



Application

MISSIONARY/MECHANIC/PILOT TRAINING

DATE:

| PERSONAL IDENTIFICATION (Inclose two 3 x 5 photos) | | | | |
|---|---------------------------------|---------------------------------|--|-----------------------------------|
| FULL LEGAL NAME: | | MAIDEN NAME: | | |
| ADDRESS: | | | | |
| CITY: | | STATE: | | ZIP: |
| PHONE: work home fax mobile | | | | |
| E-MAIL ADDRESS: | | | | |
| <input type="checkbox"/> MALE | <input type="checkbox"/> FEMALE | DATE OF BIRTH: | PLACE OF BIRTH: <small>city, state, country</small> | |
| MARITAL STATUS | | | | |
| <input type="checkbox"/> MARRIED | | <input type="checkbox"/> SINGLE | | <input type="checkbox"/> DIVORCED |
| <input type="checkbox"/> WIDOW/WIDOWER | | | IF MARRIED, ANNIVERSARY DATE: | |
| NAME OF SPOUSE: | | | | DATE OF BIRTH: |
| CHILDREN? <input type="checkbox"/> yes <input type="checkbox"/> no | | LIST OLDEST TO YOUNGEST BELOW: | | |
| NAME (full legal name) | | DATE OF BIRTH | AGE | SEX |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| FAMILY INFORMATION | | | | |
| COMPLETE THE FOLLOWING FOR FATHER, MOTHER, FATHER-IN-LAW AND MOTHER-IN-LAW: | | | | |
| FATHER'S FULL NAME: | | | | |
| ADDRESS: | | | | |
| PHONE: | | | | |

MOTHER'S FULL NAME:

ADDRESS (IF DIFFERENT FROM FATHER):

PHONE:

FATHER-IN-LAW FULL NAME:

ADDRESS:

PHONE:

MOTHER-IN-LAW FULL NAME:

ADDRESS:

PHONE:

NEAREST RELATIVE INFORMATION: (will be used as an emergency contact)

NAME:

ADDRESS:

| | | |
|--------|------|---------|
| PHONE: | FAX: | E-MAIL: |
|--------|------|---------|

RELATIONSHIP TO YOU:

EDUCATION

GRADUATE FROM HIGH SCHOOL? " YES " NO IF NOT, INDICATE HIGHEST GRADE COMPLETED:

LIST EDUCATION HISTORY BELOW: (Please list all aviation related training also.)

| SCHOOL NAME/ADDRESS | DATE ENTERED | MINOR GRADUATED | MAJOR, HOURS OR COURSE | DEGREE |
|---------------------|--------------|-----------------|------------------------|--------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| | | | |
|------------------------|--------------|-------------|-------------------------|
| BIBLE SCHOOL TRAINING? | " YES | " NO | IF YES, PLEASE EXPLAIN: |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

HEALTH RECORD

| | | |
|---------|---------|-------------|
| HEIGHT: | WEIGHT: | BLOOD TYPE: |
|---------|---------|-------------|

DESCRIPTION OF IDENTIFYING MARKS (broken bones, scars, birth marks, etc.)

PLEASE CHECK ILLNESS BELOW THAT APPLIES:

| | | | |
|-----------------|--------------|-------------|-------------------------|
| Heart Problems? | " yes | " no | If yes, please explain: |
|-----------------|--------------|-------------|-------------------------|

| | | | |
|----------------|--------------|-------------|-------------------------|
| Lung Problems? | " yes | " no | If yes, please explain: |
|----------------|--------------|-------------|-------------------------|

| | | | |
|--------------------|--------------|-------------|-------------------------|
| Nervous Breakdown? | " yes | " no | If yes, please explain: |
|--------------------|--------------|-------------|-------------------------|

| | | | |
|-----------------|--------------|-------------|-------------------------|
| Drug Allergies? | " yes | " no | If yes, please explain: |
|-----------------|--------------|-------------|-------------------------|

Have you had a serious health condition or major sickness in the past five years? **" yes** **" no**
 If yes, please state below the nature and length of illnesses, date of occurrence and permanent effects:

