

Date: Home Number

Cell Number Fax

Title: First Name:

Last Name

Address

City State Zip Code

Country

email



Missions Ablaze Missionary Application
1 Hospital Hill Road
Tongaat, Kwa Zulu
South Africa
4400
Phone: 032-945-0185
Fax: 032-945-4250
www.missionsablaze.org.za

Driver's License Yes No Heavy Duty? ID Number Marital Status

Date of Birth Children Name & ages

Currently Employed? Husband or Wife's Name

Education Level Mission School Training? Other Spiritual Courses?

Where were these Courses Done? Were you a Group Leader during these Courses?

Period of Training? Reason for leaving?

Where & with whom were you in full time ministry?

Describe your level of Spiritual Maturity

How is your Prayer Life? Are you in ministry or secular work now?

With Whom & how long? Prior to that what did you do?

Contact Person & Telephone Name your Church

Pastor Name & Telephone May I contact your Pastor?

Born Again? Baptised? Spirit Filled?

Are you prepared to submit to Missions Ablaze Leadership Authority?

Are you prepared to work anytime when called to do so ? (crusade, relief aid etc.)

Are you prepared to accept disciplinary action if necessary?

What is your long term vision?

Home Language? Other Languages?

Sport? Hobby? Special Interest?

Are you Free of All Habitual Substance dependance practices & how long ? e.g. smoking, alcohol etc.

Do you study Bible regularly? How will you be supported Financially?

If Accepted, when would you be able to Join? How long are you Planning to stay?

Would you like to attend our Missions Bible School? Any other Info or comment?