| | PROFILE OF MISSIONARY APPLICANT | | | | | | | |
|-------------------------------------|---|--|------------|-------------|-------------------------------------|--|--|--|
| UCM MISSIONS & BENEVOLENCE MINISTRY | | | | | | | | |
| MISSIONS SENDING PROGRAM | | | | | | | | |
| | | | | | | | | |
| Ple | Please attach a full body photograph and a one-page handwritten personal testimony (approx. 300 words). | | | | | | | |
| | | | | | | | | |
| 1 | Name (please | me (please | | | | | | |
| 1 | print) | | | | | | | |
| | | | Gender | | Nationality Nationality Nationality | | | |
| | Address | | | | | | | |
| | Email | | Landline | Mobile | | | | |
| | Date of Birth | | Place of B | Birth | | | | |
| | Family | Names | | Occupation | | | | |
| | Father | | | | | | | |
| | Mother | | | | | | | |
| | Spouse (if | | | | | | | |
| | married) | Name (a) of Children (| | | Distributes (1-) | | | |
| | | Name(s) of Children (as applicable) | | | Birthday(s) | | | |
| | | | | | | | | |
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| | | | | | | | | |
| 2 | Education | School | | Course LLe | evel or Year Graduated | | | |
| | Collegiate | 3611001 | | course Le | ever of real Graduated | | | |
| | Bible | | | | | | | |
| | Seminary | | | | | | | |
| | Other (please | | | | | | | |
| | specify) | | | | | | | |
| | | | | | | | | |
| 3 | Church | | | | | | | |
| | Address | | | | | | | |
| | Email Phone | | | | | | | |
| | Church | | | | | | | |
| | Pastor | | | | | | | |
| | Contact | | | | | | | |
| | Details | of Valuntaar Sarvica in Vour Church Hama | | | atos Covered | | | |
| | Summary of Volunteer Service in Your Church Home | | | D | ates Covered | | | |
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| 4 | Missionary Calling | | | | | |
|---|---|--|--|--|--|--|
| | In your own words, define "MISSIONS" and "MISSIONARY" | | | | | |
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| | What are your past missionary involvements, if any? | | | | | |
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| | | How is God calling you to serve Him, at present? | | | | |
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| | | How and where do you see yourself fulfilling God's calling, in the future? | | | | |
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| | | | | | | |
| | Signature | | | | | |
| | Over Printed | | | | | |
| | Name Date | | | | | |
| | Submitted to | | | | | |
| | UCM | | | | | |
| | | | | | | |
| | ATTEST: | | | | | |
| | Signature | | | | | |
| | Over Printed | | | | | |
| | Name Date | | | | | |
| | Ministry Official | | | | | |
| | Position | | | | | |
| | Date | | | | | |

| FOR UCM M&B USE ONLY | | | | | | |
|----------------------|--|------------------|--|--|--|--|
| | Recommendation of the M&B Missionary Sending Sub | Name Signature | | | | |
| | Committee | & Date | | | | |
| 1 | | | | | | |
| 2 | | | | | | |
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| 4 | | | | | | |
| 5 | | | | | | |

cmb.ucm|10.2022