

# APPLICATION FOR MISSION SERVICE



**Adventist World Aviation  
Donation Mailing: P.O. Box 444  
Sullivan, WI 53178-0444  
Corporate Office Address  
9323 West Greenfield Avenue  
West Allis, WI 53214-2733**

Thank you for your interest in Adventist World Aviation, and our missionary program. Please read through the information contained in this Missionary Packet of Information carefully.

Basic Qualifications:

- A life committed to Jesus Christ
- Spiritual maturity with evidence of spiritual growth, including a desire to know and do the whole will of God
- A committed and growing Seventh-day Adventist Christian
- Eagerness and ability to share the gospel and the Advent message and lead people to Christ
- A good working knowledge of the Bible and the writings of Ellen G. White
- Sensitivity to God's leading in your life
- Possess the faith to know that an impossible task is possible with God and not to be daunted by it
- Involvement in a local Seventh-day Adventist Church

Personal Traits:

- Willingness to learn and serve
- Willingness to follow leadership and supervision
- Willingness and ability to take initiative and responsibility
- Willingness to interact positively with fellow workers and church administrators
- Adaptability and flexibility to changing situations entirely beyond your control
- Tenacity (sticking with it when the going gets rough)

Medical Conditions:

- General good health with no pre-existing conditions, other than those noted. A doctor's certificate is to be obtained after applicant is approved, but before final appointment.
- Emotional stability
- No physical disability or medical problem that will hinder successful performance, be aggravated by a change in geographic location or weather, or create excessive responsibility for AWA.

Technical Prerequisites:

- Meet educational and training requirements applicable for job position or project needs.

## Application for Mission Service

Information about Application	
Full Name:	
Current Mailing Address:	
Telephone Number:	
Fax Number:	
Email Address:	
Date of Birth:	Place of Birth:
Gender:	Citizenship:
Social Security Number:	
Information about Father	
Full Name:	
Address:	
Telephone Number:	
Fax Number:	
Email Address:	
Information about Mother	
Full Name:	
Address:	
Telephone Number:	
Fax Number:	

<b>Email Address:</b>
<b>Emergency Contact Information</b>
<b>Full Name:</b>
<b>Address:</b>
<b>Telephone Number:</b>
<b>Fax Number:</b>
<b>Email Address:</b>
<b>Full Name:</b>
<b>Address:</b>
<b>Telephone Number:</b>
<b>Fax Number:</b>
<b>Email Address:</b>
<b>Have you ever been convicted of a crime:      ( ) YES      ( ) NO</b>
<b>If Yes, explain:</b>
<b>Educational Information</b>
<b>College/University:</b>
<b>Address:</b>
<b>Telephone Number:</b>
<b>Fax Number:</b>
<b>Email Address:</b>

<b>Degree/Major/Minor:</b>
<b>Educational Information - Continued</b>
<b>High School:</b>
<b>Address:</b>
<b>Telephone Number:</b>
<b>Fax Number:</b>
<b>Email Address:</b>
<b>Year Graduated:</b>
<b>Technical/Trade School:</b>
<b>Address:</b>
<b>Telephone Number:</b>
<b>Fax Number:</b>
<b>Email Address:</b>
<b>Certificate:</b>
<b>Information about Work Experience</b>
<b>Current Employer:</b>
<b>Address:</b>
<b>Telephone Number:</b>
<b>Fax Number:</b>
<b>Email Address:</b>
<b>Length of Employment:</b>
<b>Describe Duties:</b>

**Information about Work Experience - Continued**

List previous places of employment for past ten years, complete with address, telephone number, fax number, email address, positions held, assigned duties and responsibilities, and dates served at each location. Attach a separate sheet, if necessary.

**Previous Employer:**

**Address:**

**Telephone Number:**

**Fax Number:**

**Email Address:**

**Length of Employment:**

**Describe Duties:**

**Previous Employer:**

**Address:**

**Telephone Number:**

**Fax Number:**

**Email Address:**

**Length of Employment:**

**Describe Duties:**

**If applicable, list flight experience:**

**If applicable, list aircraft maintenance experience:**

**If applying for other technical position, list experience:**

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<b>Other Information about Applicant</b>
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<b>List other skills or hobbies (amateur radio, photography, video production, music, etc.):</b>
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<b>List languages (other than English) in which you have conversational ability:</b>
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<b>Describe language learning opportunities in school, i.e. were they successful, positive experiences, etc.</b>
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<b>Have you been a student missionary or other volunteer missionary? ( ) YES ( ) NO</b>
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<b>If yes, explain:</b>
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<b>Information about Applicant's Christian Life</b>
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<b>Describe how and when you came to know Jesus Christ as your savior and trace your Christian growth since that time:</b>
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**Information about Applicant's Christian Life - Continued**

