WORLD WIDE NEW TESTAMENT **BAPTIST MISSIONS**

PRELIMINARY QUESTIONNAIRE

GENERAL INFORMATION

Applicant: _____ Field: _____

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Briefly describe the field and ministry to which God has called you, including anyone with whom you are planning to work.

DOB: / / Age:	Nationality:	US. Citiz	enship: 🔲 Y 🗌 N		
Address:	City:	State:	Zip:		
Mobile Phone:	Phone:	Email:			
Present occupation:	Employer:				
Foreign languages you speak:					
Do you have any debts? Y N	If so, what are yo	ur plans to retire the d	lebt?		
Do you have any major physical limita	tions? Y N	If so, please explain	1:		
Will you and your wife (if married) be cal condition? Y N N Check One:	carefully examined by	a medical doctor to de	etermine your physi-		
Single Engaged Married	Separated Div	orced Divorced ar	nd Remarried		
Name of Spouse	Age	Age Number of Children			
	EDUCATION				
Highest Degree Earned:					
Date Entered Name and Location	Date Graduated	Major/Minor	Degree Recieved		
Do you have plans for further study? If yes, what course of study? When would you be available for miss			Y N		

CHRISTIAN EXPERIENCE

Date Saved:	Date Baptized:	Are you a	active in a local chure	ch? 🗌 Y 📃 N	
Home Church:		Pastor:	Telephor	Telephone:	
Address:		City:	State:	Zip:	
What type of Christian					
What other mission ager	ncy have you applied t	to or served under	and when?		
Are you an independent	, fundamental Baptist	in polity and pract	tice? Y	N	
	GENERAL D	OCTRINAL PC	SITION		
 The deity of Jesus Ch Salvation by grace th A regenerate, immersion The resurrection of the 	I- Father, Son, and Ho nrist- His virgin birth, rough faith in the sub sed church membersh he saved to heaven w ssion to believers to g clocal church	physical life, death stitutionary death ip ith Christ and the	and blood of Christ unsaved to eternal pu	inishment	
Do you agree with these	statements?		Y	N	
Signature:		Date:			
Once your application h pleting a full application	Please return yo World Wide Nev J Kings M info	our completed appl v Testament Baptis P. O. Box 725 Mountain, NC 2808 or o@wwntbm.net	ication to: st Missions	nation about com-	
Data Pagoivad		CE USE ONLY			
Date Received:	By:			_	
Sent to General Director		Da	ate:		
General Director Approved		Da	ate:		

Sent Full Application

Date: _____

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