

# Aviation Radio Missionary Service

"Underneath are the Everlasting Arms..." Deut 33:27

## Preliminary Application

The form is to assist the board in evaluating the interested person's situation as it relates to potential missionary work with ARMS. Use additional sheets of paper as needed. The board will evaluate the responses and contact you regarding any actions and recommendations. Please note that a more formal and complete application will follow if the Preliminary Application receives favorable action by the board.

1. Name

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2. Address

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3. Telephone number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

4. Email address

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5. Age: \_\_\_\_\_

6. Date and place of birth: \_\_\_\_\_, \_\_\_\_\_

7. Marital Status (check the one that applies)

Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Widow(er) \_\_\_\_\_

8. Spouse's name: \_\_\_\_\_

9. Anniversary: \_\_\_\_\_

10. Children's names, ages:

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11. Church membership: (name, address, and phone number)

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12. Pastor's name: \_\_\_\_\_

13. Have you been ordained to the gospel ministry? \_\_\_\_\_

If yes, by what church and date?

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14. Educational background

School	Major/Minor	Degree	Date graduated
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15. Please describe any physical conditions that you or a family member has that require surveillance, treatment, or may otherwise disable you from missionary service.

16. Describe your salvation experience.

17. Describe your call to Christian service.

18. State and describe the type of ministry that God has called you to.

19. What are your qualifications and experience in this type of ministry?

20. What are your goals for this ministry?

21. Why are you seeking a relationship with ARMS?

22. Describe your current and past associations with other mission boards and agencies.

23. State any other fact or situation, which the ARMS board should know relative to your potential missionary service.

24. List at least three personal references that know you and your ministry well.

Name	Address	Relationship
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I grant permission to the ARMS board to investigate and interview all persons and situations supplied on this Preliminary Application.

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

Please return the completed application to:

Doug Garland  
ARMS Board  
PO Box 23  
Greenville, SC 29602