DENTIST NAME:

ADDRESS:

| | | |
|-------|--------|------|
| CITY: | STATE: | ZIP: |
|-------|--------|------|

FAMILY DOCTOR:

ADDRESS:

CITY:

STATE:

ZIP:

LEGAL INFORMATION

ARE YOU INVOLVED IN ANY CURRENT OR PENDING LAWSUITS OR LEGAL PROCEEDINGS? " YES " NO

DO YOU HAVE A PASSPORT? " YES " NO PASSPORT NO.: EXPIRATION DATE:
PLACE OF ISSUE: ISSUE DATE:

LEGALLY DOCUMENTED WILL? " YES " NO LIFE INSURANCE? " YES " NO MEDICAL INSURANCE? " YES " NO

ATTITUDES

DO YOU FEEL YOU CAN WORK COOPERATIVELY WITH OTHER CHRISTIANS WHO DO NOT HAVE THE SAME VIEWPOINT OF DOCTRINE AS YOU HAVE, BUT WHO SUBSCRIBE TO OUR STATEMENT OF FAITH? " YES " NO PLEASE EXPLAIN BELOW:

HAVE YOU EVER HAD AN EXPERIENCE WHERE THE DECISION OF THE MAJORITY OR OF YOUR SUPERIORS WAS CONTRARY TO YOUR JUDGEMENT? " YES " NO IF YES, PLEASE DESCRIBE THE SITUATION AND HOW YOU HANDLED IT:

DO YOU HAVE A CONSCIENTIOUS OBJECTION TO UTILIZING MEDICAL SERVICES? " YES " NO IF YES, PLEASE EXPLAIN:

HAVE YOU EVER BEEN INVOLVED IN ANY OF THE EASTERN RELIGIONS OR OCCULT ACTIVITIES (Ouija boards, tarot cards, demonism, etc.)? " YES " NO IF YES, PLEASE EXPLAIN:

RESUME

| | |
|--|---------------------|
| PRESENT EMPLOYER: | DATE OF EMPLOYMENT: |
| EMPLOYER ADDRESS: | |
| DESCRIPTION OF WORK AND RESPONSIBILITIES: | |
| LIST SKILLS: | |
| | |
| | |
| LIST HOBBIES: | |
| | |
| | |
| <i>CHRISTIAN EXPERIENCE</i> | |
| ARE YOU ASSURED OF YOUR SALVATION? " YES " NO IF YES, WHAT IS THE DATE OF YOUR SALVATION: | |
| PLEASE WRITE A STATEMENT TELLING WHY YOU BELIEVE YOU ARE SAVED. Please state what your relationship to Jesus Christ as Savior is based on. | |
| PLEASE DESCRIBE HOW REGULARLY YOU ATTEND CHURCH AND CHURCH-RELATED MEETINGS. | |
| IN WHAT WAYS HAVE YOU HELPED OTHERS TO ACCEPT CHRIST AS THEIR SAVIOR? | |

DO YOU HAVE A CALL OF GOD ON YOUR LIFE TO ENTER THE FULL-TIME MINISTRY? " YES " NO

DO YOU HAVE A DEFINITE CALL OF GOD ON YOUR LIFE TO GO INTO MISSIONARY WORK IN FOREIGN LANDS? " YES " NO

PLEASE WRITE A STATEMENT OF YOUR CALL AND VISION.

CHURCH RELATIONSHIP

PRESENT CHURCH MEMBERSHIP INFORMATION:

| | | |
|-------------|---------|---------------|
| Church Name | Address | Pastor's Name |
|-------------|---------|---------------|

AFFILIATION OR DENOMINATION:

OTHER CHURCH ATTENDANCE: (Please list churches attended for any considerable length of time other than those you have been a member.)

| CHURCH NAME | ADDRESS | PASTOR'S NAME | YEARS ATTENDED |
|-------------|---------|---------------|----------------|
| | | | |
| | | | |
| | | | |
| | | | |

DO YOU CURRENTLY HOLD A MINISTERIAL CREDENTIAL? " YES " NO

DATE OF ISSUE OF LICENSE AND/OR ORDINATION: MEMBERSHIP ORGANIZATION:

| | |
|----------|------------|
| NAME: | |
| ADDRESS: | |
| CITY: | STATE/ZIP: |
| PHONE: | |

I hereby authorize *Alpha Aviation Mission Outreach Center, Inc.* To make any investigation of my personal history (unless otherwise indicated) and financial and credit record through any investigative or credit agencies or bureaus of their choice.

