



# MISSIONARY APPLICATION

Thank you for your interest in serving the Lord through Commission To Every Nation- Canada.

We look forward to the time when one of us will have the opportunity to sit down with you face-to-face and talk with you personally about your life, your family and your calling. Until then, please consider this application an opportunity for us to get better acquainted.

Complete the application by answering *all* questions using a separate sheet of paper when necessary. **Type or print clearly.** Please use **black ink** if you print this to fill it out. **Be sure to read the information booklet.** *This PDF file may be saved and emailed to [applications@cten.org](mailto:applications@cten.org).*

If you want to mail this application, please send it to:

Commission To Every Nation– International  
PO Box 291307  
Kerrville, TX 78028-1307

Once we receive your application and both of the evaluation forms we will review the information, pray about your association with Commission To Every Nation and get back with you as soon as possible.

If you have any questions you may contact us directly.

Phone: 866-321-8048  
e-mail: [canada@CTEN.org](mailto:canada@CTEN.org)

***Remember to return:***

**Your signed application.**

**A recent photograph.**

***Also remember to give your pastor and one other person the evaluation form. We have fillable PDF forms for the recommendations. If you want a copy sent to you so you can email it to your pastor and other person, email us at [applications@cten.org](mailto:applications@cten.org) requesting the forms.***

We look forward to hearing from you!

## GENERAL INFORMATION

**Full Name:** \_\_\_\_\_ **Male** **Female**  
**Birthdate:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Nickname:** \_\_\_\_\_  
**Citizenship:** \_\_\_\_\_

## FAMILY INFORMATION

### MARITAL STATUS

**Single**                      **Married**                      **Engaged**                      **Widowed**  
**Divorced**                      **Separated**                      **Remarried**

If divorced, separated or remarried please attach a separate sheet giving the relevant history.

### COMPLETE THE FOLLOWING IF YOU ARE MARRIED OR ENGAGED

**Date Of Marriage:** \_\_\_\_\_  
**Spouse's Name:** \_\_\_\_\_ **Nickname:** \_\_\_\_\_  
**Birthdate:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Citizenship:** \_\_\_\_\_

Child's Name	Birthdate	Sex	Birthplace	Nickname

### CURRENT MAILING ADDRESS:

### PERMANENT ADDRESS: (IF DIFFERENT)


### CURRENT TELEPHONE

**Day Telephone:** (    ) \_\_\_\_\_ **Valid Until:** \_\_\_\_\_  
**Evening Telephone:**(    ) \_\_\_\_\_ **Valid Until:** \_\_\_\_\_  
**FAX Number:** (    ) \_\_\_\_\_ **Valid Until:** \_\_\_\_\_  
**e-mail address:** \_\_\_\_\_ **Valid Until:** \_\_\_\_\_

### PRIVATE INFORMATION

First Name	Social Ins #	Passport Number	Issued	Expires	Issued by <small>(if other than Canada)</small>

**For Home office use** Date received \_\_\_\_\_ Date completed \_\_\_\_\_

## CHRISTIAN LIFE AND CALLING

**HOME CHURCH**

Pastors Name:	email:
Church Name:	length of affiliation:
Church mailing Address:	
Church phone number:	Church fax number:
Denominational affiliation:	

**MINISTRY EXPERIENCE**

**In what ministry capacities in your church or community have you served? How long with each?**

**MISSIONS CALLING**

<b>In what country do you plan to work?</b>			
What local ministry will you work with?			
What length of service do you anticipate?	1-2 years	2-5 years	5+ years
What is your expected departure date?			
List any overseas experience you have:			
Dates	Country of Service	Purpose of visit	Serving with
How does your family feel about your mission service?			
What led you to apply to Commission To Every Nation?			



