

**Physical Address:**  
Every Tribe Missions  
1 Pontoon Road  
East London  
5200  
South Africa

**Mailing:**  
Private Bag X9027  
East London  
South Africa  
5200



**Contact Details:**  
Tel +27(0)43 711 4950  
Fax +27(0)43 711 4915  
everytribemissions.com  
facebook.com/everytribemissions  
info@everytribemissions.com

## MTP Application Form

Do not leave any item blank. Put N/A if an item does not apply.

### CONTACT INFORMATION:

[Mr] [Mrs] [Ms] [Miss]

Surname .....

First Name .....

Middle Name .....

Age ..... Date of Birth: (dd/mm/yyyy) .....

Identity Number (if South African) .....

Passport Number and Nationality on Passport .....

Mailing Address .....

City ..... Province .....

Country ..... Postal Code .....

Home Phone (including area code) .....

Cell phone (including area code) .....

E-mail .....

### PERSONAL INFORMATION:

Gender [Male] [Female]

Marital Status [Single] [Married] [Separated] [Divorced] [Widowed]

Do you read, write and speak English? [Yes] [No]

Do you have a Driver's License? [Yes] [No] (Please provide a copy of your licence)

**SPIRITUAL INFORMATION:**

When did you accept Jesus Christ as your Lord and Saviour?

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Name of Home Church you currently attend: .....

Are you a member? [Yes] [No]

Pastor's Name .....

Telephone Number (include area code) .....

Church Street address.....

City.....

State/Province.....

Postal Code .....

How long have you attended this church? .....

May we speak with your Pastor directly? [Yes] [No]

Are you serving in the full-time ministry? [Yes] [No]

If so, what is your capacity? [Pastor] [Teacher] [Evangelist] [Missionary] [Helps]

Number of years in ministry .....

Denomination/Organization .....

Credentials? [Licensed] [Ordained]

Is there any additional information you would like to bring to our attention?

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**FAMILY INFORMATION:**

Name of Spouse..... Date of Birth .....

Is your spouse serving in the ministry on a full time basis? [ Yes] [No]

Contact Number (including area code) .....

E-mail .....

Do you have any children? [Yes] [No]

Full Name Birth Date Son or Daughter?

Full Name	Birth Date	Son or Daughter?

**EMERGENCY INFORMATION:**

[Mr] [Mrs] [Ms] [Miss]

Full Name .....

Contact Number (including area code) .....

Relationship .....

E-mail .....

**MEDICAL HISTORY:**

Current Medications .....

Allergies: .....

Physical/Mental Disabilities .....

Other pertinent medical information .....



Other Certificates .....

What languages are you fluent in? .....

**Please circle YES or NO at the appropriate answer**

- 1. Do you believe in that there is One True God? [Yes] [No]
- 2. Do you believe in the Trinity: God the Father, Jesus the Son, and the Holy Spirit? [Yes] [No]
- 3. Have you been baptized in water? [Yes] [No]
- 4. Have you been baptized with the Holy Spirit with the evidence of speaking in tongues? [Yes] [No]
- 5. Do you believe that the Bible is the final authority for our earthly decisions? [Yes] [No]
- 6. Do you believe that healing and miracles are still in operation today? [Yes] [No]
- 7. Do you believe that women should be allowed to preach the Gospel? [Yes] [No]
- 8. Do you feel that God has called you to be a missionary? [Yes] [No]
- 9. Have you ever personally led anyone to accept Jesus Christ? [Yes] [No]
- 10. Are you currently using illegal drugs? [Yes] [No]
  
- 11. Do you currently use tobacco products? [Yes] [No]
- 12. Have you ever been arrested? [Yes] [No]
- 13. Do you consume alcoholic beverages of any kind? [Yes] [No]
- 14. Are you currently using any form of medication? [Yes] [No]
- 15. (If so, an additional recommendation is required from your Doctor stating that you are fit to so this course)

If you answered "Yes" to any of the above questions, please explain, Use a separate sheet if necessary:

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**FINANCIAL INFORMATION:**

How will you pay for tuition? [Savings] [Sponsor] [Work] Other: .....

Person responsible for paying: -

Full Name .....

Contact number (including area code) .....

Applicant must understand Every Tribe Missions, River Ministries and its affiliated associates / organizations are not responsible or liable for injury, accident, terrorist attacks, sickness, or death.

The stated ministries will only provide accommodation, food and transport while on mission trips during the Mission Training Program.

**The individual is responsible for their own accommodation, transport and food during the duration of the Mission Training Program (MTP).** Transport to the training offices (River Park) is at your own cost. (Any enquiries about accommodation please email info@everytribemissions.com)

Please note we are not responsible for any medical or health care/insurance that you require while attending the Mission Training Program. **Medical costs are your own responsibility.**

Applicant is coming over by choice and is not an employee of the stated ministries. Applicant is expected to abide by the rules and regulations of the stated ministries. If applicant fails to abide by the regulations are grounds for immediate dismissal from Mission’s Training Program. Applicant will be required to fill out a release of liability form.

I hereby certify that the above information is true to the best of my knowledge. I understand that to deliberately falsify information will result in my immediate expulsion from the Mission Training Program.

Applicant’s Full Name (Print) .....

Signature: ..... Date: .....

\*The information on this application is collected to determine eligibility for acceptance to Mission’s Training Program. Please note this information will not be give out to anyone who or see by anyone other than our administrative staff.

**This application is not complete without a photograph and the payment of R500 for Registration and Application Fee.**

**This payment excludes the total course fee of R15 000 for 2021 registrations.**



**BANKING DETAILS:**

Account Name: Missions Training Program

Bank: Standard Bank

Account Number: 301080151

Branch Code: 050021

Branch Name: East London

Kindly email the deposit slip to the Missions Training Program office.

Email: [info@everytribemissions.com](mailto:info@everytribemissions.com)