

FIT4M Participant Application

Instructions

This form provides FIT4M 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 card # _____

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 _____ Province _____ 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. Have you discussed your desire to enroll the FIT4M program with your children? (if applicable) Yes No

If no, please explain _____

18. 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.

19. Full names of your father and mother:

Father _____ Mother _____

Address _____ Address (if different) _____

Phone # _____ Phone # _____

Fax _____ Fax _____

E-mail _____ Email _____

Marital Status _____ Marital Status _____

Nationality _____ Nationality _____

Name of church (if in attendance) _____

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

Please comment if necessary _____

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

a. Name _____ b. Name _____

Address _____ Address _____

Postal Code _____ Postal Code _____

Phone # _____ Phone # _____

Fax _____ Fax _____

E-mail _____ E-mail _____

Family Obligations

22. In terms of health, shelter, education, financial needs during your time with FIT4M, are there any special arrangements:

a) For 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: _____

Personality and Character

23. How would you describe yourself? (Circle 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 of your weaknesses?

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 engaged) _____

Home Phone #(_____) _____ Office #(_____) _____ Cell #(_____) _____

E-mail _____

Social Insurance # _____ Health card # _____

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] _____

Current Occupation _____

Parent's Names & Address _____

How would you describe 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 both participate in the program?

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 _____

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? _____

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)

| | | | |
|-------|--------------------------------|-------------------------------|--------------------------------|
| _____ | <input type="checkbox"/> Speak | <input type="checkbox"/> Read | <input type="checkbox"/> Write |
| _____ | <input type="checkbox"/> Speak | <input type="checkbox"/> Read | <input type="checkbox"/> Write |
| _____ | <input type="checkbox"/> Speak | <input type="checkbox"/> Read | <input type="checkbox"/> Write |

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

D. 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.

E. 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

F. REQUEST FOR INFORMATION

1. Do you have any specific questions we can answer to help you in your consideration of the FIT4M program?

If so, ask away. _____

G. 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

H. 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:

FIT4M
Attention: Quebec and Francophone Canada Coordinator
Quebec PAOC District Office
839 rue La Salle, Longueuil, QC J4K 3G6
Phone: (514) 617-0554 or (514) 617-0870
Email: mission.quebec@paoc.org