## HEALTH INFORMATION

To the best of your knowledge, have you or your dependents been or are currently being treated for:  
**(If yes, circle the appropriate condition.)**

- 1. Condition of the brain or nervous system including epilepsy, fainting, frequent or severe dizziness? [ ]Yes [ ]No
- 2. Any nervous, mental or emotional disorder? [ ]Yes [ ]No
- 3. The respiratory system including tuberculosis, asthma, hay fever, pleurisy, adenoids, tonsils? [ ]Yes [ ]No
- 4. Condition of the heart or blood vessels including abnormal blood pressure, anemia? [ ]Yes [ ]No
- 5. The gastrointestinal tract, liver or pancreas including gallstones, ulcer hernia, rectal trouble? [ ]Yes [ ]No
- 6. The genitourinary organs including kidney trouble, prostatitis, albumin in the urine? [ ]Yes [ ]No
- 7. Cancer, rheumatism, bursitis, arthritis, disorder of the back, varicose veins, breast or female organs? [ ]Yes [ ]No
- 8. Endocrine system including sugar in the urine, diabetes, thyroid, adrenal disorder? [ ]Yes [ ]No
- 9. Any physical deformity or defect including Acquired Immune Deficiency Syndrome (AIDS)? [ ]Yes [ ]No
- 10. Pregnancy? If yes, estimated date of delivery: \_\_\_\_\_ [ ]Yes [ ]No
- 11. Do you use or have you used tobacco, alcoholic beverages, marijuana or other drugs such as narcotics, stimulants, depressants or psychotropics? [ ]Yes [ ]No  
 If yes, on the back of this sheet please explain the type, quantity and recency of use.
- 12. During the past 5 years have you or your dependents had medical consultation, been hospitalized or are you currently taking medication? If yes, list below: [ ]Yes [ ]No

### RECORD OF CONSULTATIONS

Name	Injury or Illness	Dates	Degree of Recovery

### FAMILY DOCTOR

Name:	
Address:	
Phone number:	Fax number:

### EMERGENCY CONTACT INFORMATION

Name:	Relationship:	
Street Address:		
Phone:	Fax:	Email:
Is there any health issues that we would need to know in case you have an emergency? (This is for your safety and well-being.)		

## SPOUSES CHRISTIAN LIFE AND CALLING

**HOME CHURCH**

Pastors Name:	email:
Church Name:	length of affiliation:
Church mailing Address:	
Church phone number:	Church fax number:
Denominational affiliation:	

**MINISTRY EXPERIENCE**

**In what ministry capacities in your church or community have you served? How long with each?**

**MISSIONS CALLING**

**In what country do you plan to work?**

**What local ministry will you work with?**

<b>What length of service do you anticipate?</b>	1-2 years	2-5 years	5+ years
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**What is your expected departure date?**

**List any overseas experience you have:**

Dates	Country of Service	Purpose of visit	Serving with

How does your family feel about your mission service?

Tell us about your part in the ministry with your spouse.



## SPOUSES HEALTH INFORMATION

To the best of your knowledge, have you or your dependents been or are currently being treated for:  
**(If yes, circle the appropriate condition.)**

- 1. Condition of the brain or nervous system including epilepsy, fainting, frequent or severe dizziness? [ ]Yes [ ]No
- 2. Any nervous, mental or emotional disorder? [ ]Yes [ ]No
- 3. The respiratory system including tuberculosis, asthma, hay fever, pleurisy, adenoids, tonsils? [ ]Yes [ ]No
- 4. Condition of the heart or blood vessels including abnormal blood pressure, anemia? [ ]Yes [ ]No
- 5. The gastrointestinal tract, liver or pancreas including gallstones, ulcer hernia, rectal trouble? [ ]Yes [ ]No
- 6. The genitourinary organs including kidney trouble, prostatitis, albumin in the urine? [ ]Yes [ ]No
- 7. Cancer, rheumatism, bursitis, arthritis, disorder of the back, varicose veins, breast or female organs? [ ]Yes [ ]No
- 8. Endocrine system including sugar in the urine, diabetes, thyroid, adrenal disorder? [ ]Yes [ ]No
- 9. Any physical deformity or defect including Acquired Immune Deficiency Syndrome (AIDS)? [ ]Yes [ ]No
- 10. Pregnancy? If yes, estimated date of delivery: \_\_\_\_\_ [ ]Yes [ ]No
- 11. Do you use or have you used tobacco, alcoholic beverages, marijuana or other drugs such as narcotics, stimulants, depressants or psychotropics? [ ]Yes [ ]No  
 If yes, on the back of this sheet please explain the type, quantity and recency of use.
- 12. During the past 5 years have you or your dependents had medical consultation, been hospitalized or are you currently taking medication? If yes, list below: [ ]Yes [ ]No

### RECORD OF CONSULTATIONS

Name	Injury or Illness	Dates	Degree of Recovery

### FAMILY DOCTOR

Name:	
Address:	
Phone number:	Fax number:

### EMERGENCY CONTACT INFORMATION IF DIFFERENT THAN SPOUSE

Name:	Relationship:	
Street Address:		
Phone:	Fax:	Email:
Is there any health issues that we would need to know in case you have an emergency? (This is for your safety and well-being.)		

