

**Open Air Campaigners**  
**CONFIDENTIAL STAFF APPLICATION**  
**For Married Applicants**

OPEN AIR CAMPAIGNERS

OAC • PO Box D • Nazareth, PA 18064-0520  
[tom.fox@oaci.org](mailto:tom.fox@oaci.org)

Date: \_\_\_\_\_

➤ *In order to have all necessary information regarding your application, we request that you answer the following questions with full particulars about yourself. We would earnestly request that you pray along with us, that the will of God may be made known concerning your possible service with Open Air Campaigners. If extra space is needed for explanation, feel free to use additional paper.*

**(Please type or print)**

**A. IDENTIFICATION**

1. Full Name \_\_\_\_\_ Social Security # \_\_\_\_\_

2. Permanent Address \_\_\_\_\_

3. Present Address (if different from above) \_\_\_\_\_

4. Telephone \_\_\_\_\_ Email: \_\_\_\_\_

5. Date of Birth \_\_\_\_\_ Country & City of birth \_\_\_\_\_

6. Citizenship \_\_\_\_\_ Language(s) Spoken \_\_\_\_\_

7. Next of Kin (to be contacted in case of emergency)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ / Email: \_\_\_\_\_

**B. MARITAL STATUS**

1. Have you ever been divorced, separated, or had an annulment of marriage? \_\_\_ Yes \_\_\_ No  
 If so, please give the date of the final decree and grounds upon which it was granted. \_\_\_\_\_  
 \_\_\_\_\_

2. Anniversary date \_\_\_\_\_

3. Give full name of your betrothed or spouse (include maiden name). \_\_\_\_\_

4. Please list your children and/or dependents:

<u>Name</u>	<u>Relationship</u>	<u>Occupation</u>	<u>Birthdate</u>	<u>Dependent (yes/no)</u>
-------------	---------------------	-------------------	------------------	---------------------------

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

5. If you are expecting a child, please give approximate due date. \_\_\_/\_\_\_/\_\_\_

6. Are your children and/or dependents in good health? \_\_\_ Yes \_\_\_ No

If not, please explain. \_\_\_\_\_

**C. FAMILY HISTORY**

1. Information desired:

*FATHER*

*MOTHER*

Full name . . . . .	_____	_____
Living/deceased . . . . .	_____	_____
If deceased, give date . . . .	_____	_____
If remarried, give date . . . .	_____	_____
Present occupation . . . . .	_____	_____
Citizenship . . . . .	_____	_____
Church membership . . . . .	_____	_____
Christian activities . . . . .	_____	_____

2. Are you from a broken home? \_\_\_\_\_ (If so, please give details on separate paper)
3. Who of your immediate relatives is now (or has been) engaged in missionary or other Christian vocations? Give relationship, name and work, indicating mission board, if any (use separate paper) .
4. List brothers and sisters:

<i>NAME</i>	<i>AGE</i>	<i>OCCUPATION</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**D. EDUCATION**

1. Did you graduate from High School? \_\_\_\_\_ If not, give grade attained: \_\_\_\_\_
2. Give details of all training received beyond High School:

<i>NAME OF SCHOOL</i>	<i>TYPE OF TRAINING</i>	<i>YEARS OF STUDY</i>	<i>QUALIFICATIONS</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. Are you now attending school? \_\_\_\_\_ If so, where? \_\_\_\_\_  
 Do you expect to graduate? \_\_\_\_\_ When? \_\_\_\_\_ Diploma/Degree? \_\_\_\_\_

4. How many credit-hours of Bible have you at this present time, or will have when you graduate? \_\_\_\_\_

5. Give details of any correspondence courses done since leaving school: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**E. MEDICAL**

