



## Mission to Africa Application Form:

Mamkhulu.org

**Complete and submit the following application form or go to [www.mamkhulu.org](http://www.mamkhulu.org) and complete the online version.**

E-mail or call (604)983-9743 and request additional information to be sent to you by e-mail.

**Applicants full name:** \_\_\_\_\_

Birth date \_\_\_\_\_

Birth place \_\_\_\_\_

Nationality \_\_\_\_\_

Citizenship \_\_\_\_\_

Language(s) spoken \_\_\_\_\_

Marital Status \_\_\_\_\_

**Your permanent address:**

Address \_\_\_\_\_

City \_\_\_\_\_

Province \_\_\_\_\_

Postal Code \_\_\_\_ - \_\_\_\_

Country \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Your Email Address \_\_\_\_\_

**Your current mailing address - if different:**

Address \_\_\_\_\_

City \_\_\_\_\_

Province \_\_\_\_\_

Postal Code \_\_\_\_ - \_\_\_\_

Country \_\_\_\_\_

Name of parents / guardian: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_ - \_\_\_\_

Country: \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_

If applicant is a minor, indicate parents' attitude toward your involvement in missions.

\_\_\_\_\_

**Emergency contact:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_ - \_\_\_\_

Country: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**Church Affiliation:**

**Church:** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Province \_\_\_\_\_

Postal Code \_\_\_\_ - \_\_\_\_

Country \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Are you a church member? Yes / No

How often do you attend church? \_\_\_\_\_

Tell about your salvation experience, Christian growth, ministry experience and why you desire to be a short-term missionary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you maintain a regular devotional life? Yes / No

Please describe your devotional life.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever abused alcohol, tobacco, drugs or other such harmful substances? Describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you had any cross-cultural experience? Yes / No

**Education:**

High School Name: \_\_\_\_\_

High School City: \_\_\_\_\_

Last grade completed: \_\_\_\_\_

College : \_\_\_\_\_

Post grad / other: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**References:**

Give the name and address of each of the following three persons to whom we will be sending a reference form:

**A. Home Pastor's name:** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Province \_\_\_\_\_

Postal Code \_\_\_\_ - \_\_\_\_

Country \_\_\_\_\_

Their phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**B. Employer or friend:** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Province \_\_\_\_\_

Postal Code \_\_\_\_ - \_\_\_\_

Country \_\_\_\_\_

Their phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_

C. **Another friend or employer** or, (if you are a college student) dean, teacher or pastor away from home.

Address \_\_\_\_\_  
City \_\_\_\_\_  
Province \_\_\_\_\_  
Postal Code \_\_\_\_ - \_\_\_\_  
Country \_\_\_\_\_  
Their phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**I authorize the above to supply reference information to Mamkhulu.org**

Why are you interested in this particular ministry?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will the required finances be available?

**Sources:** Church | Fundraising | Friends | Self  
Are you willing to adjust to inconveniences? Yes / No  
Employment experience:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any emergency medical, camp, or outdoor sports in which you have experience or training:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that all statements made on the pages of this application, including attachments, are true and accurate, and complete to the best of my knowledge and are made in good faith. I understand that any misleading, inaccurate, or incomplete information may be cause for disqualification or termination.

Print Name: \_\_\_\_\_

Signature of applicant: \_\_\_\_\_

Date: \_\_\_\_\_

\*\*\*\*\*

**FOR OFFICE USE ONLY:**

Decision Taken: \_\_\_\_\_

Date Decision communicated to applicant: \_\_\_\_\_

Duties Assigned: \_\_\_\_\_

Authorized: \_\_\_\_\_

# RELEASE OF LIABILITY

Travel to South Africa by its own nature offers an unfamiliar and unique environment and risks of injury to both persons and property is inherent. I understand that by my participating in the ministry of Reachout To Africa I am indicating my acceptance of these risks.

I do hereby release Mamkhulu.org and associate organizations, their Board's of Directors and staff members from any liability whatsoever arising out of any injury, damage, or loss, which may be sustained by said person or their property during the course of involvement with Mamkhulu.org activities.

I understand that I am responsible for providing medical and accident insurance while participating in Mamkhulu.org both in Canada and while in foreign country programs.

Print Name: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date of Application: \_\_\_\_\_