Health records, as with all other materials submitted in application to *Alpha Aviation Mission Outreach Center, Inc.* are considered confidential and are not available for general use. The applicant is to sign below that he/she has read this statement and authorizes the administrators to release necessary health information if they feel imperative to do so. To the best of my knowledge, the answers given on this application are true and complete.

By signing below, I have read and agree with the Vision and Tenets of Faith of *Alpha Aviation Mission Outreach Center, Inc.*

WAIVER OF CLAIM FOR DAMAGES AND RELEASE OF LIABILITY: In consideration of Alpha Aviation Mission Outreach Center, Inc. I hereby waive any and all claims for damage or loss for personal injuries or property damage which may be caused by an act or failure to act, of Alpha Aviation Mission Outreach Center, Inc., its officers, directors, agents, or employees. This **WAIVER AND RELEASE** shall be binding upon me, my spouse, legal representative and heirs.

Signature: _____

STATE OF _____)

COUNTY OF _____)

Subscribed and sworn before me this _____ day of _____,
 20____, for and before the aforementioned applicant, _____.

 Notary Public

My commission expires:



Pastor's Recommendation

APPLICANT INFORMATION:

| | | |
|-----------------------------|--------|------|
| Full Name of Applicant: | | |
| Name of Spouse: | | |
| Address: | | |
| City: | State: | Zip: |
| Name of Church or Ministry: | | |

PASTOR'S INFORMATION:

Your name has been given as a recommendation for the above named person as an applicant for enrolling in the missionary/pilot/mechanic training program through Alpha Aviation Mission Outreach Center, Inc. Serious consideration will be given to your comments; therefore, we ask that you carefully complete this form. Please return it directly to the Alpha Aviation office. A self-addressed envelope is enclosed for your convenience. Please be assured that your comments will be held in strictest confidence.

- How long have you known the applicant or applicants? _____
- How well do you know him; her and/or both? (Check one)

| | |
|---|---|
| <input type="checkbox"/> by name/sight | <input type="checkbox"/> fairly well – numerous personal contacts |
| <input type="checkbox"/> casually – few personal contacts | <input type="checkbox"/> very close ministry relationship |

Comments: _____

- Please give your knowledge of the applicant's involvement in church activities. (Check one)

| | |
|--|---|
| <input type="checkbox"/> attends irregularly – shows little interest | <input type="checkbox"/> cooperative; usually willing to help |
| <input type="checkbox"/> seldom participates, but attends regularly | <input type="checkbox"/> enthusiastic and is deeply involved |

Comments: _____

4. Give what you consider to be the applicant's strong points.

5. Give what you consider to be the applicant's weak points.

6. Please indicate below your rating status of the applicants:

| DESCRIPTION | ABOVE AVERAGE | AVERAGE | BELOW AVERAGE | NO CHANCE TO OBSERVE |
|-----------------------------|---------------|---------|---------------|----------------------|
| Leadership | | | | |
| Responsibility | | | | |
| Christian Commitment | | | | |
| Involvement in Church | | | | |
| Moral Character | | | | |
| Integrity/Honesty | | | | |
| Emotional Stability | | | | |
| Personal Appearance | | | | |
| Ability to Work with Others | | | | |
| Consideration for Others | | | | |
| Dependability | | | | |

7. Does the applicant have any personality traits which impair his relationship with others?

8. The applicant's spiritual influence on others is: Positive Neutral Negative

9. Do you personally believe missionary work is suitable to applicant? Yes No

10. Has the applicant been involved in heresy or extremely unbiblical doctrines? Yes No
If yes, please explain:

11. If applicant is married:
How would you describe the relationship of husband and wife?

How would you describe the relationship with the children?

