

## **BASIC APPLICATION**

MAP MISSIONARY CANDIDATE

Today's	s Date:	/	/	

## **PERSONAL DATA**

Candidate Legal Name:First	Las			Middle
Home Address:	La	SI.		Middle
Stre	eet Address			
City		State		Zip
Phone: () E-mail	l:			
OTHER FA	MILY M	IEMRERS		
Spouse Name:				
Child Name:	F	Relationship:		
Child Name:	I	Relationship:		
Child Name:		Relationship:		
Child Name:	F	Relationship:		
Child Name:		Relationship:		
Child Name:	I	Relationship:		
How long have you been married? (years)				
Have you or your spouse ever been divorced?	Yes	No		
Are you a citizen of the United States? Yes	No			
For non-US citizens please include an official pape	er documer	nting your US	residency p	orivilege and limitations
Do you speak the Pennsylvania Dutch language?	Yes	No	Somewhat	
Does your spouse speak the Pennsylvania Dutch lang	guage?	Yes	No	Somewhat

Special Note: Please attach a photo of your whole family EMPLOYMENT HISTORY

1)		(	
Name of Company			Phone
Street Address	City	State	Zip
Length of employment	<del></del>	Supervisor	
	Duties you perform	med	
If presently employed, m	ay we contact your present emp	oloyer?	Yes No
2)		(	)
Name of Company			Phone
Street Address	City	State	Zip
Length of employment	<del></del>	Supervisor	
	Duties you perform	med	
Reason for leaving:			
3)		(	)
Name of Company			Phone
Street Address	City	State	Zip
Length of employment	<del></del>	Supervisor	
	Duties you perform	med	
Reason for leaving:			
	EDUCATION AND INT	TERESTS	
f you did not finish high school, did	you receive your GED?	Yes No	
Do you have your high school diplor	ma? Yes No		
Did you attend college? Yes	No Name?		

List each school attended, course of study and degree received.

Dates Attended	School Name/ City, State	Major/Minor	Diploma/Degree	Average Grades

## **CHRISTIAN EXPERIENCE AND SERVICE**

How long have you been a Christian? (years)	Have you been b	aptized?	Yes No						
How long has your spouse been a Christian? (year	rs) Has he/she	been baptized?	Yes	No					
Are you and your spouse a member of a local church?	Yes No								
In how many churches have you (candidate) held member	erships?								
What is the name of the church in which you are presentl	y a member of?								
Affiliation:									
How long have you been a member there? (year	urs) Your spo	ouse?	(years)						
Pastor:	: Church Phone: ()								
Address:									
Have you discussed your intentions with your Pa	stor? Ye	es No							
Is he supportive of your plans?	Υ	es No							
Please write out your answers to the best of you	r ability. Use a se	cond sheet i	f necessary.						
How long have you been considering missionary service?	)								
Why the Amish?									
How did you hear about the MAP Ministry?									

How do you think Go	d might u	ise you	in the M	1AP Min	istry?							
How do you think Go	d might u	ise your	r spouse	e in the l	MAP Mi	nistry?						
Briefly relate how you following questions as						ur Chris	stian ex	perience	e at this	time: <sup>-</sup>	Γry to a	answer the
(1) How did you				Bible? anges ha	ive resu	. ,		-	ceive Ch rist?	rist as	your S	avior?
Candidate:												
Spouse:	4 40					di d						
To the spouse: From Amish and Plain peop		, now s	upportiv	e are yo	ou or trie	e candi	uale s c	iesire it	o do mis	Sionary	WOIK	among the
(Not supportive)	1	2	3	4	5 (	6	7	8	9	10	(Very	supportive)
To the spouse: From	n 1 – 10,	how su	pportive	are you	u of part	nering	up with	the MA	AP Minist	try?		
(Not supportive)	1	2	3	4 :	5 (	6	7	8	9	10	(Very	supportive)
Candidate Digital Sig	nature: _											
Spouse Digital Signa	ture:											
NOT	E: Please	e attach	a doctr	inal state	ement f	rom yo	our home	e churc	<u>h</u>			

Fill out this form on your computer, then save the completed document and either email or print/mail it to us.

Email: Add as an attachment with the rest of your application materials and send to jkeim@mapministry.org.

Mail: MAP Ministry, Attn: Joe Keim, 575 US-250, Greenwich, OH 44837 Office: (419) 962-1515