



Global Ministries  
 Mission Personnel Office  
 P.O. Box 1986, Indianapolis, IN 46206  
 317-713-2567

**GLOBAL SERVICE APPLICATION**

**Basic Data**

Last Name	First	Middle Initial	Social Security #
Address			Home Phone
City	State	ZIP	Work Phone
			Cell Phone
E-mail	Are you a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, do you have the legal right to retain employment in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date of Birth:		Place of Birth:	
What is your primary language?		What other languages do you speak? Levels: T = Tourist; C = Conversational; NF = Near fluent; F = Fluent?	
Name and address of a person who can always reach you:			
Name _____			
Address _____			
City/State/Zip _____			
Phone (     ) _____			

**Availability and Program**

**Desired length of service** (✓✓-double check first preference; ✓-single check all other possibilities)

more than 4 years     
   2 years     
   3-6 months     
   summer service only  
  2-4 years     
   6-12 months     
   less than 3 months

<b>Date available for service:</b>	<b>Keep application open until this date:</b>
<b>What issues/factors could affect:</b> a) your availability:  b) your ability to complete the intended period of service?	<b>Program preference</b> (refer to descriptions in cover letter) ✓✓ - double check first preference: ✓ - single check all other possibilities:  <input type="checkbox"/> <input type="checkbox"/> - Fully Supported Missionary Service <input type="checkbox"/> <input type="checkbox"/> - Global Mission Intern <input type="checkbox"/> <input type="checkbox"/> - Global Service Worker (Long-term Volunteer - 1 year or more) <input type="checkbox"/> <input type="checkbox"/> - Short-term Volunteer (less than 1 year) <input type="checkbox"/> <input type="checkbox"/> - Global Associate

**Assignment** - Check appropriate boxes

- Open to discuss a variety of position/program options
- Particular interest in the following positions/programs:

- Open to serving in a variety of geographical settings
- Particular interest in the following geographic regions:

**Types of Mission Service** for which you believe you can do well in an international context: (check all that apply):

- Community Development / Agriculture: specify field \_\_\_\_\_
- Evangelism: special interest area \_\_\_\_\_
- Health Care: field / specialization \_\_\_\_\_
- Leadership development: (post-secondary/graduate/theology) \_\_\_\_\_
- Medical doctor / RN / LPN \_\_\_\_\_
- Pastoral \_\_\_\_\_
- Other: specify \_\_\_\_\_

**Church Membership**

Service under the auspices of Global Ministries is open to members of Christian Church (Disciples of Christ) and the United Church of Christ congregations or other Christian churches. Compatibility with GM mission objectives is an expectation.

Name of Congregation

Denomination

Address

Name of Pastor

City/State/Zip

Phone (       )

Describe your involvement in your congregation/church:

**Volunteer Service**

Describe your involvement in civil or volunteer service:

<b>Education</b>			
<b>School Name &amp; Location</b>	<b>Course or Major</b>	<b>Years Attended</b>	<b>Degree &amp; Date</b>
High School			
College or University			
Graduate Study / Seminary			
Business/Trade/Technical or Other Schools			
Other / Continuing Education			
Honors or Awards			

  

<b>Employment History</b>	
Begin with current or most recent employer. Include those positions for which you worked more than 20 hours per week.	
1. Employer Name	Position Title
Address	Date employed: From/To
City/State/Zip	Description of responsibilities
May we contact this employer at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Employer Name	Position Title
Address	Date employed: From/To
City/State/Zip	Description of responsibilities
May we contact this employer at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Employer Name	
Address	Date employed: From/To
City/State/Zip	Description of responsibilities
May we contact this employer at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No	

4. Employer Name		
Address		Date employed: From/To
City/State/Zip		Description of responsibilities
May we contact this employer at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No		
5. Employer Name		
Address		Date employed: From/To
City/State/Zip		Description of responsibilities
May we contact this employer at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Occupation and Skills</b>		
Occupation (if student, intended occupation)		
Principal job-related skills you possess that may be used in an international context		
Other skills or abilities ( <b>P</b> -Professional Training; <b>E</b> =Experienced; <b>H</b> =Hobby/non-technical ability)		
Job-related Licenses or Certificates / State or Licensing Agency / Expiration Date		
<b>Marital Status</b>		
<input type="checkbox"/> Single never married	<input type="checkbox"/> Separated - date of separation:	
<input type="checkbox"/> Engaged - date of wedding:	<input type="checkbox"/> Previously married - date of dissolution:	
<input type="checkbox"/> Married - date of marriage:	<input type="checkbox"/> Widowed	
Full Name of Spouse	Citizenship of Spouse	
If you are married, does your spouse plan to accompany you? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Couples Please Note:</b> Each adult intending to live in the assigned country needs to fill out a separate Mission Personnel Information form whether or not he/she seeks a mission assignment.		

