

Office Use Only

Date: _____
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Family: _____
Person: _____
Price: _____



**Global Challenge
Application Form**

Please
Attach Your Photo
Here
Important!

Please print

This application form is for people interested in short term opportunities from 1 week to 3 months.

1. Name & Address

First Name (as you wish to be known): _____ Last Name: _____
Address: _____ City: _____ Prov: _____
Postal Code: _____ Home Phone: _____ Work Phone: _____
Email: _____ Address valid until: _____
Permanent Address if different from above: _____

2. Dependent Information (*if coming with you*) Spouses must fill in their own application.

Dependent's Name	Gender	Birth Date
_____	_____	_____
_____	_____	_____

3. Gender: (Circle)
Male / Female

4. Date of Birth: ___/___/___
Day / month / year
Age: _____

5. Marital Status: (Circle)
Single / Engaged / Married /
Widowed / Divorced / Separated

6. Passport Information (*not needed if staying in Canada for outreach*)

(If you don't have a passport yet, send this application anyway. You should apply for a passport now and send a copy of the information page as soon as you receive it. Don't delay)

Your full name (as it is/will be in your passport): _____
Passport #: _____ Issue Date: _____
Nationality: _____ Place of Issue: _____
Place of Birth (*city & country*): _____ Expiry Date: _____

7. Emergency Information (*who we contact in case of emergency while you are overseas*) If you are under 19 years old this must be your parent(s) or guardian.

Name: _____ Relationship to you: _____
Address: _____
City: _____ Prov: _____ Postal Code: _____
Phone: _____ Email: _____

7. Global Challenge Program Selection

Please indicate which program (country) you wish to apply for. It is important that you are very specific in telling us the option you are interested in. If you have no preference, please indicate that also. Some options fill up quickly. Please send application as soon as possible.

Eg: Country: Belgium II a Dates: 3 – 16 July 04

Country: _____ Dates: _____

a) Why did you choose this option? _____

b) Is there a specific ministry you wish to have (eg. sports, drama, music, building, children etc)? Please indicate:

8. Where Did You First Hear About OM?

XOM Name: _____ website
 OMer Name: _____ Other: _____

9. Church/Reference Information. Please give **complete** addresses (you know... street, town, province, postal code, etc).

A. Pastor/Elder's Name (NOT a relative): _____

Church Name: _____

Denomination: _____

Address: _____ City: _____

Prov: _____ Postal Code: _____ Church Phone: _____

Church fax: _____ Church email: _____

B. Must be a mature Christian who has known you at least 1 year (NOT a relative or OMer).

Name: _____ Address: _____

City: _____ Prov: _____ Postal Code: _____

Phone: _____ Email: _____

10. Medical Information

Do you have anything in your medical history that we should know about (ie, disabilities, allergies, prescription medication, etc.)? **YES/NO**

If Yes, please give details: _____

Do you have special diet needs (ie. vegetarian, etc)? _____

11. Previous Missions/Ministry Experience

a) Have you been on OM before? **YES/NO**

If Yes, Where: _____ When: _____ How long: _____

b) Have you ever worked with another mission or Christian group (eg. IVCF, Navs...)? **YES/NO**

Name of Group: _____ Dates: _____

Where: _____

Nature of work: _____

c) What responsibilities have you had with your church? How long?

d) What kinds of evangelism experience have you had. Eg. Children's work, Drama, Mime, etc

12. Language Abilities

What is your first (everyday) language? _____

Other Language Level of ability (phrases only, basic, fluent)

13. Education

Are you a high school graduate? **YES/NO**

Please list any other formal training (degrees, certificates...)

14. Occupation:

Title: _____ Employer: _____

How long at this job: _____

Responsibilities: _____

15. Other Abilities:

Musical Abilities : _____

Athletic Abilities: _____

Other interests and abilities: _____

16. Driving: Are you a licensed driver? Yes/No Can you drive a manual (stick) shift vehicle? Yes/No

17. Joining OM

a) Why do you think it is God's will for you to join OM? _____

b) Do your family have reservations about your participation in OM? **Yes/No/Not sure**

If so, what are they? _____

c) Participation on an OM team may involve:

- Pooling finances, managing on a limited income
- Eating very different foods
- Serving on a team where the leader is a woman
- Working closely with people of other denominations
- Working under a different leadership style

Do you have hesitations or concerns regarding any of the above?

d) What situations do you find emotionally difficult/stressful?

18. Support Raising

All OM workers are responsible to raise their own support for personal and some ministry expenses. OM's view of support raising is based on building relationships with individuals, families and churches so that they will want to share in your ministry as a way of obeying the Great Commission.

So, how do you get the money? First, let your church know what you are thinking of doing. Don't feel overwhelmed! You will get more information with your orientation pack.

I understand that I am responsible to raise the support necessary for my ministry with OM.

19. Personal Faith:

- a) How many years have you been a Christian? _____
- b) What books have influenced you besides the Bible? _____
- c) **IMPORTANT:** On a separate piece of paper, write your testimony (1 page). Please include the following:
- When and how did you come to know Jesus Christ as your personal Saviour?
 - Describe how you have grown in your walk with the Lord since your conversion.

To the best of my knowledge, the information supplied in this form is accurate and truthful.

Applicant Signature _____ *Date* _____

OM believes very much in the local church and we require that each person coming with OM have a home church who agree to send them out and stand with them during that time.

Signature of Pastor/Elder _____ *Date* _____
(This should be the same person you give as a reference from your church)

The application cannot be processed without a signature from your pastor/elder.

Please complete this Application Form and return it with the required application fee:
\$40 (non-refundable) \$60 for couples (non-refundable)
(includes orientation materials)

CHECKLIST (we cannot process the application without these things):

- | | |
|---|--|
| <input type="checkbox"/> Answer every applicable question and get pastor's signature | <input type="checkbox"/> Attach a photo of yourself |
| <input type="checkbox"/> Enclose testimony | <input type="checkbox"/> A copy of information page of passport (if you have it) |
| <input type="checkbox"/> Enclose application fee (cheque payable to Operation Mobilization) | |

RETURN TO: OM Canada 84 West Street Port Colborne, ON L3K 4C8

QUESTIONS? Call Tanya: 905 835 2546 (toll free 877 487 7777) or email tanya@cdn.om.org

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