

## APPLICATION

### FIT4M Participant Application

#### Instructions

This form provides FIT 4M with essential information required for evaluation purposes. All applicable questions should be answered. Please type in **BOLD**, or print in ink. Should more space for comment be required than the form allows, please add pages with appropriate cross reference.

THIS INFORMATION WILL REMAIN CONFIDENTIAL WITH THE ADMINISTRATORS OF FIT4M.

#### **A. PERSONAL AND FAMILY INFORMATION**

1. Last Name \_\_\_\_\_
2. First Name \_\_\_\_\_
3. Address \_\_\_\_\_
4. City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_
5. Home Phone (\_\_\_\_\_) \_\_\_\_\_ Office #(\_\_\_\_\_) \_\_\_\_\_ Cell #(\_\_\_\_\_) \_\_\_\_\_
6. E-mail \_\_\_\_\_
7. Social Insurance # \_\_\_\_\_ Health # \_\_\_\_\_
8. Date of Birth \_\_\_\_\_ Birthplace \_\_\_\_\_
9. Citizenship (if multiple, please list)  
\_\_\_\_\_  
\_\_\_\_\_
10. Visa type (if applicable) \_\_\_\_\_
11. Please provide the following information about your church:  
 Church where you hold membership \_\_\_\_\_  
 Church you currently attend \_\_\_\_\_  
 Fellowship/Denomination \_\_\_\_\_

Church Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone # (\_\_\_\_\_) \_\_\_\_\_ Pastor's Name \_\_\_\_\_

Number of years you have attended \_\_\_\_\_

Years of membership \_\_\_\_\_

12. Marital Status: (Circle all that apply)

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

\*Date of Wedding \_\_\_\_\_

13. If dating, please state the duration of the relationship. Have you considered the possible emotional effects on both you and the other individual in applying for FIT4M? \_\_\_\_\_

14. Is your spouse/fiancé in full agreement of your call to missions in French Canada? Yes No

If No, please comment \_\_\_\_\_

15. How would you describe your marriage relationship? \_\_\_\_\_

16. How many children do you have? \_\_\_\_\_ How many children would accompany you? \_\_\_\_\_

17. Name(s) of Dependents

a. Name \_\_\_\_\_

Relationship \_\_\_\_\_ Gender: Male Female

Date of Birth \_\_\_\_\_ Birthplace \_\_\_\_\_

b. Name \_\_\_\_\_  
Relationship \_\_\_\_\_ Gender: Male Female  
Date of Birth \_\_\_\_\_ Birthplace \_\_\_\_\_

c. Name \_\_\_\_\_  
Relationship \_\_\_\_\_ Gender: Male Female  
Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

d. Name \_\_\_\_\_  
Relationship: \_\_\_\_\_ Gender: Male Female  
Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Please list any other dependents on a separate sheet of paper.

18. \*\*TAKE FROM OTHER FORM\*\*

How would you describe yourself? (Check all that apply)

Flexible	Disciplined	Self-starter	Well-organized	Adaptable	Cheerful		
Adventurous	Reserved	Friendly	Clean	Caring	Hardworking	Take Charge	Mature
Punctual	Responsible	Outgoing	Carefree				

What would you describe as two weaknesses?

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

19. Have you discussed your desire to enroll the FIT4M program? Yes No

If No, please explain \_\_\_\_\_  
\_\_\_\_\_

20. Full names of your father and mother (if living, give age):

Father \_\_\_\_\_ Mother \_\_\_\_\_  
Address \_\_\_\_\_  
Phone # \_\_\_\_\_  
Fax \_\_\_\_\_

E-mail \_\_\_\_\_

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

Nationality \_\_\_\_\_

Name of church (if in attendance) \_\_\_\_\_

21. Are your parents aware of your desire to enroll in the FIT4M program? (if applicable)                      Yes                      No

Please comment if necessary \_\_\_\_\_

\_\_\_\_\_

22. For emergency purposes, please give names of two emergency contacts.

a. Name \_\_\_\_\_ b. Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_

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

Phone # \_\_\_\_\_ Phone # \_\_\_\_\_

Fax \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_ E-mail \_\_\_\_\_

### **Family Obligations**

23. In terms of health, shelter, education, financial needs, are there any special arrangements:

a) You or your immediate family (spouse or children) that should be considered?

Yes                      No

If Yes, describe: \_\_\_\_\_

\_\_\_\_\_

b) Are there other family obligations that should be considered?                      Yes                      No

If Yes, describe: \_\_\_\_\_

\_\_\_\_\_

### **Finances**

24. Do you consider yourself to be a good money manager?

Usually                      Sometimes                      Always

25. Do you have any debts?                      Yes                      No

If Yes, what is the gross amount? \_\_\_\_\_

How much have you paid towards debt reduction in the last 12 months? \_\_\_\_\_

\_\_\_\_\_

**B. RE: SPOUSE OR FIANCÉ OF APPLICANT (if not applying)**

Full Name of your Spouse or Fiancé: *[first / middle / last]* \_\_\_\_\_

Nickname/Preferred Name: \_\_\_\_\_

Address (if Fiancé) \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Office #(\_\_\_\_\_) \_\_\_\_\_ Cell #(\_\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

Social Insurance # \_\_\_\_\_ Health # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Birthplace \_\_\_\_\_

Citizenship (if multiple, please list) \_\_\_\_\_

Languages Spoken: *[Primary and Secondary]* \_\_\_\_\_

University or Post-Secondary School Attended, Degree, & Graduation Date: *[if applicable]* \_\_\_\_\_

Present Occupation: \_\_\_\_\_

Parent's Names & Address: \_\_\_\_\_

\_\_\_\_\_

What do you feel are your spouse's/fiancé's feelings about your participation in the FIT4M program? Be specific.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is there any reason/concern that you are aware of that might make it unwise for you and/or your fiancé/spouse to be a participant in the program with you?

