



Career Missionary Application

Reciprocal Ministries International

For Married Couples, each individual should complete an application.

General Information

Name _____

Address _____

Phone (Home) _____ Phone (Office) _____

Email (1) _____ Email (2) _____

Date of Birth _____ Male Female

Single Married Divorced (If divorced, explain circumstances on separate sheet.)

Social Security #- _____

Birth date of each child living with you: _____

Church Information

Home Church _____ Phone _____

Church Address _____

Denomination _____ Pastor _____

How long have you attended Your Church? _____

Are you a Member? Yes No

Your position/activities in the church:

Education

	Institution	Date Attended	Degree Earned
High School:	_____	_____	_____
College:	_____	_____	_____
Post Graduate:	_____	_____	_____
Additional Training:	_____		

Ministry Training and Experience

Ministry and Missions Experience:

Have you served with another mission agency? Yes No

If yes, which one?

State reason for leaving other mission agency:

What are your spiritual gifts? _____

How have you used these spiritual gifts?

Do you have a consistent, meaningful and daily devotional time? Yes No

What books have you read that have contributed significantly to your life and ministry?

Personal Information

Hobbies: _____

Special Interests: _____

Present Occupation: _____

Former Occupation: _____

Languages (S- Speak, W- Write, R-Read)

French _____ Creole _____ Spanish _____ Other: _____

When you let yourself dream, what do you see yourself doing in five years?

Health: Good Fair Poor

Explain special health conditions and any medication taken.

Self-Evaluation

Mark the characteristics that accurately describe you. You may mark more than one letter for each characteristic.

M- Fairly accurately describes me

S- Sometimes describes me

X- Extreme

I- Improvement Needed

Characteristic	M	S	X	I
Cheerful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical Spirit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Characteristic	M	S	X	I
Sense of Humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Characteristic	M	S	X	I
Impulsive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Well Balanced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tendency toward Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conscientious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Goal-Oriented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Considerate of Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally Neat and Tidy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relates Well to Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidences Faith in Daily Living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence of Spiritual Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quick to Find Fault	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stubborn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irritable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Characteristic	M	S	X	I
Under Stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apathetic/Unresponsive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moody	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Straightforward	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diligent/Persevering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courteous/Well Mannered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepted by Peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self Centered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence of Fruit of the Spirit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Servant Heart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quick to Acknowledge Fault	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-disciplined	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Motivated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impetuous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Purposeful/Focused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you ever had homosexual tendencies? Yes No

Have you ever been expelled from school? Yes No

Have you ever been arrested? Yes No

Have you ever been asked or forced to leave a church? Yes No

Have you ever consulted a psychologist, psychiatrist or counselor? Yes No

(If you answered 'Yes' to any of the above questions, please explain on a separate sheet.)

If married, would you describe your marriage as:

- Unusually Close and Strong
- Above Average
- In Need of Improvement
- In Trouble

How long have you been married? _____

Is your spouse equally committed to becoming a short-term missionary? Yes No

If you have significant debt, do you have a plan for eliminating such? Yes No

Explain:

Interests, Experience and Training

I- Interest

T- Training

E- Experience

(Use space to the right for comments.)

Evangelism and Church Development

	I	T	E	Comments:
Evangelism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Youth Ministries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Children's Ministries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Women's Ministries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Men's Ministries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Seminars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Retreats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Education

	I	T	E	Comments:
Elementary Teaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Secondary Teaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bible Institute	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TEE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Teacher Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Music Teaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Teaching Christian Ed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Teaching Missionary Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Construction

	I	T	E	Comments:
Masonry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Electrical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Plumbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Carpentry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cabinet Making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Painting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Decorating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Medicine				
	I	T	E	Comments:
Doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Technician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dentist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pharmacist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Business				
	I	T	E	Comments:
Computers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Purchasing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Office Secretary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Accounting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bookkeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Support Ministries				
	I	T	E	Comments:
Mechanical Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
House Parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Camping Administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Communications				
	I	T	E	Comments:
Creative Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bookstore	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Literature Distribution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Radio Programming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Radio Engineering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Community Development

	I	T	E	Comments:
Agriculture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Veterinarian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Civil Engineering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Crafts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Ministry Specifications

I am interested in working in the following area:

- Int'l Office, FL
- Haiti
- Jamaica
- Guatemala
- Other:

Date available to begin ministry: _____

Attachments and Signature

- I have read and agree with the RMI Statement of Faith.
I have attached...
 - ...a picture of myself/my family.
 - ...a written account of my conversion, my reasons for considering career missions, as well as a brief description of my desired scope of ministry.
 - ...the necessary explanations for my responses to questions above.
- I have asked 3 people to submit reference forms on my behalf.

Signature

Date

Please send this form to:

Reciprocal Ministries International
5475 Lee St, 301
Lehigh Acres, FL 33971

239.368.8390 (office phone)
239.368.8325 (office fax)
rmioffice.florida@rminet.org