1. Sex \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_
2. Have you ever received treatment for nervous, mental, or emotional problems? \_\_\_\_\_  
If so, please explain: \_\_\_\_\_  
\_\_\_\_\_
3. Have you ever had to leave a job or course of study because of inability to cope? \_\_\_\_\_  
If so, please explain: \_\_\_\_\_
4. Have you been immunized against the following: (circle all that apply)  
Diphtheria      Tetanus      Polio      Smallpox      Whooping Cough
5. Do you have any physical disabilities? \_\_\_\_\_
6. Do you use any of the following:  
Alcoholic beverages \_\_\_\_\_ Tobacco \_\_\_\_\_ Narcotics \_\_\_\_\_  
Other drugs (apart from temporary medication) \_\_\_\_\_
7. Have you suffered from any serious illness, or undergone any major operation: \_\_\_\_\_  
If so, please explain: \_\_\_\_\_
8. Is your present health good? \_\_\_\_\_ If not, give details: \_\_\_\_\_  
\_\_\_\_\_
9. Are you willing to receive inoculations and vaccinations; to accept professional medical help; and to cooperate with your prospective OAC director and medical advisors by giving all necessary information? \_\_\_\_\_
10. Do you have any physical condition which may limit your ability to perform the ministry for which you have applied? \_\_\_\_\_ Yes      \_\_\_\_\_ No      If so, please explain \_\_\_\_\_  
\_\_\_\_\_
11. Are you presently under medication prescribed by a physician? \_\_\_\_\_ Yes      \_\_\_\_\_ No  
If so, please describe: \_\_\_\_\_
12. List any chronic disease or allergies you have: \_\_\_\_\_
13. Do you frequently experience depression, moodiness, or negativeness? \_\_\_\_\_ Yes      \_\_\_\_\_ No
14. Please have your physician fill out the enclosed medical form and return it to us.

**F. FINANCIAL**

- 1. Do you believe that God is calling you to live by faith, trusting Him to supply your needs? \_\_\_\_\_
- 2. If possible, give evidence from your own experience of the Lord's faithfulness in this respect:  
\_\_\_\_\_  
\_\_\_\_\_
- 3. Do you have any outstanding debts? \_\_\_\_\_ Amount \$ \_\_\_\_\_  
How do you anticipate paying this off? \_\_\_\_\_  
\_\_\_\_\_
- 4. Do you have funds on hand for initial open-air ministry equipment? \_\_\_\_\_ Amount \$ \_\_\_\_\_
- 5. Do you have any independent means of support? \_\_\_\_\_
- 6. What is the attitude of your home church towards your missionary call? \_\_\_\_\_  
\_\_\_\_\_
- 7. Do you have parents or relatives who are dependent upon you financially, or in any other way? Explain: \_\_\_\_\_  
\_\_\_\_\_

**G. MILITARY INFORMATION**

- 1. Are you registered for military service? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Selective service number (if known): \_\_\_\_\_
- 2. Are you in the military reserves? \_\_\_\_\_ If so, what is the extent of your involvement? \_\_\_\_\_  
\_\_\_\_\_
- 3. Military service completed? \_\_\_\_\_ Type of separation: \_\_\_\_\_

**H. EMPLOYMENT HISTORY**

1. Current / Most Recent Employer

Employer \_\_\_\_\_ Dates employed from \_\_\_\_\_ to \_\_\_\_\_  
Address \_\_\_\_\_ Type of work \_\_\_\_\_  
\_\_\_\_\_ Title \_\_\_\_\_

If employed now, may we send a reference to your present employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

To whose attention should the reference form be addressed? \_\_\_\_\_

2. Previous Employment

a. Employer \_\_\_\_\_ Dates employed from \_\_\_\_\_ to \_\_\_\_\_  
Address \_\_\_\_\_  
Type of work \_\_\_\_\_ Title \_\_\_\_\_ Reason for leaving \_\_\_\_\_

b. Employer \_\_\_\_\_ Dates employed from \_\_\_\_\_ to \_\_\_\_\_  
Address \_\_\_\_\_  
Type of work \_\_\_\_\_ Title \_\_\_\_\_ Reason for leaving \_\_\_\_\_

3. Have you experience in any of the following: (circle all that apply)

- Accounting      Photography      Children's Work      Bookkeeping      Printing
- Social Work      Auto Mechanics      Graphic Arts      Music: Voice - Instrument
- Electrical      Art      Business (Type) \_\_\_\_\_
- Other: \_\_\_\_\_

**I. CHRISTIAN EXPERIENCE**

1. When were you converted? \_\_\_\_\_

Please write out testimony on separate sheet.

