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Winnipeg MB R2N 4G6
CANADA

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APPLICATION FOR ASSOCIATE MISSION WORKERS

Date of Application _____ Date received by office _____

Please enclose a recent photograph (suitable for publication).

A. Personal Data

- 1. Full Name _____ Birthdate _____
- 2. Telephone _____ Email _____
- 3. Address _____ Postal Code _____
- 4. Male Female
- 5. Married Single Divorced Widow(er) If married, anniversary date: _____
- 6. Number of dependents _____ Please list name, age, and birthdate of each:

- 7. Social Insurance Number _____ Passport Number _____

B. Christian and Church Work Experience

- 1. On a separate 8 1/2 X 11 sheet, please give a detailed report of your conversion experience.
- 2. Church Affiliation: _____
- 3. Are you a member? Yes No Name of Pastor _____
- 4. In what capacity are/were you serving your church? Please list:

- 5. Briefly define the importance of the local church and the EMMC to you as you contemplate ministry with or are involved with an Associate Mission agency.

C. Missions

1. You may already be serving with an Associate Mission or are in the process of making application. On a separate sheet briefly describe how God is calling/called you to missions and how He has led you to the mission you are associating with.
2. Name of Mission _____
3. Address _____
4. Date of application to above mission _____ Date accepted _____
5. Country to which you are assigned/expected to be assigned _____
6. Briefly describe your assignment with this mission:

7. Total monthly support you need to raise for salary, ministry, etc. \$_____
8. If possible, give breakdown on percentage of support for salary, administration, ministry, etc.

D. References

As personal references, list the names and addresses of two people who know you well, and who have not been listed previously in this application.

Name of Reference	Address, Phone Number, Email	Employment

Signed _____

Please forward application to:

EMMC Office
Attn: Missions
757 St. Anne's Road
Winnipeg, MB. R2N 4G6
Email: info@gomission.ca

