



Mission to Africa Application Form:

Complete and submit the following application form or go to www.reachout2africa.org and complete the online version.

E-mail office@reachout2africa.org or call (604)307-1069 and for additional information to be sent to you by e-mail.

Applicants full name: _____

Birth date: _____

Birth place: _____

Nationality: _____

Citizenship: _____

Language(s) spoken: _____

Marital Status: _____

Your permanent address:

Address: _____

City: _____

Province/State: _____

Postal Code: ____ - ____

Country: _____

Home Phone: (____) ____ - ____

Your Email Address: _____

Your current mailing address - if different:

Address: _____

City: _____

Province/State: _____

Postal Code: ____ - ____

Country: _____

Name of parents / guardian: _____

Address: _____

City: _____

Province/State: _____

Postal Code: ____ - ____

Country: _____

Phone: (____) ____ - ____

If applicant is a minor, indicate parents' attitude toward your involvement in missions.

Emergency contact: _____

Address: _____

City: _____

Province/State: _____

Postal Code: ____ - ____

Country: _____

Phone: (____) ____ - ____

Church Affiliation:

Church: _____

Address: _____

City: _____

Province/State: _____

Postal Code: ____ - ____

Country: _____

Phone Number: (____) ____ - ____

Are you a church member? Yes No

How often do you attend church? _____

Tell about your salvation experience, Christian growth, ministry experience and why you desire to be a short-term missionary.

Do you maintain a regular devotional life? Yes No

Please describe your devotional life.

Have you ever abused alcohol, tobacco, drugs or other such harmful substances? Describe:

Have you had any cross-cultural experience? Yes No

Education:

High School Name: _____
High School City: _____
Last grade completed: _____
College: _____
Post grad / other: _____

References:

Give the name and address of each of the following three persons to whom we will be sending a reference form:

A. Home Pastor's name: _____
Address: _____
City: _____
Province: _____
Postal Code: ____ - ____
Country: _____
Phone (____) ____ - ____

B. Employer or friend: _____
Address: _____
City: _____
Province: _____
Postal Code: ____ - ____
Country: _____
Phone (____) ____ - ____

C. Another friend or employer or, (if you are a college student) dean, teacher or pastor away from home. _____
Address: _____
City: _____
Province: _____
Postal Code: ____ - ____
Country: _____
Phone (____) ____ - ____

I authorize the above to supply reference information to Reachout To Africa

Why are you interested in this particular ministry?

Will the required finances be available?
Sources: Church Fundraising Friends Self

Are you willing to adjust to inconveniences? Yes No

Employment experience:

List any emergency medical, camp, or outdoor sports in which you have experience or training:

You will be required to provide Reachout To Africa with a satisfactory Police Clearance Certificate during the application process. This will be at your own expense.

I certify that all statements made on the pages of this application, including attachments, are true and accurate, and complete to the best of my knowledge and are made in good faith. I understand that any misleading, inaccurate, or incomplete information may be cause for disqualification or termination.

Print Name: _____

Signature of applicant: _____

Date: _____

FOR OFFICE USE ONLY:

Decision Taken: _____

Date Decision communicated to applicant: _____

Duties Assigned: _____

Authorized: _____

RELEASE OF LIABILITY

Travel to South Africa by its own nature offers an unfamiliar and unique environment and risks of injury to both persons and property is inherent. I understand that by my participating in the ministry of Reachout To Africa I am indicating my acceptance of these risks.

I do hereby release the Reachout To Africa and associate organizations, their Board's of Directors and staff members from any liability whatsoever arising out of any injury, damage, or loss, which may be sustained by said person or their property during the course of involvement with Reachout To Africa's activities.

I understand that I am responsible for providing medical and accident insurance while participating in Reachout To Africa in Canada and while in foreign country programs.

Applicants Full Name: _____

Signature of Applicant: _____

Date: _____

If required: (applicant is a minor)

I have read and understood the Release of Liability policy above and agree and bind myself to its contents:

Parent/Guardian's Name: _____

Signature of Parent/Guardian: _____

Date: _____