2. Give reasons why you are sure of your salvation. \_\_\_\_\_  
\_\_\_\_\_

3. Of what church are you currently a member? (name) \_\_\_\_\_  
(address) \_\_\_\_\_

4. Of what church or churches have you been a member? Give dates and denominations.  
\_\_\_\_\_

5. What positions or ministry experience have you had in your church? \_\_\_\_\_  
\_\_\_\_\_

6. What experience have you had in open air evangelism? \_\_\_\_\_  
\_\_\_\_\_

7. What is your regular Bible Study practice? \_\_\_\_\_  
\_\_\_\_\_

8. How much of the Bible have you read? \_\_\_\_\_Some \_\_\_\_\_Most \_\_\_\_\_All

9. What is your regular practice concerning prayer? \_\_\_\_\_  
\_\_\_\_\_

10. Give an example of your own experience of answered prayer. \_\_\_\_\_  
\_\_\_\_\_

11. Give details of your Christian service: (Use an extra page, if necessary)

*Church/Mission*

*Nature*

*Age Group*

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

**J. MISSIONARY PURPOSE**

1. When did you know that God had called you for missionary service? Explain: \_\_\_\_\_  
\_\_\_\_\_
2. How has God called you to apply to Open Air Campaigners? \_\_\_\_\_  
\_\_\_\_\_
3. As far as you know now, do you feel that service with Open Air Campaigners could possibly be your life's work? \_\_\_\_\_
4. If you have applied to another mission, please give the name and the result of your application.  
\_\_\_\_\_  
\_\_\_\_\_
5. If you believe that God is calling you to a particular OAC Branch for ministry, please give details:  
\_\_\_\_\_  
\_\_\_\_\_
6. Are you willing to move (with your family) to a location chosen by OAC? \_\_\_\_\_  
If not, please explain: \_\_\_\_\_  
\_\_\_\_\_
7. Are you willing to work within the guidelines of OAC Policy and Bylaws? \_\_\_\_\_
8. Will you be willing to follow and cooperate with the decisions of the OAC Board of Directors: \_\_\_\_\_
9. Are you willing to work with churches of varied evangelical backgrounds? \_\_\_\_\_
10. Are there any individuals or groups with whom you would find it difficult to work, even though they are truly "born again" and are in agreement with our Doctrinal Statement? \_\_\_\_\_  
If so, please explain: \_\_\_\_\_  
\_\_\_\_\_
11. Are you willing to work with any race of people? \_\_\_\_\_
12. Have you read the Policy Manual and Bylaws of OAC? \_\_\_\_\_
13. Will you be willing to receipt through the OAC Accounting Office, all finances given to you for ministry and personal support, knowing that a small percentage may be deducted for the national operating expenses of OAC? \_\_\_\_\_
14. What position are you applying for with OAC?  
\_\_\_\_\_ Evangelistic Staff    \_\_\_\_\_ Administrative Staff    \_\_\_\_\_ General Staff



## K. DOCTRINAL STATEMENT

### 1. Instructions:

- a. Write in as much detail as is necessary to clarify your belief concerning the subjects listed under numbers 2 and 3 which follow.
- b. Please type your statement if possible; otherwise, write **clearly** with a pen.
- c. Number and compose your statements in the order listed below.
- d. Be personal. Write in the first person, "I believe..." Give what you believe are the major aspects and implications of each topic.
- e. At the end of the doctrinal statement, please write out the following statement:  
"I affirm that the above doctrinal statement represents my personal belief and I have indicated any points on which I have any reservations."
- f. BE SURE TO SIGN AND DATE YOUR STATEMENT!

