



# MISSIONARY APPLICATION

**MACEDONIA WORLD BAPTIST MISSIONS, INC.**

P.O. Box 519

Braselton, Georgia 30517

Phone: 706-654-2818 Fax: 706-654-2816

E-mail Address: mwbm@mwbm.org

**INCLUDE  
RECENT PHOTO**

Husband & Wife  
or  
Single Applicant

## PERSONAL HISTORY

**PLEASE PRINT CLEARLY**

Last Name		First	Middle	Date of Birth	Place of Birth
Wife's Maiden Name:		First	Middle	Date of Birth	Place of Birth
Address			City	State	Zip
Husband's S.S. #		Wife's S.S. #		Anniversary Date	
Home Telephone:	Cell phone:	E-mail address:	How long have you worked at your present employment? Previous employment?		
Nearest of Kin (for emergency)	Relation	Address (Include City, State & Zip)			Telephone
Marital Status: Single ___ Married ___ Divorced ___ Separated ___ Widowed ___ Husband Ever Divorced? Yes ___ No ___ Wife Ever Divorced? Yes ___ No ___					
CHILDREN: Name	Date of Birth	S.S.#	Name	Date of Birth	S.S.#
Name	Date of Birth	S.S.#	Name	Date of Birth	S.S.#
Name	Date of Birth	S.S.#	Name	Date of Birth	S.S.#

## PHYSICAL DATA

### HEALTH:

Husband or Single: Excellent \_\_\_ Good \_\_\_ Fair \_\_\_ Poor \_\_\_ Weight \_\_\_ Height \_\_\_ Color of Eyes \_\_\_

Wife: Excellent \_\_\_ Good \_\_\_ Fair \_\_\_ Poor \_\_\_ Weight \_\_\_ Height \_\_\_ Color of Eyes \_\_\_

List any serious illnesses, operations, accidents, or nervous disorders that you or your family have had in the last five years. (Use separate sheet if necessary)

## CHRISTIAN SERVICE

Church Membership	Address (Include City, State & Zip)	Telephone
Pastor's Name	Address (Include City, State & Zip)	Telephone
Date you joined the church	Present Church Office's and Service: Husband or Single Applicant:	Wife:
Previous Church Membership: Address (Include City & State):		
Are you ordained and/or a licensed minister of the Gospel? Ordained ___ Licensed ___		
Have you served in the pastorate? Yes ___ No ___ If so, where and how long?		

**EDUCATION (Husband)**

Circle Completed Years:

High School 1 2 3 4 College, Bible Institute 1 2 3 4 Post Graduate Degree \_\_\_\_\_

Schools Attended:	Name	Address	Degree	Year
College, Bible Institute or Vocational School				
Graduate School				

Languages you have learned:

**BRIEF STATEMENT OF SALVATION AND CALL TO THE MISSION FIELD (Husband)**


**EDUCATION (Wife)**

Circle Completed Years:

High School 1 2 3 4 College, Bible Institute 1 2 3 4 Post Graduate Degree \_\_\_\_\_

Schools Attended:	Name	Address	Degree	Year
College, Bible Institute or Vocational School				
Graduate School				

Languages you have learned:

**BRIEF STATEMENT OF SALVATION AND CALL TO THE MISSION FIELD (Wife)**


Please list the **type of ministry and the country** to which God has called you.

Have you read the POLICIES AND PROCEDURES of Macedonia World Baptist Missions? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you in agreement with these policies? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you applied with any other Mission Boards? Yes \_\_\_\_\_ No \_\_\_\_\_ (If so, please give the name of the Board.)

**REFERENCES:** Please list three references, other than your Pastor.

Name	Address (Include City, State, & Zip)

Husband or Single Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Wife's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please give your position on the following:** (Use additional paper if necessary)

1. The Scriptures
2. God
3. The Person and Work of Christ
4. The Person and Work of the Holy Spirit
5. Salvation and Security of the Believer
6. The Church
7. The Ordinances of the Local Church
8. The Personality of Satan
9. The Eternal State
10. The Second Coming of Christ
11. The Millennium
12. The Great Commission
13. Ecclesiastical Separation

**Define and give your position on these terms:**

- A. The Ecumenical Movement
- B. The Charismatic
- C. Neo-Evangelicalism
- D. Neo-Orthodoxy