

MISSION: CHILD CARE (MMP)

Email Application To: mmpece@gmail.com

Complete and answer this application form, answering all questions
Type or print legibly.



GENERAL INFORMATION

1. Mr. Mrs., Ms. _____
Last Name First Name Middle Name

2. Present Address _____
Number and Street

Province ZIP Code Telephone/Cell Number

3. Permanent Address (if different from above) _____

City/Town Province Zip Code

4. Date of Birth _____ Place of Birth _____ Citizenship _____

5. Age _____ Height: _____ Weight _____

6. SSS Number _____ Tin number _____ Email Address _____

7. Community Tax Certificate Number (Residence Certificate) _____
Place and Date issued _____

FAMILY/HEALTH INFORMATION

1. Marital Status: Check the appropriate answer
___/___ Single _____ Engaged _____ Married _____ Widowed _____ Separated _____ Divorced

2. If Married, give date of marriage _____
Month Day Year

3. If engaged, give expected date of wedding _____
Month Day Year

4. Check your attitude towards Christian service involvement, and your partner's, if married or engaged
Yours: ___/___ Enthusiastic _____ Favorable _____ Unsure _____ Opposed
Spouse: _____ Enthusiastic _____ Favorable _____ Unsure _____ Opposed

5. Spouse name: _____ Age: _____ B-day: _____

6. List of children, if any, and birth dates:
Name Month Day Year

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. Parent's Name Birthdate Occupation

Address _____

Number and Street City/Town Province

8. Check your parent's attitude toward your possible future Christian service involvement.

_____ Enthusiastic _____ Favorable _____ Unsure _____ Opposed

9. List of Brothers and Sisters

Name	Birthdate	Status	Occupation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

10. Your general physical condition _____

12. Do you require a special diet? _____

13. Do you have any chronic health problems and limitations? _____

14. Have you ever received counseling or treatment for emotional or mental disturbances?
Explain _____

EDUCATION/WORK EXPERIENCE INFORMATION

(If more room is needed, please use a separate sheet)

1. List in chronological order.

Name of of Institution	Location	Dates Attended	Major	Yr Graduated/Degree
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

2. How many languages or dialects do you speak? _____

3. Are you presently employed? _____ Yes _____ No _____ Self-employed

If yes, please answer the following:

Name of Company	Address	Position	No. of Years
_____	_____	_____	_____
_____	_____	_____	_____

CHRISTIAN LIFE INFORMATION

1. Home Church _____ Denomination _____
Address _____

2. Is this the local church you expect to commission you? _____ Yes _____ No
If no, list the church you expect to commission you.

3. Have you discussed your decision to apply to Mission: CHILD CARE (MMP) with your Church leaders?

If yes, what was their reponse? _____ Enthusiastic _____ Favorable _____ Unsure _____ Opposed

4. How have you attended your home church? _____

5. What do you believe to be your spiritual gift/s and or skills? How have you used them?

6. Identify and comment on your greatest strengths and weaknesses.

7. In what Christian ministries have you been involved? Describe your involvement.

8. How long have you been praying about and planning for Christian service?

9. How do you expect the Lord to use you in your Christian service? _____

10. What do you think you will contribute to team life and ministry? _____

11. How do you expect to grow through your ministry experience? _____

12. If accepted, you will need to raise your own financial support. How do you feel about it? _____

13. On a separate sheet:

a. Write your personal testimony how you became a Christian

b. Tell us your story

- > Unforgettable/most painful experience, and your greatest joy
- > Relationship with family
- > Relationship with God

REFERENCE

Church Pastor

Name _____ Age _____ Tel/Cell No. _____

Title _____

Address _____

How long have you known him/her? _____

Tell something about the applicant - brief notes, recommendations.

Signed by: _____

Please return this to the applicant. Thank you.

REFERENCE

Personal Friend

Name : _____ Age: _____ Tel. Number: _____

Relationship with the applicant: _____

Address: _____

How long have you known him/her ? _____

Tell something about the applicant - brief notes, recommendations

Signed by:

Pls. Return this o the applicant. Thank you