### 2. Doctrines forming the doctrinal basis of Open Air Campaigners. *(Sentences below in parentheses are explanations regarding material we want discussed but are not themselves a part of the doctrinal basis.)*

- a. The divine inspiration and consequent authority of the whole canonical Scripture.
- b. The Trinity. (please include also a discussion of the deity of Christ and the personality of the Holy Spirit.)
- c. The fall of man, his consequent moral depravity and his need of regeneration.
- d. The atonement through the substitutionary death of Christ.
- e. Justification by faith. (Include a discussion of all that is necessary for a person to be saved.)
- f. The resurrection of the body, both in the case of the just and of the unjust.
- g. The eternal life of the saved and the eternal punishment of the lost. (please include a discussion of heaven and hell.)

### 3. Other doctrines on which a statement is desired.

- a. The virgin birth of Christ.
- b. The indwelling of the Holy Spirit.
- c. Sanctification.
- d. The separated life.
- e. Spiritual gifts.
- f. The security of the believer.
- g. The return of the Lord and the millennium.
- h. The judgement of the heathen. *(please include a discussion of whether or not those who have never heard the Gospel are lost.)*
- i. The personality of the devil. *(Include a discussion of whether or not the devil is a real person.)*
- j. The historicity and integrity of the Scriptures. *(Include a discussion of whether or not you believe the books were written by those who professed to write them, and of how the Scriptures today compare with the original writings.)*

**L. DOCTRINAL AGREEMENT**

Are you in complete agreement with the Doctrinal Statement and Charismatic Statement of OAC?  
\_\_\_\_\_Yes \_\_\_\_\_No

Please elaborate on any areas with which you may disagree.

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

**M. REFERENCES (PLEASE TYPE OR PRINT CLEARLY):**

Applicant must submit the names and complete addresses of at least FIVE references who will be contacted. Please encourage your references to return reference forms promptly once they are received. If any of the following categories do not apply, please substitute an additional name. (Do not include relatives or fiancé.)

**1. PASTOR**

Name \_\_\_\_\_ Length of acquaintance \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

**2. CURRENT SPIRITUAL LEADER** if other than Pastor (e.g., Bible study leader, small group leader, etc.)

Name \_\_\_\_\_ Length of acquaintance \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

In what capacity have you known this reference? \_\_\_\_\_

**3. OAC STAFF MEMBER**

Name \_\_\_\_\_ Length of acquaintance \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

In what capacity have you known this reference? \_\_\_\_\_

➤ Please give the names and complete addresses of three additional friends, peers, business associates, former business associates, former employers, or college professor/academic evaluator.

**4. PEER / FRIEND**

Name \_\_\_\_\_ Length of acquaintance \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

In what capacity have you known this reference? \_\_\_\_\_

**5. PEER / FRIEND**

Name \_\_\_\_\_ Length of acquaintance \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

In what capacity have you known this reference? \_\_\_\_\_

**6. BUSINESS ASSOCIATE, COLLEGE PROFESSOR/ACADEMIC EVALUATOR, OR OTHER**

Name \_\_\_\_\_ Length of acquaintance \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

In what capacity have you known this reference? \_\_\_\_\_

➤ I declare by my signature below that, to the best of my knowledge, all of the information in this application is true and complete. I also authorize you to make such inquiries into my personal, employment, financial, medical history or other related matters as may be necessary in arriving at an acceptance decision. I hereby release employers, schools, or persons from all liability in responding to inquiries in connection with my application. I am aware that if accepted I am responsible to raise whatever financial support is necessary to fund my personal ministry.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Return completed application to:**

OAC • PO Box D, Nazareth, PA 18064-0520

Questions? Contact Tom Fox at: 301-943-8549 or at his email address below.

tom.fox@oaci.org

# Open Air Campaigners Medical Form

Applicant's Name: \_\_\_\_\_

Date of examination: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_  
(Must be within the past six months)

B.P. \_\_\_\_\_ DT \_\_\_\_\_  
(Within 8 yrs.)

