

**Physical Address:**  
Every Tribe Missions  
Tom Scott Street  
Alicedale 6135  
South Africa

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



**Contact Details:**  
Missions Base: +27(0) 42 231 1355  
East London: +27(0) 43 711 4813  
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everytribemissions.com  
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etm.mtp@myriver.com

## 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?**

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## 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?

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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 give out to anyone who or see by anyone other than our administrative staff. This application is not complete without the R200 application fee.

### **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: [etm.mtp@myriver.com](mailto:etm.mtp@myriver.com)