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Every Tribe Missions
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Contact Details:
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Missions Training Program Application Form

CONTACT INFORMATION:

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

Name: _____
(Last) (First) (MI)

Address: _____

City: State / Province: _____

Postal Code: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____

Date of Birth: (mm/dd/yy) _____

PASSPORT:

Name: _____
(As on Passport) (Last) (First) (MI)

Passport #: Expiration Date: _____

Nationality on Passport: _____

State/Province of Birth: _____

DRIVERS LICENSE

Name: _____
(As on License) (Last) (First) (MI)

License #: Expiration Date: _____

Nation where issued: Date Issued: _____

Do you have a Code 10 Drivers License? Yes or No

SOUTH AFRICAN ID DOCUMENT (If a SA resident)

Name: _____
(As on ID Document) (Last) (First) (MI)

I.D. #: Date Issued: _____

Country of Birth: _____

Date of Birth: (mm/dd/yy) _____

EMERGENCY INFORMATION:

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

Name: _____
(Last) (First) (MI)

Phone#: _____ Relationship: _____

E-Mail: _____

MEDICAL HISTORY:

Current Medications: _____

Allergies: _____

Physical/Mental Disabilities: _____

Other pertinent medical information: _____

WORK EXPERIENCE:

Employer: _____

Dates of Employment: _____ to _____

State Position and Job Duties: _____

Employer: _____

Dates of Employment: _____ to _____

State Position and Job Duties: _____

VOLUNTEER EXPERIENCE:

Organization/Business: _____

Dates Volunteered: _____ to _____

Assignments/Duties: _____

Organization/Business: _____

Dates Volunteered: _____ to _____

Assignments/Duties: _____

*I give my permission to contact the above individuals, any previous employer, and supervisors of my volunteer commitments. Yes or No

EDUCATIONAL BACKGROUND:

Schools Attended: _____

Degrees Completed: _____

Other Certifications: _____

What languages are you fluent in?

How did you hear about the Mission's Training Program?

Please circle YES or NO at the appropriate answer

- Do you believe in that there is One True God? Yes or No
- Do you believe in the Trinity: God the Father, Jesus the Son, and the Holy Spirit? Yes or No
- Have you been baptized in water? Yes or No
- Have you been baptized with the Holy Spirit with the evidence of speaking in tongues? Yes or No
- Do you believe that the Bible is the final authority for our earthly decisions? Yes or No
- Do you believe that healing and miracles are still in operation today? Yes or No
- Do you believe that women should be allowed to preach the Gospel? Yes or No
- Do you feel that God has called you to be a missionary? Yes or No
- Have you ever personally led anyone to accept Jesus Christ? Yes or No
- Do you consume alcoholic beverages? Yes or No
- Do you smoke? Yes or No

Please share your testimony when you made Jesus Christ the Lord of your life, and how it has transformed your life since then?

CHURCH

Name of the church you currently attend: _____

Pastor's Name: _____

Work Phone _____

Church Street Address: _____

City: State/Province: _____ Postal Code: _____

How long have you attended this church? _____

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

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 are not providing shelter, food, finances, transport, or any form of aid. 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.

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 given out to anyone who or seen by anyone other than our administrative staff. This application is not complete without the payment of R500 for Registration and Application Fee. This payment excludes the total course fees of R16 000 for 2020 registrations.

Bank Details

Bank	Standard Bank
Branch Code	050021
Branch Name	East London
Account Name	Missions Training Program
Account Number	301080151

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

Email: info@everytribemissions.com