





**17)** Pastor's name.....

**18)** In what active Christian Service have you been engaged?

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**19)** What positions of leadership have you held during your life in school, camp, community, church?

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**20)** What languages do you speak? .....

**21)** In what countries have you travelled and lived abroad ? Length of time in each (use back if needed)

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**22)** In what country are you interested in service? .....

**23)** What spiritual gifts do you believe God has graced you with ?

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**24)** What is the reason for your interest with Into All The World?

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**25)** Are your parents Christian and are they in sympathy with your serving Christ overseas?

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**26)** Please write on a separate paper a brief statement of your conversion, call to ministry, and any other spiritual experiences which have brought you to the place you now are in Christ. Explain what you feel God is calling you to do overseas.

**27)** We request three references. We will contact them with a list of questions asking them for an evaluation as to your suitability for overseas work with our mission: Include address, phone/fax numbers and email address if possible.

a. Your Pastor

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b. Someone you have worked with, or a teacher.

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c. A friend

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Date..... SIGNATURE.....

Thank you. The above information is held in total confidence and will only be shared with the Personnel Committee and Board to decide on your suitability for service with us.

Sincerely,

Rev. Bill Lewis. Manager

P.S. Please be sure to include a photo of yourself (head and shoulders) and the application fee of \$25.00.

**Medical History**

All medical information on this form shall be held in strictest confidence by the personnel of INTO ALL THE WORLD ministries and is for the sole purpose of evaluation for any mission trip preparedness.

Your name and address: \_\_\_\_\_ Date of birth.....

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Do you usually experience good health?  Yes  No

Describe your physical condition:  Excellent  
 Good  
 Fair  
 Poor

List all medical conditions (heart, diabetes, etc.)

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List any personal contagious conditions.

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Do you have any allergies? (Bee stings, penicillin, peanuts, others—please explain)

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Are you currently under a doctor's care?  Yes  No

Are you currently taking any prescription or non-prescription medications?  Yes  No

What are they?.....

.....

Have you suffered from serious depression or a nervous disorder?  Yes  No

If so, please explain?.....

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Do you use tobacco or alcoholic beverages?  Yes  No

Have you ever used illegal drugs?  Yes  No

Emergency medical instructions, if any?

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Do you have any convictions against taking preventative medicines such as anti-malarials or vaccinations?  Yes  No

If so, please explain.

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Please give us your doctor's name and phone number.

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