### ADDITIONAL INFORMATION

ON A SEPARATE SHEET OF PAPER EACH PERSON SHOULD PLEASE ANSWER THE FOLLOWING:

1. Describe your conversion experience and present relationship with the Lord. Include the date of your conversion and any other pertinent information about your Christian walk.
2. Describe any formal and informal Bible training you have received.
3. Describe how and when you sensed a calling to the mission field.
4. Share any other information about you, your family, your calling or other matters that we should know.
5. Describe your ministry vision and plan. Include information concerning the local ministries and churches you will be working with in-country.

**PLEASE ATTACH OR ENCLOSE A CLEAR  
PHOTOGRAPH OF YOU (AND YOUR FAMILY, IF MARRIED).**

For Families: We need a group picture of everyone going to the field. Please do not send pictures with other people in it. *We also need your individual color passport-like photos.*

For Individuals: Give us a picture you would like to have on our web site (if you will not be in a restricted country.) The photo should only have you in it. *Also, include your color passport-like photo.*

General photo requirements: Please insure that you have a light background without any clutter or shadows. Other than the passport photo, the photo should be approximately a 5x7. If you include a photo file, it should be the same approximate size when printed and no less than 300 dpi. The photo file can be a JPG, but GIF or TIF files are acceptable. The photos should be very sharp and close-up. As a general rule, heads should be no less than the size of a dime when the photo is printed. *Please insure they use an uncluttered, light background.*

**WE CANNOT COMPLETE THE APPLICATION PROCESS WITHOUT THE PHOTO.**

### STATEMENT OF COOPERATION

1. **I have read the Commission To Every Nation Statement of Faith. I am in agreement with it and live according to these tenets of faith.**
2. **I have read the Commission To Every Nation Statement of Financial Relationship (found in the information booklet). I am in agreement with it and will do my part to participate financially in the ministry of the mission.**
3. **I understand Commission To Every Nation is built upon the concept of family and is a cooperative effort of brothers and sisters in the body of Christ working together to serve our Lord. I will do my part to foster a harmonious environment of love and respect among the team.**
4. **I will do my part to foster communication by regularly staying in touch with Commission To Every Nation through my Ministry Newsletters and Reports and sharing appropriate needs and testimonies.**
5. **I understand that we will be required to attend an orientation held at the CTEN International home office in Kerrville Texas.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Additional Agreements**

Commission To Every Nation allows each missionary to determine how they desire their support funds should be expended. While each of us trusts God to provide for our needs, we should not foolishly neglect planning ahead. As you are establishing your budget, the following expenses should be part of your planning. They should not be the part that will be funded only if funds are available. We want you to be fully capable of doing what God has called you to do, without being overly concerned about the things of this world. We need to know you are fully aware of what you are responsible to provide for yourself and your family, if you are married.

**Medical Insurance** Medical insurance is a necessary part of your support while on the mission field. Since part of any medical expense you incur while outside of Canada can be covered by the Ontario Health Insurance Plan, you need to consider your portion of any medical expenses will be covered. To protect yourself, you need to provide for those undesired expenses. There are companies available in the Canada and abroad who will provide this type of coverage and we will be glad to provide contact information to you. In some countries you can obtain in-country medical insurance much cheaper and still be provided a good level of medical care. If you opt to use in-country insurance, you need to consider how you could get back to Canada if you became so ill you needed to be medically. This could be very costly. You have the option of setting aside funds to cover these expenses or obtain additional insurance to cover it. Please indicate how you desire to cover these expenses.

I plan to set aside funds to cover these expenses (Please understand that CTEN is not liable for your medical expenses.) \_\_\_\_\_

I will get medical insurance and pay for it through my income. \_\_\_\_\_

I want to use the medical insurance available through CTEN. \_\_\_\_\_

### **Life Insurance**

**I understand life insurance is needed.** \_\_\_\_\_ initials

Each of us knows we need to be prepared to consider the consequences of our death. While we have taken care of the eternal, we need to plan for those other consequences. Consider what expenses your family may incur as well as those long term costs of living if you are not there to help provide for them. Term insurance is normally the least costly way of obtaining this coverage. Commission To Every Nation can provide some suggested sources for this coverage.

