

**FIELD WORKER APPLICATION FORM**

Title: *(Circle one)* Mr Mrs Miss Ms

Full Name: *(as on passport)* \_\_\_\_\_

*Title (Mr/Mrs/Miss/Ms)*

*Surname*

*First name*

Mailing Address: \_\_\_\_\_

*Street & Number*

\_\_\_\_\_  
*City*

*Province/State*

*Postal/ZIP Code*

\_\_\_\_\_  
*Country*

Phone: (Home) ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
(Work) ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
(Cell) ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Birthdate: \_\_\_\_\_  
*Year/Month/Day*

Citizenship: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Passport # \_\_\_\_\_ Date of Issue: \_\_\_\_\_  
*(Year/Month/Day)*

Place of Issue: \_\_\_\_\_ Expiry Date: \_\_\_\_\_  
*(Year/Month/Day)*

Previous Impact Ministry Mission Trips \_\_\_\_\_  
*Team Name*

\_\_\_\_\_  
*Year/Month*

PLEASE  
ATTACH  
PHOTO

## Family Information

Please list spouse and legal dependents (under 19 years of age) that would be living with you while in Guatemala. (If your spouse is also applying as a field worker, he/she must complete a separate form).

Spouse: Name \_\_\_\_\_ Age \_\_\_\_\_

Dependents: Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

If your children are school age and you were to move to Tactic, what provisions have you made (do you foresee making) regarding their schooling?

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Briefly describe the impact you anticipate this type of move and cultural relocation would have on your family. Please address the following: relationships with extended family, current career/study plans, long term financial plans, relationships between you and your spouse/ your children. Answer on a separate sheet of 8 ½ x 11 paper. – no more than 300 words.

## Medical Information

Physician \_\_\_\_\_  
*Name* *Phone Number*

Care Card/Health Insurance Number \_\_\_\_\_

Have you had any major illness during the past year?  Yes  No

If yes, please explain.

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Do you take any medication regularly?  Yes  No

If yes, please explain.

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List the things to which you are allergic:

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Are these allergies controlled by medication?  Yes  No

Please describe any other medical conditions you have that might need special attention.

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Have you had a recent tetanus shot?  Yes  No Date \_\_\_\_\_

How would you rate your overall physical condition? Please circle the appropriate answer.

Excellent                      Good                      Average                      Fair                      Poor

Do you have any physical problem that would hinder your activity?  Yes  No

If yes, please explain.

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- Contact your Doctor or Public Health Nurse regarding medical precautions/immunization required for travel to Guatemala.
- Any personal prescription or over-the-counter medications must be taken in the original containers.

### **Contacts In Case of Emergency**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

### **Personal and Spiritual Background**

1. Describe when and how you came into a personal relationship with Jesus Christ as Lord and Savior. What influences and circumstances guided you into this relationship? Answer on a separate sheet of 8 ½ x 11 paper – no more than 300 words.

2. Briefly describe your personal devotional life and your relationship with Jesus. Answer on a separate sheet of 8 ½ x 11 paper – no more than 150 words.

3. What church are you presently attending? \_\_\_\_\_

Do you regularly attend?  Yes  No How often? \_\_\_\_\_

Do you regularly attend a Youth Group?  Yes  No How often? \_\_\_\_\_

4. What positions and involvement do you have, or have you had, in Christian service?

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5. Briefly state why you want to be a field worker for Impact Ministries what you hope to contribute to the ministry.

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6. How would you describe yourself as a person?

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7. How does becoming a field worker fit into your long range plan?

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8. How are you planning on financing your term in Guatemala?

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9. Do you smoke?  Yes  No If yes, how much? \_\_\_\_\_

10. Do you drink alcohol?  Yes  No  If yes, how often? \_\_\_\_\_

- *Culturally it is inappropriate to drink alcohol or smoke while in Guatemala. Impact Ministries requires you to commit to abstaining from these habits during your entire time in Guatemala.*

11. Do you have a criminal record that might restrict travel? \_\_\_\_ Yes \_\_\_\_ No

If yes, please explain.

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*(admission to questions 9, 10, and 11 does not necessarily exclude you from consideration)*

## Training and Experience

1. In what field of work, if any, have you had formal training?

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2. What has been the main occupation of your life?

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3. Do you speak Spanish? At what level? *(Circle one)*

Beginner

Intermediate

Advanced

4. What type of work are you hoping to be able to do in Guatemala?

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In what skills do you have experience? Please check, and give details below.

### Teaching

- TESL/TEOFL
- Education Degree
- Other: \_\_\_\_\_

### Music

- Musician
- Singer
- Teacher

### Medical

- First Aid
- Nursing
- Physician
- Dentist
- Chiropractor
- Other: \_\_\_\_\_

### Construction

- Carpentry
- Cement Work
- Electrician
- Painting
- Plumbing
- Other: \_\_\_\_\_

### Media

- Photography
- Videography
- Website Design
- Writing and/or Reporting

### Home Economics

- Crafts
- Cooking
- Sewing

5. Have you had experience in any of the following areas? Please provide details below.

- Leading Worship
- Singing in a choir
- Teaching Sunday School
- Preaching
- Visitation Ministry
- Children's ministry (*other than Sunday School*)
- Other \_\_\_\_\_

## Commitments

If I am accepted as a field worker, then:

- I commit to willingly follow the directives of the ministry leaders
- I commit to honouring the dress code, code of conduct, and standards of behaviour as outlined in the Field Workers Handbook
- I commit to complete the orientation, ministry preparation and pre trip training as outlined in the Field Workers Handbook
- It is my commitment to put Christ first, and to set aside my own desires and personal agendas in order to reach ministry goals

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_