

Application for Ministry Involvement

with

Shad Williams Evangelistic Association

and

Global Field Evangelism

P.O. Box 524, Adamsville, Tennessee 38310-0524

Phone: (731) 632-5115 Fax: (731) 632-5122

E-Mail: wegotothem@aol.com www.wegotothem.com

GENERAL INFORMATION

Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Physical Address (if different from above) _____

Home Phone _____ Work Phone _____

Cell Phone _____ E-Mail _____

Married? _____ How Long? _____ Spouse's Name _____

Children's Names and Ages _____

Any previous marriages or children from previous marriages? _____

EMERGENCY INFORMATION

Whom shall we contact in case of an emergency?

Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Phone(s) _____

EMPLOYMENT INFORMATION

Company Name _____ Position _____

Supervisor _____ Phone _____

EDUCATIONAL INFORMATION

School	Location	# of yrs	Yr. Grad.	Major
High School	_____	_____	_____	_____

College	_____	_____	_____	_____
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College	_____	_____	_____	_____
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Post Grad	_____	_____	_____	_____
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Other	_____	_____	_____	_____
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HEALTH INFORMATION

Do you have an "International Certificate of Vaccination" (yellow health card)? _____

List shots and most current date _____

Height? _____ Weight? _____ Glasses or Contacts? _____ Blood Type _____

List any physical handicaps or limitations _____

Allergies (including any drugs or medications) _____

Are you taking any prescribed medications? _____

List any past injuries. _____
 Do you have diabetes, heart trouble, high blood pressure or seizures? _____
 Please list any other chronic medical conditions. _____
 Have you ever been treated for a mental health disorder? _____ (If yes, please attach explanation)

PASSPORT AND TRAVEL INFORMATION

Do you have a current passport? _____ If not, have you applied for one? _____ When? _____
 Passport Number _____ Exact Name on Passport _____
 Date of Issue _____ Place of Issue _____ Date of Expiration _____
 Your father's full name _____ His place of birth _____
 Your mother's full name _____ Her maiden name _____
 Her place of birth _____ Your place of birth _____
 Your spouse's maiden name? _____ His or Her place of birth _____
 Have you travelled overseas before? _____ Where and When? _____
 Reason? _____

MINISTRY INFORMATION

To what church do you belong? _____ How Long? _____
 Denomination _____ Pastor's name _____ Phone _____
 Address of Church _____ Do you serve in any capacity? _____
 Are you ordained? _____ When? _____ Denomination? _____
 What kind of Christian ministry have you performed in the past? _____
 Where? _____ When? _____
 Do you play any musical instruments? _____ What? _____
 Do you play by ear? _____ Read music? _____ Are you a soloist? _____ (If yes, please enclose tape)
 What types of music do you play or sing? _____
 Have you had training in personal soul winning? _____ What type? _____
 What Christian organizations have you worked with? _____
 Have you ever worked in an open air evangelistic meeting? _____
 Do you have any experience with: (check those that apply to you)
 Children's ministry _____ Drama _____ Puppets _____ Flannel Graph _____
 Chalk Talk _____ Ventriloquism _____ Youth Work _____ Counselor Training _____
 Bible Teaching _____ Radio/Television _____ Other _____
 If you have been on a mission trip before, who did you go with? _____
 What did you do? _____

REFERENCES

List three persons, not related to you, and indicate how long you have known them.

#Yrs	Name	Address	City	State	Zip	Phone
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Please write out and attach your personal testimony. Include what your life was like before salvation, how you came to know Christ, and what your life has been like since. Also, please attach a recent photograph.