

OMS International

Application for Overseas Ministry **[short-term or long-term]**

OMS International - Canada
293 Wellington St. N., Box 132,
Hamilton, ON. L8L 8E7
Phone: (905) 522-1605
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Email: mail@omscanada.org

Full Legal Name: _____ Sex: Male Female Birth Date: ____ / ____ / ____

Trip/Position: _____ Date of Trip/Availability: _____

Marital Status: Single Divorced (ever?) Married Marriage Date: _____ Name of Spouse: _____

Children (please list names, birth dates and indicate male or female): _____

Emergency Contact Information: In case of an emergency, whom should we contact?

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Passport number: _____ Where issued? _____ Passport Expiration Date: ____ / ____ / ____

Ministry Involvement and Experiences

Church: _____

Address: _____

Pastor's Name: _____ Phone Number: _____ May we contact your pastor? Yes No

- Describe your normal involvement in your local church: _____

- Describe any local ministry experience with people different from you (i.e., differences in age, culture, economics, ethnicity, urban-rural, etc.): _____

- Describe any missions or cross cultural experiences in which you have participated: _____

Languages spoken: _____ Languages read: _____

- Describe any campus ministry involvement or experience: _____

- Do you regularly share your faith? _____ If so, how often? _____

- Are you accountable to someone for your spiritual growth and development? _____ If so, who? _____

- On a separate sheet of paper please write in the first person a brief story about your life. Please include your early home life, how you became a Christian, how you have grown since then, involvement in a local church and how you became interested in missions. (Please limit to one page).

YOUR SKILLS

Listed below are skills that are useful in missionary service. Please read the skills carefully and mark all that pertain to you. You may use more than one letter for a particular skill.

E—skills in which you have experience
P—skills in which you are proficient

L—skills you most like doing
D—skills you most dislike doing

Building Skills

- ___ Carpentry
- ___ Drywall
- ___ Electrical/Plumbing
- ___ Heating/AC
- ___ Masonry
- ___ Painting

Media Communication Skills

- ___ Graphic Design
- ___ Photography
- ___ Radio
- ___ Video
- ___ Web Design
- ___ Writing and Editing

Teaching Skills

- ___ Elementary/Secondary Education
- ___ English as a Second Language
- ___ Occupational Training
- ___ Biblical/Theological Education

Fine Arts Skills

- ___ Accompaniment
- ___ Directing or Singing in Choir
- ___ Dramatics
- ___ Solo Performance
- ___ Song Leading

Office Skills

- ___ Bookkeeping and Accounting
- ___ Computers/Networking
- ___ Desktop Publishing
- ___ Word Processing/Spreadsheets

Other Skills

- ___ Camp Counselor
- ___ Cooking and Sewing
- ___ Farming (Type _____)
- ___ Medical Aid (Type _____)
- ___ Public Health
- ___ Sports Ministry
- _____

Mechanical Skills

- ___ Electrical Work
- ___ Gas/Diesel Repair
- ___ Small Engine Repair

Spiritual Leadership Skills

- ___ Counseling
- ___ Evangelism
- ___ Leading Small Groups
- ___ Planning and Leading Worship
- ___ Preaching and Church Planting

If you wish to make any comments about any of skills you have marked above, please use the space below.

Do you have any health concerns that would limit traveling or living overseas? Yes No If yes, please explain: _____

While ministering with OMS, you may not use tobacco, alcohol, or recreational drugs.

Are you willing to abide by this policy? Yes No

Have you ever pled guilty, no contest, or been convicted of a misdemeanor or felony? Yes No If yes, please explain: _____

Have you had any past or current struggle with pornography or other sexual temptation? Yes No If yes, please explain: _____

OMS is a faith mission. OMS missionaries are responsible to raise funds for OMS to cover the anticipated expenses of their ministry

and benefits. Are you willing, with God's help, to assume that responsibility? Yes No

Signature: _____

Date: _____