



ABC Community Clinic

P.O. Box 1028 Lilongwe, Malawi 265 (1) 761-670 email: abcusa@africanbiblecolleges.org

Personal Information

Full name _____
Name you go by _____ Male or Female
Parent's names Father _____ Mother _____
Present address _____
Home phone _____ Work _____ Cell _____
Email address: _____
Citizen of which country _____ Date of birth _____
Permanent Address: i.e. parent's address _____

Marital status: single married divorced remarried widowed
If married, Spouse _____
Number of children: _____ Children's names and birth dates: _____

Person to contact in case of an emergency: _____
Address: _____
Phone: _____ Email: _____

Education (Please list all education beyond high school.)

NAME OF SCHOOL	MAJOR	DATES ATTENDED	DEGREE

Anticipated Ministry with ABC Community Clinic

Name the position for which you are applying: _____

Anticipated length of service: 1 year 2 years 3 years or more

When would you be able to commit to serving in Malawi? _____

How long have you been a Christian? _____

Name of home church: _____ Denomination: _____

Are you a member? _____ How long have you been a member? _____

Please list any past medical experience. _____

What other skills or training do you have that you feel may benefit ABC Community Clinic? _____

Have you ever lived overseas before? Yes No
If so, where and for how long? _____

Have you ever been on a mission's trip? Yes No
If so, where and for how long? _____

Please list and describe any other church or church related ministries you have been involved in. _____

Miscellaneous information

Do you smoke? Yes No

Do you drink? Yes No

ABC does not allow any smoking or drinking. Do you foresee a problem with this? _____

Have you ever received any professional counseling for emotional or psychological problems? Yes No

If yes, please explain. _____

References

Please give the names of 3 people who know you well. Write their name and mailing address.

Name

Mailing Address

Please give your pastor's and missions pastor's name, phone and email address.

Name

Phone

Email address

Please give last two employer's name, phone number and email address.

Name

Phone

Email address

Christian Experience

Please describe your most rewarding work experience.

Please describe your least rewarding work experience.

Who do you feel has had the greatest spiritual influence on your life? Please explain.

* On a separate sheet of paper, please write out your testimony. Include your early years, home life and parental influence. Describe how you came to know Christ, and please finish with why you feel He is leading you to teach in Africa.