

SEEKING U.S. MISSIONARY APPOINTMENT

Assemblies of God U.S. Missions

To fulfill the Great Commission in the United States through partnership with the Church

When completed, e-mail this form to AGUSMMissionsSupport@ag.org, mail to: U.S. Missions, Attn: Missions Support, 1445 N. Boonville Avenue, Springfield, MO 65802, or fax to (417) 863–9734.

Date			
Applicant name			
First	Mid	ldle Last	
Phone number			
E-mail address			
Do you currently hold credentials If yes, which level of crede		1?	
If no, are you pursuing cre	edentials with the AG?		
If yes, which level	?		
Spouse's name (if married)	irst Mid	ldle Last	
Does your spouse currently hold of lf yes, which level of crede lf no, is s/he pursuing crede lf yes, which level	entials does s/he hold? dentials with the AG?	olies of God?	
If your spouse is credentialed, will If yes, how many hours pe	s/he seek U.S. missionary er week will s/he spend in th	• •	
Sending district		Work district	
Which department do you feel bes	t fits your ministry goals?		

In the space provided, tell me your story. (Limited to 2,600 characters please attached additional pages if needed)		
Tell me about your educational experience and any special training you have.**		
Ten me about your outcome expension and any openial manning you make.		
Tell me about your vocational ministry experience.**		

Describe your call to become a U.S. missionary.*	
Have you discussed your calling/desire to become an appointe your district U.S. Missions director?	ed U.S. missionary with your district superintendent and/or
Explain.*	
Location of intended ministry	
City	State

^{*}Text boxes limited to 1,700 characters please attached additional pages if needed