



World Changers Outreach Institute Application



Dove International PO Box 97 Glenwood, MN 56334

A. Personal Information

Name: _____
Last First Middle

Mailing address: _____
Street address

City State ZipCode

Home Phone Number: _____ Work Phone Number _____

E-mail Address: _____

Fax Number: _____ Owner: _____

Marital Information: ___ Single ___ Married ___ Widowed ___ Divorced ___ Remarried

Name of Spouse: _____

Date of Birth: _____ State of Birth: _____ City of Birth: _____

County of Birth: _____ Country of Birth: _____

Citizenship: _____ Social Security Number: _____

Home Church: _____ Current Church: _____

Address: _____ Address: _____

Pastor: _____ Pastor: _____

Have you ever been convicted of a felony? _____ yes _____ no
(If yes please give details on a separate sheet of paper)

B. Education

Are you a high school graduate? ___ yes ___ no School Name: _____ Year: _____

Post high school education: Please list school(s), dates and areas of study below



C. Emergency Contacts

Name: _____ Relationship: _____

Telephone: (____) _____ (Work) (____) _____

Address: _____ City: _____ State _____ Zip _____

Name: _____ Relationship: _____

Telephone: (____) _____ (Work) (____) _____

Address: _____ City: _____ State _____ Zip _____

D. Conversion/Spiritual Life

1) Give the date and place of your conversion. _____

2) Describe briefly (100-150 words) the circumstances of your conversion.

3) Describe in your own words your current relationship to Jesus Christ and your personal devotional time.



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4) Describe your previous ministry experiences.

E. Miscellaneous Information:

Can you speak Spanish? ☐ yes ☐ no If yes, what level of proficiency: ☐ beginner ☐ intermediate
☐ advanced (fluent)

Do you have a passport? ☐ yes (date of expiration _____) ☐ no

Do you have any special skills (construction, medical, technical, mechanical etc,) please describe:

F. Medical Information:

Please describe any past or present illness that have been considered serious or required hospitalization:

Please describe any medications you are taking on a regular basis.

Please describe any physical or mental limitations you presently experience.

Vaccinations: Please list the year you received the following vaccinations.

_____ MMR _____ Tetanus _____ Hepatitis (A/B) _____ Small pox

Blood type: A O ABB (circle one) RH Factor: Negative Positive



G. Personal References: Please provide names, addresses and phone numbers of individuals who are well acquainted with you (other than family members). Please suggest both male and female references, and secular as well as church-related contacts.

Name

Address

Phone number

(Leader in your church other than your Pastor)

(Employer of Supervisor)

(Fellow student or worker)

(Christian friend)

(Other, non-relative)

I give Dove International permission to contact the above named references and to use their evaluation as part of the application process.

Signature

Date

I am applying for:

Name of Program

Dates: From-To

Year

Please return with a **photo or snapshot** to:

Dove International
PO Box 97
Glenwood, MN 56334

Phone/Fax: (320) 634-3240