### **Other Planned Expenses**

**I understand I need to plan for these expenses.** \_\_\_\_\_ initials

FURLOUGH COSTS - You need to set aside a portion of each distribution to cover returning to the states.

EMERGENCIES - While you can't plan for everything, it is wise to set aside some funds to cover emergencies.

START -UP COSTS - The amount you will need will vary according to what God has called you to do.

CONTINUING MINISTRY EXPENSES - There is little purpose to head to the mission field and not be able to afford to minister. Anticipate these expenses to continue to increase over the years as you expand your ministry.

RETIREMENT FUND - Of course, no one retires from God's work, but consider this a slow down fund! If you plan early it doesn't take a lot to build up a nest egg for the golden years if you feel you need more than is provided by the Canadian retirement.

**Commission To Every Nation can not provide any additional support to pay for these expenses, but we will do all we can to help you be as prepared as possible.**

*Go to the ant....Consider her ways and be wise. Proverbs 6:6*

## THIS PAGE TO BE COMPLETED

BY MISSIONARIES CURRENTLY SERVING WITH ANOTHER MISSION ORGANISATION

Name of Organisation:	
Address:	
Phone number:	fax:
Your primary contact with this organization:	phone # if different:
Primary contacts email address:	
Your current status with the organization:	

### CURRENT SUPPORT STATUS

- I am "salaried" by my mission. They handle support raising for me.
- I am responsible for raising my own support.
- Other \_\_\_\_\_

What is your current support level in Canadian dollars?
<b>Is This Adequate?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If "No", how much more do you feel is needed?</b>
<b>Do You Expect Most Of Your Supporters To Continue To Support You If You Change Missions?</b> <b>If not, how will this impact you?</b>

**Please Explain In Detail Why You Are Considering Changing Missions:( Attach Additional Sheets If Necessary ) Give as much detail as possible.**

### Pastoral Recommendation Form

**Dear Pastor:**

\_\_\_\_\_ desires to serve as a missionary with Commission To Every Nation. We believe any missionary should have a strong background of service in their local church prior to serving overseas. Please answer the following questions to help us understand their Christian involvement. Please mail it to us in the envelope included with the form. All information will be held in strictest confidence.

How long have you known the applicant? \_\_\_\_\_

Are there any unusual circumstances or conditions in the applicant's family? \_\_\_\_\_

Does the applicant possess a good knowledge of the Bible? Circle (very limited) (very knowledgeable)

Does the applicant have a genuine love for people? Circle (very limited) (very knowledgeable)

Does the applicant have sound doctrinal beliefs? \_\_\_\_\_

Have you discussed their desire to serve as a missionary? \_\_\_\_\_

Are there areas in which you feel they may need additional training? \_\_\_\_\_ yes, which areas?

Would you recommend them for missionary work? [ ] Without hesitation [ ] Highly recommend  
[ ] Recommend [ ] Would not recommend at this time

What phone number can we contact you? (\_\_\_\_\_) \_\_\_\_\_

What is the best day/time to reach you? \_\_\_\_\_

Your email address: \_\_\_\_\_

Printed name \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_

**Any additional information you could provide would be most helpful in our evaluation. Please feel free to email additional comments to [scottwalston@cten.org](mailto:scottwalston@cten.org). Your comments will remain confidential.**

**Thank you very much for your time!**

### Recommendation Form

Dear \_\_\_\_\_:

\_\_\_\_\_ desires to serve as a missionary with Commission To Every Nation. We believe any missionary should have a strong background of service in their local church prior to serving overseas. Please answer the following questions to help us understand their Christian involvement. Please mail it to us in the envelope included with the form. All information will be held in strictest confidence.

