



PERSONAL

Full Name \_\_\_\_\_ Spouse Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_

Birthdate \_\_\_\_\_ Spouse Birthdate \_\_\_\_\_ Email \_\_\_\_\_

Ethnic Background \_\_\_\_\_ Language Proficiency Other Than English \_\_\_\_\_

US Citizen  YES  NO If NO, Other Citizenship \_\_\_\_\_

Marital Status:  Single  Engaged  Divorced  Divorced & Remarried  Married  Annulment  Dissolution  
Spouse:  Divorced  Divorced & Remarried  Married  Annulment  Dissolution

EDUCATION

Self:  High School  Some College  College  Seminary  Other

Spouse:  High School  Some College  College  Seminary  Other

CHURCH MEMBERSHIP

CHURCH NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

ZIP CODE \_\_\_\_\_ E-MAIL \_\_\_\_\_

NAME OF PASTOR \_\_\_\_\_ PHONE \_\_\_\_\_

Does Church have any AFFILIATION?  NO  YES, name of Association \_\_\_\_\_

In what area of ministry are you interested in serving?  Church Planting  Church Building

Other (please specify) \_\_\_\_\_

**When submitting this questionnaire, please include a signed copy of the Declaration of Faith and Policy on Separation (and, if applicable, any reservations or disagreements you may hold with either).  
If applying as a married couple, husband and wife must sign both forms.**

Date

Signature

Spouse Signature

After consultation by the Pre-Field Director and your Pastor, a formal application will be mailed to you.

**Return all required forms to: Continental Baptist Missions | ATTN: Pre-Field Ministries | 11650 Northland Dr NE | Rockford, MI 49341**