>	<b>GENITO-URINARY</b>
No <input type="checkbox"/> Yes <input type="checkbox"/> Swallowing Difficulties	No <input type="checkbox"/> Yes <input type="checkbox"/> Heart Attack	No <input type="checkbox"/> Yes <input type="checkbox"/> Menopause
No <input type="checkbox"/> Yes <input type="checkbox"/> Nausea/Vomiting	No <input type="checkbox"/> Yes <input type="checkbox"/> Chest Pain	No <input type="checkbox"/> Yes <input type="checkbox"/> Dialysis
No <input type="checkbox"/> Yes <input type="checkbox"/> Recurrent Heartburn	No <input type="checkbox"/> Yes <input type="checkbox"/> Cardiac Arrest	No <input type="checkbox"/> Yes <input type="checkbox"/> Kidney Stones
No <input type="checkbox"/> Yes <input type="checkbox"/> Abdominal Pain	No <input type="checkbox"/> Yes <input type="checkbox"/> Stroke	No <input type="checkbox"/> Yes <input type="checkbox"/> Kidney Problems
No <input type="checkbox"/> Yes <input type="checkbox"/> Diarrhea/Constipation	No <input type="checkbox"/> Yes <input type="checkbox"/> Heart Arrhythmia	No <input type="checkbox"/> Yes <input type="checkbox"/> Difficult Urination
No <input type="checkbox"/> Yes <input type="checkbox"/> Blood in Stools	No <input type="checkbox"/> Yes <input type="checkbox"/> Fainting or Blackouts	No <input type="checkbox"/> Yes <input type="checkbox"/> Bladder Control Loss
No <input type="checkbox"/> Yes <input type="checkbox"/> Hiatal Hernia	No <input type="checkbox"/> Yes <input type="checkbox"/> Rheumatic Fever	No <input type="checkbox"/> Yes <input type="checkbox"/> Frequent Urination At Night
	No <input type="checkbox"/> Yes <input type="checkbox"/> Heart Murmur	No <input type="checkbox"/> Yes <input type="checkbox"/> Urinary Tract Infect.
	No <input type="checkbox"/> Yes <input type="checkbox"/> Shortness of Breath	
	<b>GENERAL</b>	
No <input type="checkbox"/> Yes <input type="checkbox"/> High Cholesterol	No <input type="checkbox"/> Yes <input type="checkbox"/> Chronic High Blood Pressure	No <input type="checkbox"/> Yes <input type="checkbox"/> Weight Gain or Loss
No <input type="checkbox"/> Yes <input type="checkbox"/> Thyroid Problems	No <input type="checkbox"/> Yes <input type="checkbox"/> Chronic Low Blood Pressure	No <input type="checkbox"/> Yes <input type="checkbox"/> Bleeding Problems
No <input type="checkbox"/> Yes <input type="checkbox"/> Swelling	No <input type="checkbox"/> Yes <input type="checkbox"/> Gout	No <input type="checkbox"/> Yes <input type="checkbox"/> Fevers
No <input type="checkbox"/> Yes <input type="checkbox"/> Anemia	No <input type="checkbox"/> Yes <input type="checkbox"/> Appetite Gain or Loss	
	<b>RESPIRATORY</b>	
No <input type="checkbox"/> Yes <input type="checkbox"/> Asthma	No <input type="checkbox"/> Yes <input type="checkbox"/> Cough/Sputum/Phlegm	No <input type="checkbox"/> Yes <input type="checkbox"/> Chronic Lung Disease
No <input type="checkbox"/> Yes <input type="checkbox"/> Emphysema		

Please explain ANY "Yes" answers: \_\_\_\_\_

\_\_\_\_\_

**K. PERSONAL HEALTH HISTORY – CONFIDENTIAL (continued)**

**\*\*\*Please make copies and fill out one per family member\*\*\***

Applicant Name: \_\_\_\_\_

**Accuracy Statement**

*Please read carefully:*

I certify that all statements given on this Application and any attachments thereto, including all private personal data are correct with no omissions.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Month/Day/Year)

\_\_\_\_\_  
Signature of Parent if under 18 years of age

**Reference for:** \_\_\_\_\_

**To the applicant:** Please give the 5 Reference sheets and the return envelopes to the 5 individuals indicated. These must be people who are not relatives or fiancées. Also, they should have known you for more than one (1) year. They are to fill out the information completely and mail it directly to Missionary Ventures. You, the applicant, are not to see what is written, so do not accept any completed form from the 5 references.

**To the individual filling out the Reference sheet:** Please take the time to reflect on the applicant and how you know them. Please tell us how you met the applicant; what he or she is like - character, personality, work habits, personal habits, etc. Also, please answer this question: "Do you recommend the applicant for missionary service with your whole heart, and why?" as frankly as you can. Then, please mail the reference directly to Missionary Ventures in the self addressed envelope provided. Thank you.

**Pastor**

Name: \_\_\_\_\_ Length of Acquaintance \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_/\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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*Please use additional sheets if necessary, but limit the total to 3 pages, including this one.*



**Reference for: \_\_\_\_\_**

**To the applicant:** *Please give the 5 Reference sheets and the return envelopes to the 5 individuals indicated. These must be people who are not relatives or fiancées. Also, they should have known you for more than one (1) year. They are to fill out the information completely and mail it directly to Missionary Ventures. You, the applicant, are not to see what is written, so do not accept any completed form from the 5 references.*

**To the individual filling out the Reference sheet:** *Please take the time to reflect on the applicant and how you know them. Please tell us how you met the applicant; what he or she is like - character, personality, work habits, personal habits, etc. Also, please answer this question: "Do you recommend the applicant for missionary service with your whole heart, and why?" as frankly as you can. Then, please mail the reference directly to Missionary Ventures in the self addressed envelope provided. Thank you.*

**Business associate or Former employer**

Name: \_\_\_\_\_ Length of Acquaintance \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_/\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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*Please use additional sheets if necessary, but limit the total to 3 pages, including this one.*



