

MODERN DAY

FIELD WORKER APPLICATION

CONTACT INFORMATION

FIRST NAME _____ LAST NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ COUNTRY _____

PHONE NUMBER _____ EMAIL _____

PERSONAL INFORMATION

DATE OF BIRTH _____ GENDER _____ CITIZENSHIP _____

MARITAL STATUS: Single Married Divorced Widowed

IF MARRIED, WHAT IS THE NAME OF YOUR SPOUSE? _____

IF MARRIED, PLEASE HAVE SPOUSE ALSO FILL OUT A SEPARATE APPLICATION.

DO YOU HAVE ANY CHILDREN ? _____ HOW MANY? _____ AGES _____

ARE YOU CURRENTLY EMPLOYED _____ OCCUPATION _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY CRIME? _____ IF YES PLEASE EXPLAIN:

HOW WOULD YOU DESCRIBE YOUR HEALTH? Excellent Good Fair Poor

LIST ANY MEDICATIONS YOU ARE TAKING _____

PLEASE DESCRIBE ANY HEALTH LIMITATIONS AND STATE ANY SPECIAL TREATMENT THAT

YOU REQUIRE _____

WHO IS YOUR HEALTH INSURANCE PROVIDER? _____

DO THEY COVER YOU WHEN YOU GO OUT OF THE COUNTRY? _____

DO YOU HAVE A VALID PASSPORT? _____ EXPIRATION DATE _____

EDUCATION

WHAT IS THE HIGHEST LEVEL OF EDUCATION YOU HAVE COMPLETED?

- High School/GED Some College College Degree Post Graduate

LIST DEGREE(S) YOU HAVE RECEIVED _____

DO YOU HAVE ANY FORMAL MINISTRY TRAINING? _____ IF YES, PLEASE EXPLAIN

DO YOU HOLD MINISTERIAL CREDENTIALS? None Ministry License Ordained

IF YES, WHO ARE YOUR CREDENTIALS WITH? _____

TELL US ABOUT YOUR CALLING

HAVE YOU EVER DONE ANY MINISTRY WORK IN ANOTHER COUNTRY? PLEASE EXPLAIN:

DO YOU KNOW WHAT AREA OF THE WORLD YOU WOULD LIKE TO SERVE? _____

IF YES, EXPLAIN WHERE WOULD YOU LIKE TO GO AND WHY? _____

DO YOU HAVE A CONTACT OR RELATIONSHIP WITH SOMEONE IN THIS AREA? _____

IF YES, PLEASE EXPLAIN: _____

WHAT TYPE OF MINISTRY DO YOU SEE YOURSELF DOING THERE? _____

WHAT OTHER MINISTRY WORK OR EXPERIENCE DO YOU HAVE THAT WOULD BE RELEVANT?

ACCOUNTABILITY AND COVERING

HOME CHURCH _____

PASTORS NAME _____ CHURCH NUMBER _____

HOW LONG HAVE YOU BEEN ATTENDING THIS CHURCH? _____

WILL THEY BE SUPPORTING YOU FINANCIALLY? _____ IF SO, Monthly Offering

WILL THEY BE PROVIDING YOUR SPIRITUAL COVERING AND ACCOUNTABILITY? Yes No

IF NO, WHO OR WHAT MINISTRY WILL BE PROVIDING THIS? _____

REFERENCES

PLEASE LIST THREE REFERENCES NOT RELATED TO YOU.

NAME _____ PHONE NUMBER _____

RELATIONSHIP _____

NAME _____ PHONE NUMBER _____

RELATIONSHIP _____

NAME _____ PHONE NUMBER _____

RELATIONSHIP _____

PLEASE INCLUDE A BIOGRAPHY WITH YOUR APPLICATION WHICH INCLUDES:

- A BRIEF STATEMENT ON HOW YOU CAME TO FAITH IN JESUS CHRIST.
- A STATEMENT ON HOW YOU WERE CALLED.
- WHAT SKILLS AND GIFTS DO YOU BRING TO YOUR CALLING.
- DESCRIBE YOUR STRENGTHS AND WEAKNESSES.
- DESCRIBE ANY LEADERSHIP POSITIONS YOU HAVE HELD RECENTLY.

ACKNOWLEDGEMENT

I _____ HEREBY ACKNOWLEDGE THAT I HAVE COMPLETED THIS APPLICATION IN HONESTY TO THE BEST OF MY ABILITY.

Your signature _____ Date _____

Signature of covering pastor _____ Date _____

RETURN INFORMATION

PLEASE EMAIL COMPLETED APPLICATION TO: INFO@MODERNDAY.ORG

YOU CAN ALSO PRINT AND MAIL TO:

MODERN DAY
P.O. BOX 535578
GRAND PRAIRIE, TEXAS 75053