

Massachusetts/Rhode Island District North American Missions Application

1. Name _____ Phone _____
Address _____ City _____ State _____ Zip _____
Date of Birth _____ Spouse's Name _____
Level of license held with UPCI: _____ District? _____
Childrens' names & ages _____

What is the spiritual standing of the members of your family? _____

2. List locations where you have ministered during the last 5 years, and briefly describe the activities you were involved in as ministry, including your present field of labor: _____

3. Over the past 5 years, how many souls have attended an apostolic church for the first time as a direct result of your interaction with them? _____
With how many of those have you been actively involved in their discipleship, including their new birth experience? _____

4. What soul-winning methods have you used? _____

5. What methods of soul-winning and church development do you expect to use here? _____

6. What are your thoughts about the type of facilities you will use for worship? _____

7. If no assistance from North American Missions is received, how will you support your family?

What is your work experience? _____

8. Please list your financial obligations on the reverse side of this page, and indicate the status of each, i.e. paid up to date, behind (by how much), paid ahead. . (This information will be kept confidential.)

9. Please describe how the desire to come to our district developed and what, if any, specific city you are interested in: (Use reverse if more space needed) _____

10. When do you plan to relocate to your target city? _____

11. Is your spouse in agreement with this move? _____ May we contact her directly? _____

12. Will you exercise good ministerial ethics, honoring your fellow ministers as you would want to be honored? _____ Have you done so in your present district/section? _____

13. Have you discussed this move with your pastor, and is he in agreement with it? _____

14. References:

Please list the names of 5 ministers, with their addresses and phone numbers, who we may contact for their recommendation:

District Superintendent: _____

Presbyter: _____

Pastor: _____

Other: _____

Other: _____

Applicant's Signature: _____

Pastor's Signature: _____

Approved/Rejected: _____ Date: _____

District North American Missions Executive Committee:

District Superintendent: _____

Sectional Presbyter: _____

District N.A.M. Director: _____

Sectional N.A.M. Director: _____