



Short-Term Missionary Application Single Person

Macedonia World Baptist Missions, Inc.

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Braselton, Georgia 30517
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PERSONAL HISTORY

Please Print Clearly

Last Name		First	Middle	Date of Birth	Passport #
Address			City	State	Zip
Home Telephone	Cell Phone	E-Mail Address		Social Security No.	
Nearest of Kin for Emergencies		Relationship	Home Telephone	Business Telephone	
Address (Include City, State, Zip)					
Ever Divorced? Yes ___ No ___					

PHYSICAL DATA

HEALTH Excellent ___ Good ___ Fair ___ Poor ___ | Weight ___ Height ___ Color of Eyes ___

List any allergies, serious illnesses, operations, accidents, or nervous disorders that you have had in the last two years.

Give Name of Health Insurance Provider and Policy No.:

CHURCH MEMBERSHIP

Church Membership	Address (Include City, State, Zip)	Telephone	Email Address
Pastor's Name	Address (Include City, State, Zip)	Cell Phone	Email Address

EDUCATION

Circle Years Completed: High School 1 2 3 College, Bible Institute 1 2 3

List Colleges or Bible Institutes attended

Name	City, State	Telephone

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BRIEF TESTIMONY OF SALVATION

Please list the ministry and country in which you wish to serve:

Have you read the **POLICES** and **PROCEDURES** of Macedonia World Baptist Missions? Yes _____ No _____

Are you in agreement with these Policies? Yes _____ No _____

Have you applied to another mission board? Yes _____ No _____ Which one(s)?

REFERENCES Please list two references other than your Pastor.

Name	Address (Include City, State, Zip)	Telephone	Email Address
		Telephone	Email Address

The completion or acceptance of this missionary application is strictly for the purpose of Macedonia's records, and does not, in any way, create or establish an employer/employee or contractual relationship between Macedonia and independent missionaries affiliated with Macedonia for the sole purpose of facilitating contributions received on behalf of the independent missionary.

Single Applicant's Signature _____

Date _____