How long have you known the applicant? \_\_\_\_\_

Are there any unusual circumstances or conditions in the applicant's family? \_\_\_\_\_

Does the applicant possess a good knowledge of the Bible? Circle (very limited) 1 2 3 4 5 (very knowledgeable)

Does the applicant have a genuine love for people? Circle (very limited) 1 2 3 4 5 (very knowledgeable)

Does the applicant have sound doctrinal beliefs? \_\_\_\_\_

Have you discussed their desire to serve as a missionary? \_\_\_\_\_

Are there areas in which you feel they may need additional training? \_\_\_\_\_

If yes, which areas? \_\_\_\_\_

Would you recommend them for missionary work?  Without hesitation  Highly recommend

Recommend  Would not recommend at this time

What phone number can we contact you? (\_\_\_\_\_) \_\_\_\_\_

What is the best day/time to reach you? \_\_\_\_\_

Your email address: \_\_\_\_\_

Printed name \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_

**Any additional information you could provide would be most helpful in our evaluation. Please feel free to email additional comments to [scottwalston@cten.org](mailto:scottwalston@cten.org). Your comments will remain confidential.**

**Thank you very much for your time!**

## STATEMENT OF FAITH

This Statement of Faith is not intended to cover all Biblical truth but only to establish a basis for fellowship and cooperation so that we may “all speak the same thing, and that there be no divisions”.

*A declaration of those things which are most surely believed among us. Luke 1:1*

### The Scriptures

The Bible is the inspired word of God to men, the infallible, all-sufficient, final authority in all matters of faith and conduct. (2 Timothy 3:15-17; 1 Thessalonians 2:13; 2 Peter 1:21)

### The One True God

The one true God has revealed Himself as eternally existent in three persons: Father, Son and Holy Spirit. (Deuteronomy 6:4; Luke 3:22; John 14:12, 16, 28; 1 Corinthians 15:24-28)

### The Deity of the Lord Jesus Christ

“In Christ all the fullness of the Deity lives in bodily form.” “The Son is the radiance of God’s glory and the exact representation of his being”. (Colossians 2:9; Hebrews 1:3) Jesus is the eternal Son of God who was with God and was God in the beginning. (John 1:1-3) He was conceived by the Holy Ghost and born of the virgin Mary. (Matthew 1:23; Luke 1:35) “He went around doing good and healing all who were under the power of the devil” (Acts 10:38) He lived a sinless life - “holy, blameless, pure, set apart from sinners”. (Hebrews 7:26) “He died for our sins according to the Scriptures, was buried and was raised on the third day according to the Scriptures.” (1 Corinthians 15:1-4) He has now been “exalted to the right hand of God”. (Acts 2:33; Hebrews 1:3) “This same Jesus, who has been taken into heaven, will come back in the same way.” (Acts 1:11)

### The Fall of Man

“There is no one righteous” before God. “All have sinned and fall short of the glory of God.” (Romans 3:10, 23; Isaiah 64:6)

### God’s Plan of Redemption

“Salvation is found in no one else” but the Lord Jesus Christ, “for there is no other name under heaven given by which we must be saved.” (Acts 4:12) Man is saved by grace, through faith, not by His own efforts but as a gift from God. (Ephesians 2:8) God saves “us through the washing of rebirth and renewal by the Holy Spirit, whom he poured out on us generously through Jesus Christ our savior, so that, having been justified by his grace, we might become heirs having the hope of eternal life.” (Titus 3:5-7)

### Water Baptism

All who repent and believe on Christ Jesus as Savior and Lord are commanded in Scripture to be baptized in water. (Matthew 28:19; Mark 16:16)

### Present Work of the Holy Spirit

The Holy Spirit is at work in the earth today:

- “to convict the world of guilt in regard to sin and righteousness and judgment.” (John 16:8)
- empowering men to witness and confirming the word with signs that accompany it. (Mark 16:17-20; Acts 1:8; 4:29-31; Hebrews 2:3, 4)
- producing the fruit of the Spirit in men’s lives. (Galatians 5:22-26)
- giving various gifts to men “for the common good.” (1 Corinthians 12:4-11)
- In response, believers are commanded to “eagerly desire the greater gifts” and to “try to excel in gifts that build up the church.” (1 Corinthians 12:31; 14:12)

### Future Events

There is a coming resurrection: “those who have done good will rise to live, and those who have done evil will rise to be condemned.” (John 5:29; 2 Corinthians 5:10) There is a coming judgment where any whose name is “not found written in the book of life” will be “thrown into the lake of fire” “which is the second death”. (Revelation 20:14, 15)

### The Unity of All Believers

“In Christ we who are many form one body, and each member belongs to all the others.” “For we were all baptized by one Spirit into one body”. (Romans 12:5; 1 Corinthians 12:12)