**Are you a baptized member of the Seventh-day Adventist Church?    (    ) YES    (    ) NO**

**Date of Baptism:**

**Church where membership is held:**

**Address:**

**Pastor's Name:**

**Address:**

**Telephone Number:**

**Email Address:**

**Church currently attending  
(if different from above):**

**Address:**

**Pastor's Name:**

**Address:**

**Telephone Number:**

**Email Address:**

**Describe the church positions and responsibilities you have held (deacon, deaconess, elder, clerk, Sabbath School teacher, pianist, organist, etc.)**



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<b>Information about Applicant's Family</b>
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<b>Marital Status:</b>
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<b>Name of Spouse</b>
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<b>If ever divorced or separated, please explain circumstances:</b>
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<b>List outstanding financial obligations (in U.S. dollars), including house, auto, personal, furnishings, education, and other. Include a grand total of financial debt.</b>
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	<b>GRAND TOTAL:</b>
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<b>List medical conditions within the past five years that have incurred expenses, received medical treatment, required prescribed drugs, or required consulting physician:</b>
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<b>Explain if any of the above conditions may potentially hinder work in a different climate, high altitude or adverse living conditions:</b>
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**Information about Applicant's Family - Continued**

**List current medical plan, including name of insurance company:**

**List any routinely used medications:**

**Explain use of any drugs that may affect health, including tobacco, alcohol, narcotics, or mind-altering chemicals:**

**Information about Applicant's Service Interest**

**What length of service do you anticipate? Check the appropriate one below:**

**Career (6 years or more):**  YES  NO

**Internship (leading to career service):**  YES  NO

**Short-term (6-12 months; includes student missionaries):**  YES  NO

**Expected available date to begin service:**

**Location of anticipated service:**

**Type of work interested in (check the appropriate areas below):**

PILOT

AIRCRAFT MECHANIC

RADIO TECHNICIAN

COMPUTER TECHNICIAN

PROJECT MANAGER

LOGISTICAL MANAGEMENT

CONSTRUCTION/MAINTENANCE

HEALTH

MEDICAL

DENTAL

MARINE

GRANT WRITER

TEACHER

BIBLE WORKER

( ) AGRICULTURAL	( ) OTHER: _____
<b>References (employers, pastors, teachers, friends, fellow employees, etc.)</b>	
<b>Name:</b>	
<b>Address:</b>	
<b>Telephone Number:</b>	
<b>Email Address:</b>	
<b>Relationship:</b>	
<b>Name:</b>	
<b>Address:</b>	
<b>Telephone Number:</b>	
<b>Email Address:</b>	
<b>Relationship:</b>	
<b>Name:</b>	
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<b>Telephone Number:</b>	
<b>Email Address:</b>	
<b>Relationship:</b>	
<b>Name:</b>	
<b>Address:</b>	
<b>Telephone Number:</b>	
<b>Email Address:</b>	

<b>Relationship:</b>
<b>Other</b>
<b>List what motivated you to inquire about mission service with Adventist World Aviation:</b>
<b>Affidavit of Commitment</b>
<p><b>I realize that Adventist World Aviation is a faith ministry and I trust that God will provide for my support and ministry needs. I am willing to go anywhere Adventist World Aviation sends me. I recognize that God works through the Holy Spirit, circumstances, scripture, life experiences and others to reveal and confirm His will.</b></p> <p><b>I am committed to Adventist World Aviation as an organization that seeks to operate within this paradigm to follow God’s revealed plans. I am committed to upholding Adventist World Aviation’s ministry and personnel in prayer.</b></p> <p><b>I recognize that Adventist World Aviation exists to provide aviation and communications, and logistical support for those serving the mental, physical and spiritual needs of the forgotten peoples of the earth, and I commit my life to upholding this statement of mission.</b></p> <p><b>Signature:</b> _____ <b>Date</b> _____</p>

The attached forms must be completed, signed and attached to your application in order for the application process to be completed. Please read them carefully, and keep a copy of all documentation for future reference while on assignment. The original copies will be kept by Adventist World Aviation. Make two copies of each of your completed forms, including your application. Take one set of copies with you on your mission assignment; leave one set of copies at home in a safe place, with a trusted family member.

- 1) Health Certificate (must be signed by a doctor or medical professional)
- 2) Beneficiary Form (for legal and insurance purposes, an original signature is required)
- 3) Release of Liability (for legal and insurance purposes, an original signature is required)
- 4) Statement of Ethics
- 5) Conflict of Interest

Orientation is required for all mission assignments, and must be completed before your application is fully approved. Please contact Adventist World Aviation at 414-226-5195 pertaining to the orientation.