

# The Master's Mission:

## Candidate Application Form

Please provide the information requested as thoroughly, accurately, and neatly (print of type) as possible. Any and all disclosures made herein will be held in strict confidence by the Board of Directors and Candidate Evaluation Committee of The Master's Mission. Material submitted by Personal References will be treated likewise. We look forward to receiving your completed application. Email your application at [tmmteasdale@uuplus.com](mailto:tmmteasdale@uuplus.com) or mail it to PO Box 547 Robbinsville, NC 28771 or fax: (828) 479-2471



### SECTION I: Personal Information

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Birthdate \_\_\_\_\_

S. S. Number \_\_\_\_\_

Spouse's Birthdate \_\_\_\_\_

Spouse's S. S. Number \_\_\_\_\_

Anniversary \_\_\_\_\_

Children:	Name	Birthdate	Age

Please describe the general health of you and your family. Include any major health problems in the last five years.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you or your spouse even been separated or divorced? Yes  No  If yes, please explain on a separate sheet of paper.

### SECTION II: Sending Church Information

What church do you currently attend? \_\_\_\_\_

Church Address \_\_\_\_\_  
\_\_\_\_\_

Church Phone Number: \_\_\_\_\_

Pastor and/or Associate \_\_\_\_\_ Missionary Committee Chairman \_\_\_\_\_

Are you a member of this church? Yes  No  Of another Church? Yes  No

\* Complete the following only if you are a member of a church **other than** or **in addition to** the one named above.

Name of Church \_\_\_\_\_

Church Address \_\_\_\_\_

Church Phone Number: \_\_\_\_\_

Pastor and/or Associate \_\_\_\_\_

Missionary Committee Chairman \_\_\_\_\_

Are you ordained? Yes  No  If yes, how long? \_\_\_\_\_

By what Church/Group? \_\_\_\_\_

Are your spouse and children in sympathy with your ministry? Briefly comment. \_\_\_\_\_

Please list your current church responsibilities.

Please list your past church responsibilities.

Are you a member of, or affiliated with, any other mission, professional, or fraternal organization?  
Yes  No  If yes, please list. \_\_\_\_\_

### SECTION III: Education

What year did you graduate from high school? \_\_\_\_\_

Your Spouse? \_\_\_\_\_

Please list the schools you have attended since high school.

	School	Start/Finish	Degree Earned
You		to	
		to	
		to	
Your spouse		to	
		to	
		to	

**SECTION IV: Employment History**

	Employer	Start/Finish	Job Description
You		to	
		to	
		to	
Your spouse		to	
		to	
		to	

**SECTION VI References**

Please include at least one teacher and one employer.

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

City/State/Zip \_\_\_\_\_

**SECTION VII Spiritual Affirmation**

Please answer the following questions on a separate sheet of paper. If married, please have your spouse answer these questions in the same manner. Be sure to include your name on the top right-hand corner of each sheet submitted.

1. How do you know you are a child of God?
2. Why do you believe God is leading you into missionary service?
3. We believe that I Timothy 3:1-10 and Titus 1:6-9 give the qualifications for church leadership. Is there anything in these passages that might disqualify you? If yes, please explain.
4. Please read and study The Master's Mission Doctrinal Statement. Do you accept it completely? If not, please explain.