

Open Air Campaigners
CONFIDENTIAL STAFF APPLICATION
For Spouses

OPEN AIR CAMPAIGNERS
6000 Glenn Dale Road, Glenn Dale, MD 20769
tom.fox@oaci.org

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:

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

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

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 _____ Email _____

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 _____ Email _____

City _____ State _____ Zip _____ Phone _____

In what capacity have you known this reference? _____

3. OAC STAFF MEMBER

Name _____ Length of acquaintance _____
Address _____ Email _____
City _____ State _____ Zip _____ Phone _____

In what capacity have you known this reference? _____

- Please give the contact information 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 _____ Email _____
City _____ State _____ Zip _____ Phone _____

Capacity have you known reference? _____

5. PEER / FRIEND

Name _____ Length of acquaintance _____
Address _____ Email _____
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 _____ Email _____
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

6000 Glenn Dale Road, Glenn Dale, MD 20769

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