<b>Family</b>			
Provide information about your dependents. Place a "✓" by those who will accompany you to the country of service.			
✓	Full Name	Date of Birth	Citizenship

<b>Placement and Match-Making</b>
Placement may be influenced by such factors as finances, housing, educational needs of children or other family or personal issues.

**Financial considerations:** Do you have particular financial considerations that might influence the type and length of assignment you could accept?  
 Yes       No (If yes, please explain.)

**Life situations:** Service in international settings may present challenges related to health, environment, climate and security among others. These issues may affect a person's ability to live and work in a particular setting. Indicate below any concerns you have related to the following:

Diet       Environment       Availability of medical care/medications  
 Exercise       Climate       Security       Other - specify:

**Children's education** (if applicable): If you have or expect to have school age children during your term of service, are you open to: (check all that apply)

Local schools (non-English)       Boarding school in English language school  
 Local schools (English language)       Home school

Comments:

<b>Passport Information</b>				
A passport is necessary for international service. If you currently have a passport, indicate below:				

Full Name (as it appears on passport)	Passport Number	Country of Issue	Issue Date	Expiration Date

### Legal Considerations

**Misconduct Policy Certification:**

- [a] Has any civil, criminal, or ecclesiastical complaint ever been sustained or brought against you for misconduct (financial, sexual or other)?  
 Yes       No      (If yes, attach statement.)
- [b] Have you ever resigned or been terminated from a position for reasons related to sexual misconduct or financial or other misconduct?  
 Yes       No      (If yes, attach statement.)

**Prior or Pending Offenses:**

- [a] Have you ever been convicted of, pled guilty to or pleaded "no contest" to any crime, other than minor traffic violations?  
 Yes       No      (If yes, attach statement.)
- [b] Are any charges (for any offense, including traffic offenses), civil suits, or judgments outstanding against you?  
 Yes       No      (If yes, attach statement.)

### References

Provide four names, including: pastor, professional/academic, employer  
**Print names and information neatly and clearly**

1 - Name	2 - Name
Relationship to you	Relationship to you
Occupation	Occupation
Phone (            )	Phone (            )
E-mail	E-mail
Address	Address
City/State/Zip	City/State/Zip
3 - Name	4 - Name
Relationship to you	Relationship to you
Occupation	Occupation
Phone (            )	Phone (            )
E-mail	E-mail
Address	Address
City/State/Zip	City/State/Zip

### Additional Information

How did you learn about mission opportunities with the Global Ministries? Check all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> Pastor<br><input type="checkbox"/> Friend / family<br><input type="checkbox"/> Printed materials / announcement at church<br><input type="checkbox"/> Mission event / festival<br><input type="checkbox"/> Contact with GM staff person | <input type="checkbox"/> College career service office<br><input type="checkbox"/> College professor<br><input type="checkbox"/> Surfing the web<br><input type="checkbox"/> Advertisement<br><input type="checkbox"/> Other: specify - |
|--|---|

**For Disciple, UCC and Clergy from other denominations - others, skip this section**

NOTE: You need to notify your regional/conference minister that you are in conversation with Global Ministries. We will seek a reference from that office.

Check here if you have notified your regional/conference office

Date and location of ordination:

Name of regional/conference minister:

Ecclesiastical Authority:

**PLEASE READ CAREFULLY BEFORE SIGNING**

1. All information provided on this Mission Personnel Information form is complete and accurate, to the best of my knowledge.
2. Candidates who serve with the Global Ministries (GM) will be expected to understand, respect and support the mission of the GM.
3. Misrepresentation of facts in this Personal Information Request form will disqualify me from further consideration or, if I serve with the GM, may be sufficient cause for dismissal.
4. In compliance with Federal laws, all offers of employment are subject to verification of each applicant's identity and employment authorization. I understand that it will be necessary for me to submit such documents as are required by law to verify my identification and employment authorization.
5. Any position offered to me is contingent upon the satisfactory completion of reference checks and any other checks, physical and psychological testing or examinations as may be requested by the GM.
6. I understand that nothing contained in this form, or in the granting of an interview is intended to create a contract between the GM and me, either for employment or for the providing of any benefits. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the GM unless made in writing.
7. The GM has my permission to investigate, at its discretion, my past employment history, personal references, and any other information pertinent or relative contained in this Mission Personnel Information form.
8. I fully agree to the statements and conditions listed in 1 through 7 above.

