

Open Air Campaigners
CONFIDENTIAL STAFF APPLICATION
For Spouses

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

Capacity have you known 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

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

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