Give other information concerning the home conditions.

12. Is the applicant prejudice against groups, races or nationalities? If so, please describe.

13. Do you know anything about the applicant's present or past which might hinder his/her service as a missionary, pilot or aircraft mechanic? If so, please describe.

14. How long have you known the applicant as a Christian? _____

15. Does the applicant have a genuine concern to win others to Christ? _____

16. Do you know of any doctrinal point on which the applicant is not well-balanced? [] Yes [] No
If yes, please describe.

17. Personal Devotions (check one):
- Has regular habits of Bible study and prayer
 - Has devotions regularly
 - Usually has personal devotions
 - Has no regular habits of Bible reading or prayer
 - No observation

18. Christian Experience (check one):
- Profound and contagious
 - Genuine and growing
 - Genuine but mild
 - Over emotional
 - Relatively superficial
 - No observation

19. Church or Church-Related Meetings and other Christian Meetings (check one):
- Faithfully attends all services possible
 - Regularly attends most services
 - Regularly attends Sunday morning and evening services
 - Usually gets to one service on Sunday
 - Attends irregularly
 - Does not attend
 - No observation

20. From the standpoint of Christian service, do you consider the applicant to be:
 Superior Above Average Average Below Average

Comments: _____

21. Please share with us any information you may know about the applicant that would help in our evaluation. Specific incidents may be given or an overall personality appraisal.

| | | |
|------------|-------|-------------|
| YOUR NAME: | | PHONE: |
| ADDRESS: | | OCCUPATION: |
| CITY: | STATE | ZIP: |

We appreciate your assistance. Thank you for your time and comments.

Randy Baumann
President



Personal Recommendation

APPLICANT INFORMATION:

| | | |
|-----------------------------|--------|------|
| Full Name of Applicant: | | |
| Name of Spouse: | | |
| Address: | | |
| City: | State: | Zip: |
| Name of Church or Ministry: | | |

Your name has been given as a recommendation for the above named person as an applicant for enrolling in the missionary/pilot/mechanic training program through Alpha Aviation Mission Outreach Center, Inc. Serious consideration will be given to your comments; therefore, we ask that you carefully complete this form. Please return it directly to the Alpha Aviation office. A self-addressed envelope is enclosed for your convenience. Please be assured that your comments will be held in strictest confidence.

- How long have you known the applicant or applicants? _____
- How well do you know him; her and/or both? (Check one)

| | |
|---|---|
| <input type="checkbox"/> by name/sight | <input type="checkbox"/> fairly well – numerous personal contacts |
| <input type="checkbox"/> casually – few personal contacts | <input type="checkbox"/> very close ministry relationship |

Comments: _____

- Please give your knowledge of the applicant's involvement in church activities. (Check one)

| | |
|--|---|
| <input type="checkbox"/> attends irregularly – shows little interest | <input type="checkbox"/> cooperative; usually willing to help |
| <input type="checkbox"/> seldom participates, but attends regularly | <input type="checkbox"/> enthusiastic and is deeply involved |

Comments: _____

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-over-

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| Responsibility | | | | |
| Christian Commitment | | | | |
| Involvement in Church | | | | |
| Moral Character | | | | |
| Integrity/Honesty | | | | |
| Emotional Stability | | | | |
| Personal Appearance | | | | |
| Ability to Work with Others | | | | |
| Consideration for Others | | | | |
| Dependability | | | | |

7. Does the applicant have any personality traits which impair his relationship with others?

8. The applicant's spiritual influence on others is: Positive Neutral Negative

9. Do you personally believe missionary work is suitable to applicant? Yes No

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2. How well do you know him; her and/or both? (Check one)

| | |
|---|---|
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| <input type="checkbox"/> casually – few personal contacts | <input type="checkbox"/> very close ministry relationship |

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