**Applicant's Signature**

**Date**

**Use the checklist below to ensure your Personal Information Request form package is complete:**

- Complete and sign the **Personal Information Request** form
- Spouse** provides a separate Personal Information Request form (if applicable)
- Reference information** printed neatly and clearly
- Include your name on the top of each page of your responses to the **Narrative Section**
- Include a **résumé** with your completed materials

Send completed Personal Information Request form, narrative section and résumé to:

**Global Ministries  
Mission Personnel Office  
P.O. Box 1986  
Indianapolis, IN 46206**

Questions related to completing the Personal Information Request form can be directed to staff of GM:

**Phone: 317.713.2567**

**E-mail: [serve@dom.disciples.org](mailto:serve@dom.disciples.org)**

## PERSONAL INFORMATION REQUEST NARRATIVE SECTION

Write your responses on a separate sheet of paper - be sure to include your name at the top of each page. The total of your responses should not be more than two or three typed pages.

1. How has your understanding of the Christian faith influenced your decision to pursue an overseas church assignment?
2. Please give a brief statement of your understanding of mission in today's world and the church's role in that mission.
3. What do you see as your gifts and aptitudes which equip you to serve in that mission?
4. Describe any cross-cultural experiences you have had. What did you learn about your ability to live and work in a cross-cultural context? *(If you have had limited cross-cultural experience, describe how you see yourself living and working in a cross-cultural context.)*
5. What other information or considerations to your candidacy do you wish to communicate?



# ***Background Disclosure Statement***

**Global Ministries of the Christian Church (Disciples of Christ) and the United Church of Christ**

Global Ministries of the Christian Church (Disciples of Christ) and the United Church of Christ attempts to match gifted individuals and families with opportunities of service in a variety of settings, worldwide. Successfully carrying out this purpose on behalf of the denomination requires honesty, effort, and a commitment to open communication on the part of both the organization and the persons seeking such service.

Congruent with the concern for ethical performance of ministry on behalf of the Christian Church (Disciples of Christ) and the United Church of Christ, and with a view to addressing issues which are sensitive to functioning in the public role of a missionary for Global Ministries, you are asked to respond to the following statements. There is opportunity for explanation if you so desire.

The information contained in this disclosure will be considered confidential. However, it may also be shared with partnering agencies/institutions with which Global Ministries has cooperative agreements/relationships to meet their respective screening requirements.

1. Has a civil lawsuit, felony charge, ecclesiastical discipline, workplace disciplinary action or other legal or official complaint been sustained against you for sexual, racial, ethnic, age discrimination, harassment, exploitation or misconduct; physical abuse; child abuse; or financial misconduct?

Yes \_\_\_\_\_ No \_\_\_\_\_

2. Have you ever been convicted of a misdemeanor or a felony?

Yes \_\_\_\_\_ No \_\_\_\_\_ Explanation:

3. Has your employment ever been changed because you attempted or actually engaged in:

- sexual, racial, ethnic, age discrimination, harassment, exploitation or misconduct Yes \_\_\_\_\_ No \_\_\_\_\_
- physical abuse Yes \_\_\_\_\_ No \_\_\_\_\_
- child abuse Yes \_\_\_\_\_ No \_\_\_\_\_
- financial misconduct Yes \_\_\_\_\_ No \_\_\_\_\_

4. Has your employment ever been changed in order to avoid facing or to avoid being terminated because of charges of actual or attempted:

- sexual, racial, ethnic, age discrimination, harassment, exploitation or misconduct Yes \_\_\_\_\_ No \_\_\_\_\_
- physical abuse Yes \_\_\_\_\_ No \_\_\_\_\_
- child abuse Yes \_\_\_\_\_ No \_\_\_\_\_
- financial misconduct Yes \_\_\_\_\_ No \_\_\_\_\_

Explanation:

5. Have you ever received professional treatment for reasons related to misconduct on your part?

Yes \_\_\_\_\_ No \_\_\_\_\_ Explanation (please attach additional paper as needed):

6. Has such treatment ever been recommended or requested on your behalf?

Yes \_\_\_\_\_ No \_\_\_\_\_ Explanation (please attach additional paper as needed):

**Signature:**

**Date:**

**Type or print your name:**

**Witness:**

**Witness:**

*(This form is included for your information. It is not to be completed and signed until you have been approved for an assignment by the Board of Directors.)*