NORMAL	ABNORMAL	OMITTED	
_____	_____	_____	... VISION
_____	_____	_____	... HEARING
_____	_____	_____	... LUNGS
_____	_____	_____	... HEART
_____	_____	_____	... ABDOMEN
_____	_____	_____	... BONES AND MUSCLES
_____	_____	_____	... SKIN
_____	_____	_____	... PSYCHIATRIC

DIAGNOSES: \_\_\_\_\_

This applicant may be involved in driving a vehicle, lifting items weighing 50 lbs., standing outdoors in hot or cold weather for long intervals, and have irregular meals. In your opinion, does this person have any physical or mental limitations which would hinder him / her from this type of work under these conditions? \_\_\_\_\_

DAILY MEDICATIONS: \_\_\_\_\_

WHAT LIMITATIONS IN ACTIVITY? \_\_\_\_\_

DOES THE APPLICANT APPEAR TO USE TOBACCO, ALCOHOL, OR ANY TYPE OF ADDICTIVE DRUG? \_\_\_\_\_

Date of Signature: \_\_\_\_\_  
Physician's Signature

Physician's Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

**Return to:**

[tom.fox@oaci.org](mailto:tom.fox@oaci.org)

OAC • PO Box D, Nazareth, PA 18064-0520

Questions? Contact Tom Fox at: 301-943-8549 or at his email address above.

**Open Air Campaigners**  
**CONFIDENTIAL STAFF APPLICATION**  
**For Spouses**

OAC • 1200 Easton Rd • Roslyn, PA 19001

Date: \_\_\_\_\_

( Please type or print )

**A. IDENTIFICATION**

1. Full Name \_\_\_\_\_ Maiden Name \_\_\_\_\_

2. Permanent Address \_\_\_\_\_

3. Present Address (if different from above) \_\_\_\_\_

4. Telephone \_\_\_\_\_ Email: \_\_\_\_\_

5. Date of Birth \_\_\_\_\_ Country & City of birth \_\_\_\_\_

6. Citizenship \_\_\_\_\_ Language(s) Spoken \_\_\_\_\_

7. Next of Kin (to be contacted in case of emergency)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ / Email \_\_\_\_\_

**B. MARITAL STATUS**

1. Have you ever been divorced, separated, or had an annulment of marriage? \_\_\_Yes \_\_\_No  
If so, please give the date of the final decree and grounds upon which it was granted. \_\_\_\_\_

\_\_\_\_\_

2. Anniversary date \_\_\_\_\_

3. Give full name of your betrothed or spouse (include maiden name). \_\_\_\_\_

4. Please list your children and/or dependents:

<u>Name</u>	<u>Relationship</u>	<u>Occupation</u>	<u>Birthdate</u>	<u>Dependent (yes/no)</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

5. If you are expecting a child, please give approximate due date. \_\_\_\_/\_\_\_\_/ \_\_\_\_

6. Are your children and/or dependents in good health? \_\_\_\_Yes \_\_\_\_No

If not, please explain. \_\_\_\_\_

**C. FAMILY HISTORY**

1. Information desired:

*FATHER*

*MOTHER*

Full name . . . . .	_____	_____
Living/deceased . . . . .	_____	_____
If deceased, give date . . . .	_____	_____
If remarried, give date . . . .	_____	_____
Present occupation . . . . .	_____	_____
Citizenship . . . . .	_____	_____
Church membership . . . . .	_____	_____
Christian activities . . . . .	_____	_____

2. Are you from a broken home? \_\_\_\_\_(If so, please give details on separate paper)

3. Who of your immediate relatives is now (or has been) engaged in missionary or other Christian vocations? Give relationship, name and work, indicating mission board, if any (use separate paper) .

