



FOUNDATIONS MINISTRIES INC.  
 8-60 Bristol Road East  
 Suite 425  
 Mississauga, Ontario  
 Canada L4Z 3K8

**For Office Use Only:**  
 Date Received \_\_\_\_\_  
 Application Dep. \_\_\_\_\_  
 Date \_\_\_\_\_  
 Reference Forms:  
 Pastor \_\_\_\_\_  
 Church Leader \_\_\_\_\_



MISSIONS WITH A PURPOSE

# Application Form

*Please fill out the form completely.  
 All information will be kept in strict confidence.*

## PERSONAL INFORMATION

PLEASE PRINT CLEARLY

Name:

\_\_\_\_\_

First Middle Last

Address:

\_\_\_\_\_

No. City/Town

\_\_\_\_\_

Province Postal Code Country

\_\_\_\_\_

Home Phone Business Phone

\_\_\_\_\_

E-mail Fax

Birth Date:

\_\_\_\_/\_\_\_\_/\_\_\_\_

MM/ DD/ YY

Age \_\_\_\_\_

Male  Female

Citizenship:

\_\_\_\_\_ Country of Birth \_\_\_\_\_ Immigration Status \_\_\_\_\_

Language:

English  French

Marital Status:

Engaged  Single  Married  Divorced (over one year:  Yes  No)

Spouse's Name:

\_\_\_\_\_



## PASSPORT INFORMATION

Name on passport \_\_\_\_\_

Citizenship \_\_\_\_\_

City or Country where Passport was issued \_\_\_\_\_

Date of issue \_\_\_\_\_  
MM/ DD/ YY

Expiry Date \_\_\_\_\_  
MM/ DD/ YY

Passport number \_\_\_\_\_

## AIRMILES INFORMATION

Airline Mileage: Card Name \_\_\_\_\_ Number \_\_\_\_\_

## SOCIAL AND HEALTH INSURANCE NUMBERS

Health Insurance # \_\_\_\_\_

Health Insurance Company \_\_\_\_\_

## EMERGENCY CONTACTS

Emergency Contact 1 Name \_\_\_\_\_

Address \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Relationship to you \_\_\_\_\_

Emergency Contact 2 Name \_\_\_\_\_

Address \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Relationship to you \_\_\_\_\_

## FINANCIAL INFORMATION

Employment:  Full-time  Part-time  Student  Retired  Other \_\_\_\_\_

## ACKNOWLEDGEMENT OF FINANCIAL RESPONSIBILITY

Applicant Name \_\_\_\_\_

I understand that payment is required 30 days prior to departure of any trip. ***Payment must be made in full to:***

**FOUNDATIONS MINISTRIES INC.  
8 - 60 BRISTOL ROAD EAST  
SUITE 425  
MISSISSAUGA, ONTARIO  
L4Z 3K8**

Signature \_\_\_\_\_ Date \_\_\_\_\_

### ***Special note regarding expenses***

All personal expenses are the responsibility of the applicant, i.e. - phone calls, medical fees, spending money, and laundry expenses. Please ensure you are financial stable prior to departing.

**Please include a \$25.00 non-refundable administrative fee with this application. All applications will undergo an approval process and you will be notified upon acceptance.**

## RELEASE OF LIABILITY

I/We do hereby release Foundations Ministries (MAP), and its staff agents and volunteer assistants from any liability whatsoever arising out of any injury, damage or loss sustained by said persons during the course of involvement with Missions with A Purpose trips.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

***I certify that all the information in this application is complete and accurate.***

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

## MINISTRY INFORMATION

Please indicate your gifting:

- Preaching     Teaching     Musical Vocal     Musical Instruments     Helps

Please indicate ministry of interest:

- Children's Ministry     Prayer Ministry     Drama Ministry  
 Assisting with Crusades     Evangelism     Other

Please describe your areas of ministry and experience in your local church: service, leadership experience, gifts and abilities, etc.

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## SPIRITUAL HISTORY

How many years have you been born again? \_\_\_\_\_

Write a brief expression of your conversion experience

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**Spiritual History Con't.**

Do you believe in the baptism of the Holy Spirit?  Yes  No

Have you experienced this personally?  Yes  No

What spiritual disciplines do you practice regularly?

- Bible reading     Prayer     Daily devotions     Church attendance     Bible study

Do you make it a practice to pursue holiness in your personal life? Please explain:

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In the past year have you been involved in any of the following:

Smoking     Yes     No

Drinking     Yes     No

Illegal drugs     Yes     No

Illicit sex     Yes     No

If **Yes**, please explain: \_\_\_\_\_  
\_\_\_\_\_

What is your purpose for desiring to be part of a missions exposure trip?

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## MISSIONS SUPPORT

Are you currently supporting missions at your local church?

Yes    Not Able

Are you willing to raise financial support for the needs on the mission field prior to departure?

Yes    Not Able

Will you personally support missions upon returning and also promote wherever possible?

Yes    Not Able

Please indicate continent of interest:

Africa    Asia    Europe    South America    North America:  Native Regions  
 Caribbean

Please list languages spoken: \_\_\_\_\_

\_\_\_\_\_

## CHURCH AFFILIATION

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

Denomination \_\_\_\_\_ Years Attended \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_

Member/Adherent? \_\_\_\_\_

Ministry Involvement \_\_\_\_\_

## REFERENCE FORMS

**We require:**            1. Church Leader Reference  
                                 2. Pastoral Reference

### 1. Church Leader Reference

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

### 2. Pastoral Reference

Pastor's Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Will you be in support of and submission to Rev. Miller's vision? \_\_\_\_\_  
\_\_\_\_\_

Any comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_