



## Application

### MISSIONARY/MECHANIC/PILOT TRAINING

**DATE:**

<b>PERSONAL IDENTIFICATION</b> (Inclose two 3 x 5 photos)				
FULL LEGAL NAME:		MAIDEN NAME:		
ADDRESS:				
CITY:		STATE:		ZIP:
PHONE: <span style="margin-left: 100px;">work</span> <span style="margin-left: 100px;">home</span> <span style="margin-left: 100px;">fax</span> <span style="margin-left: 100px;">mobile</span>				
E-MAIL ADDRESS:				
<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	DATE OF BIRTH:	PLACE OF BIRTH: <small style="display: block; text-align: right;">city, state, country</small>	
<b>MARITAL STATUS</b>				
<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
<b>FAMILY INFORMATION</b>				
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?	<input type="checkbox"/> YES	<input type="checkbox"/> 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?	<input type="checkbox"/> yes	<input type="checkbox"/> no	If yes, please explain:
-----------------	------------------------------	-----------------------------	-------------------------

Lung Problems?	<input type="checkbox"/> yes	<input type="checkbox"/> no	If yes, please explain:
----------------	------------------------------	-----------------------------	-------------------------

Nervous Breakdown?	<input type="checkbox"/> yes	<input type="checkbox"/> no	If yes, please explain:
--------------------	------------------------------	-----------------------------	-------------------------

Drug Allergies?	<input type="checkbox"/> yes	<input type="checkbox"/> 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:

***CHRISTIAN EXPERIENCE***

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?



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: \_\_\_\_\_  
\_\_\_\_\_

4. Give what you consider to be the applicant’s strong points.  
\_\_\_\_\_  
\_\_\_\_\_

5. Give what you consider to be the applicant’s weak points.  
\_\_\_\_\_  
\_\_\_\_\_

-over-

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: \_\_\_\_\_  
\_\_\_\_\_

4. Give what you consider to be the applicant’s strong points.  
\_\_\_\_\_  
\_\_\_\_\_

5. Give what you consider to be the applicant’s weak points.  
\_\_\_\_\_  
\_\_\_\_\_

-over-

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