



Agape International

This the **gospel** of the Kingdom must be proclaimed to **all** nations

Please attach a recent photo of yourself.

1 NAME:									
Mr./Mrs./Miss _____									
last name			first name			middle name		prefer to be called	
2. DATE OF BIRTH (dd - mm - yyyy)							3. SEX		4. NATIONALITY
5. OCCUPATION									
6. PLACE OF BIRTH									
Country				State			District		
7. MARITAL STATUS									
SINGLE/ENGAGED/MARRIED/SEPARATED/DIVORCED/WIDOW/WIDOWER					Name Of Spouse			Date of Marriage	
8. CHILDREN									
Number Of Children		Name of Children					Gender	Date Of Birth	
9. PERMANENT ADDRESS (Include house number, c/o, town, district, state & pin no.)									
10. NAME AND ADDRESS OF MINISTRY/EMPLOYER, IF ANY									
Office Telephone/ Mobile Number					Office E-mail Address				

11. PERSON TO CONTACT IN CASE OF EMERGENCY						Type of Relationship/ mobile no/email			
Name & Permanent Address of Person									

14. NAME & ADDRESS OF HOME CHURCH	Name of Pastor	Telephone Number
-----------------------------------	----------------	------------------

15. EDUCATIONAL QUALIFICATIONS (Secular/Theological)		
Name Of Schools/Colleges/Universities	Place	Courses/Degrees Completed

16. PERSONAL HEALTH PARTICULARS		
Known Allergies		Blood Group
<p>Are you presently under any medication or treatment? If yes, please specify.</p>		
<p>Do you have any dietary restrictions(vegetarian, vegan, allergies, etc.)? If so, please specify.</p>		
<p>Family Health History (e.g. heart problem, diabetes, high blood pressure, mental illness, etc.)</p>		

17. SPIRITUAL PARTICULARS
<p>Have you accepted Jesus Christ as your personal Lord and Savior?</p>
<p>Have you taken Water Baptism?</p>
<p>Have you been baptized with the Holy Spirit?</p>
<p>Have you read the Statement of Faith of Agape International Ministries? Do you agree with them?</p>

18. NAME & ADDRESS OF PASTOR/SPIRITUAL LEADER WHO ARE FILLING YOUR REFERENCE LETTER

Name & Home Address of Pastor/Spiritual Leader	Telephone Number/Email	Position	Duration of Relationship

19. Will your church/ an individual/ organization be supporting you financially for the mission? If not, please specify how your fees will be paid.

***** Last date for submission of application forms is 31st May, 2020.**

20. DOCUMENTS: email us copy of your Passport.

I, _____ hereby declare that all the information I have submitted in this application form are true and accurate to the best of my knowledge. I agree to commit myself fully to the course and will abide to the guidelines of Agape International Ministry- Missions Training Program throughout the duration of the course.

Date

Signature of Applicant

Introduced and Referred by _____



QUESTIONNAIRE

(To be filled by the applicant and submitted along with the application form.)

Name of Applicant: _____

Date: ____ / ____ / 2020

Please be assured that this form is confidential. Send/Mail this Questionnaire DIRECTLY back to MTC@aim1040.com

1. Do you have a nation in your heart to go as a missionary? If yes, which nation?

2. Write your testimony in about 500 words. (You may use additional pages to write.)

Date: _____

Signature: _____