4. List brothers and sisters:

<i>NAME</i>	<i>AGE</i>	<i>OCCUPATION</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**D. EDUCATION**

1. Did you graduate from High School? \_\_\_\_\_ If not, give grade attained: \_\_\_\_\_

2. Give details of all training received beyond High School:

<i>NAME OF SCHOOL</i>	<i>TYPE OF TRAINING</i>	<i>YEARS OF STUDY</i>	<i>QUALIFICATIONS</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. Are you now attending school? \_\_\_\_\_ If so, where? \_\_\_\_\_

Do you expect to graduate? \_\_\_\_\_ When? \_\_\_\_\_ Diploma/Degree? \_\_\_\_\_

4. How many credit-hours of Bible have you at this present time, or will have when you graduate? \_\_\_\_\_

5. Give details of any correspondence courses done since leaving school: \_\_\_\_\_

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

**E. CHRISTIAN EXPERIENCE**

1. When were you converted? \_\_\_\_\_

Please write out testimony on separate sheet.

2. Give reasons why you are sure of your salvation. \_\_\_\_\_

\_\_\_\_\_

3. Of what church are you currently a member? (name) \_\_\_\_\_  
(address) \_\_\_\_\_

4. Of what church or churches have you been a member? Give dates and denominations.  
\_\_\_\_\_

5. What positions or ministry experience have you had in your church? \_\_\_\_\_  
\_\_\_\_\_

6. Give details of your Christian service: (Use an extra page, if necessary)

<i>Church/Mission</i>	<i>Nature</i>	<i>Age Group</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**F. REFERENCES (PLEASE TYPE OR PRINT CLEARLY):**

Please submit the names and complete addresses of at least FIVE references who will be contacted. Be sure to encourage your references to return reference forms promptly once they are received. If any of the following categories do not apply, please substitute an additional name. (Do not include relatives or fiance.)

**1. PASTOR**

Name \_\_\_\_\_ Length of acquaintance \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

**2. CURRENT SPIRITUAL LEADER** if other than Pastor (e.g., Bible study leader, action group leader, etc.)

Name \_\_\_\_\_ Length of acquaintance \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

In what capacity have you known this reference? \_\_\_\_\_



**3. OAC STAFF MEMBER**

Name \_\_\_\_\_ Length of acquaintance \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

In what capacity have you known this reference? \_\_\_\_\_

- Please give the names and complete addresses of three additional friends, peers, business associates, former business associates, former employers, or college professor/academic evaluator.

**4. PEER / FRIEND**

Name \_\_\_\_\_ Length of acquaintance \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

In what capacity have you known this reference? \_\_\_\_\_

**5. PEER / FRIEND**

Name \_\_\_\_\_ Length of acquaintance \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

In what capacity have you known this reference? \_\_\_\_\_

**6. BUSINESS ASSOCIATE, COLLEGE PROFESSOR / ACADEMIC EVALUATOR, OR OTHER**

Name \_\_\_\_\_ Length of acquaintance \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

In what capacity have you known this reference? \_\_\_\_\_

- I declare by my signature below that, to the best of my knowledge, all of the information in this application is true and complete. I also authorize you to make such inquiries into my personal, employment, financial, medical history or other related matters as may be necessary in arriving at an acceptance decision. I hereby release employers, schools, or persons from all liability in responding to inquiries in connection with my application. I am aware that if accepted I am responsible to raise whatever financial support is necessary to fund my personal ministry.

\_\_\_\_\_

Signature of Spouse

\_\_\_\_\_

Date

**Return to:**

[tom.fox@oaci.org](mailto:tom.fox@oaci.org)

OAC • PO Box D, Nazareth, PA 18064-0520

*Questions? Contact Tom Fox at: 301-943-8549 or at his email address above.*