



Baptist Missions to Forgotten Peoples
 Post Office Box 37043
 Jacksonville, Florida 32239-7043
 www.BMFP.org

Preliminary Questionnaire

To The Missionary Volunteer:

The information received through this questionnaire is only preliminary and will be reviewed by the Administrative Management Team. You will be advised of their recommendation as soon as possible. Formal Application will be offered should the decision of the Administrative Management Team be favorable.

Date: _____
 (mm/dd/yyyy)

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1. Name in full: (Indicate whether Mr., Mrs., or Miss)

_____ Spouse's First Name _____
Last First MI

2. Present Address: Street: _____

City and State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Fax: _____

3. Age: _____ Date of Birth: _____ Place: _____
(mm/dd/yyyy) City State Country

4. Please check: Single Engaged Married Widowed

5. Have you ever been divorced? _____ Has any former marriage been annulled? _____
 If yes, please explain on **separate sheet**. If yes, please explain on **separate sheet**.

6. If married, give the place and date of your marriage. _____

Christian Testimony:

1. Relate briefly the testimony of your conversion.

A. Give the approximate date of your conversion. _____

B. Give the approximate date of your baptism. _____

2. Name, Address and Affiliation of the church of which you are a member:

_____ (Name) (Address)

Affiliation: Independent GARB CBA SBC Bible Other

3. Pastor's Name: _____

_____ (Address) (City & State) (Zip) (Phone)