**C. MINISTRY / WORK / VOLUNTEER EXPERIENCE**

**Resume**

1. Attach a copy of your resume, including:
- a) work experience, outlining key accomplishments
  - b) Christian service, full-time or volunteer
  - c) all education beyond high school, Bible courses, language courses, skills, hobbies, interests, awards, etc.
  - d) all educational transcripts

**Credentials**

2. Have you read and do you fully adhere to The Statement of Fundamental and Essential Truths as set forth by The Pentecostal Assemblies of Canada? (Statement provided with application) Yes No

If No, please comment \_\_\_\_\_

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3. Do you have ministry credentials? Yes No

Classification \_\_\_\_\_ Date Received \_\_\_\_\_

Fellowship/Denomination \_\_\_\_\_

4. Have you discussed your desire to participate in the FIT4M program with your pastor of your local church and, if credentialed, your District Superintendent, and/or pastor(s) of your local church? Yes No

What was their reaction? \_\_\_\_\_

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5. If applicable, do you give permission for FIT4M to access your credential file? Yes No

**Cross Cultural Experience**

6. Languages (list mother tongue first) Proficiency (check all that apply)

_____	Speak	Read	Write
_____	Speak	Read	Write
_____	Speak	Read	Write

8. What experiences have you had with people of other demographic groups that would prepare you for your choice of ministry with Francophones?

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**E. BIOGRAPHICAL SKETCH**

On a separate sheet of paper please provide (typed or printed), succinct paragraph responses to the following:

1. Describe the pattern of spiritual accountability (to date) in your Christian journey. Have you had a spiritual mentor? If so, describe the relationship and significance of this practice. Please comment on the value of such mentoring in a believer's walk.
2. Discuss your devotional habits and study routines.
3. Comment on the nature of your interaction with non-Christians and describe your personal effort in witnessing and discipling.
4. Identify your ministry gifts and show how you have exercised them so far.
5. Articulate your sense of call to Francophone ministry, how it came about, and what constitutes the sense of call for you. Identify the factors which led you to apply for this program.
6. List / describe work you have previously been involved with to reach the unreached.

**F. REFERENCES**

FIT 4M program requires a minimum of 5 references. It is important that you choose individuals whom you have had frequent contact with over the past five years and who would be both knowledgeable and comfortable in commenting on you and your potential involvement in mission work in Canada. Do not use relatives as references.

List names of references that you will be in contact with, providing them with either the PROFESSIONAL Reference Form or the PERSONAL Reference Form provided to you with this Application. This information is required in order that FIT 4M may anticipate receiving their "Confidential" Reference Form either via email or mail. Choose your references according to the following grid, checking the box below which applies to you:

I am currently pastoring and have included the following references:

District Superintendent, friend currently in full time ministry, church board member from my current church, board member from my last church (if applicable), and one other.

I am currently in full time or part time ministry and have included the following references:

Current pastor, friend currently in full time ministry, church board member from my current church, board member from my last church (if applicable), and one other.

I am not a pastor or involved in full time ministry and have included the following references:

Pastor of the church I attend, church board member from my current church, work supervisor or professor, work colleague and one other.

I am completing my studies at a PAOC Bible College and will be graduating (MM/YYYY) and have included the following references:

Dean of Students, Pastor, Bible College President, Professor (staff), and one other

**NOTE:** PROFESSIONAL Reference Form to be provided to a district superintendent, pastoral references, ministerial colleague or church board member, professor or teacher. PERSONAL Reference Form to be provided to work colleague or friend.

1. Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone # \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Professional Reference

Personal Reference

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone # \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_



Professional Reference

Personal Reference

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone # \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Professional Reference

Personal Reference

4. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone # \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Professional Reference

Personal Reference

5. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone # \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Professional Reference

Personal Reference

6. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone # \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Professional Reference

Personal Reference

**G. REQUEST FOR INFORMATION**

1. Do you have any specific questions we can answer to help you in your consideration of the FIT4M program?  
Yes      No

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**H. COMMITMENT to FIT4M**

I understand that if I am accepted into the FIT4M Program, I will remain for two years of full-time ministry in French Canada, upon completion of the one year language training. Yes      No

**I. SIGNATURE**

- 1. I have read the PAOC Code of Ethics in its entirety. Yes      No
- 2. I have enclosed/have forwarded a biographical sketch. Yes      No
- 3. I have enclosed/have forwarded a resume. Yes      No
- 4. I have enclosed/have forwarded a recent photograph. Yes      No

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

(This will confirm that the information in this application is complete and truthful.)

NOTE: Please complete any attachments hereto and return them with this application.

**Please return completed forms marked "CONFIDENTIAL" to:**

**FIT 4 M**  
**Institut Biblique du Québec**  
**Attention: Rev. Gary Connors**  
**839 rue Lasalle, Longueuil, QC J4K 3G6**  
**Phone: (450) 651-4200**  
**Fax: (450) 651-6300**  
**E-mail: [gconnors@paoc.org](mailto:gconnors@paoc.org) or [rlachapelle@paoc.org](mailto:rlachapelle@paoc.org)**