



Compassion Evangelical Hospital

P.O. Box 870
Southfield, MI 48037
www.cehguinea.org

Application

Instructions: We are encouraged to know you are interested in serving Jesus Christ through a cross-cultural ministry. If married and planning to serve together, separate applications are needed for both husband and wife. All applicable questions should be answered. This form is CONFIDENTIAL WHEN COMPLETED. Please email the completed form to Debbie Slater at ddsvslater@gmail.com and attach a recent photo of yourself (or print form and mail to above P.O. Box and include a photo).

NAME, ADDRESS AND FAMILY

Name you go by: _____ Full Name: _____
Maiden Name: _____
Date of Birth: _____ Birthplace: _____ Citizenship and how obtained: _____
Present Address: _____ Permanent Address: _____

Present address valid until: _____ Social Security Number: ____ - ____ - ____
Email: _____
Marital Status: (check all that apply)
Single _____ Engaged ____ (to whom: _____) Married Separated _____
Widowed _____ Wedding Date _____ Spouse's Name _____
Have you ever been divorced? ____
Children's names and birthdates: _____

Who in your family will accompany you to the field? _____
Name, address and telephone number of who to contact in case of emergency: _____

YOUR MINISTRY WITH CEH

Anticipated Length of Service: _____
Short Term (<24 months) _____ Long Term _____ Internship _____ Team _____
If NOT long term, what is the maximum amount of time you could serve? _____
Type of ministry you are interested in: _____ Country _____
Do you work best: Individually _____ With a Group _____ or Either _____
Where are you most comfortable? Urban Setting _____ Rural Setting _____ Either _____
Have you applied to any other mission agencies? _____ (If yes, please list them and give the results) _____

When will you be available for a CEH orientation? _____
When will you be available for a CEH assignment? _____

EDUCATION AND TRAINING

Languages (other than English) _____ Converse ___ Read ___ Write ___
_____ Converse ___ Read ___ Write ___
_____ Converse ___ Read ___ Write ___

ALL education beyond High School:

1. Name of School: _____ Major: _____ Semester Hours of Bible: _____
Dates Attended: _____ Graduation: _____ Degree earned: _____
2. Name of School: _____ Major: _____ Semester Hours of Bible: _____
Dates Attended: _____ Graduation: _____ Degree earned: _____
3. Name of School: _____ Major: _____ Semester Hours of Bible: _____
Dates Attended: _____ Graduation: _____ Degree earned: _____
4. Name of School: _____ Major: _____ Semester Hours of Bible: _____
Dates Attended: _____ Graduation: _____ Degree earned: _____

List Bible and mission courses and semester hours: _____

If now in school, when will you graduate? _____

List cultural anthropology or cross cultural communications courses and semester hours: _____

List other Bible training not covered previously: (Correspondence, etc.)

1. Subject: _____ Materials: _____ Dates: _____
2. Subject: _____ Materials: _____ Dates: _____
3. Subject: _____ Materials: _____ Dates: _____
4. Subject: _____ Materials: _____ Dates: _____

List any other skills, gifts, talents, training, hobbies, etc. (e.g. piano playing, sign language, crafts, etc.)

Describe any cross-cultural experiences, if any (include where and when) _____

List any professional certification you currently hold: _____

What periodicals do you read? _____

List books you have read during the past year: _____

FOR MEDICAL PERSONNEL

Medical/Nursing School: _____ Degree: _____

Date Received: _____ Residency: _____ Date: _____

License/Registration Number: _____ Date: _____

Please indicate below any following certifications and specialty training you have. Include dates.

Board certified in: _____ from _____ to _____

BLS _____ from _____ to _____

ACLS _____ from _____ to _____

ATLS _____ from _____ to _____

PALS _____ from _____ to _____

Other: _____ from _____ to _____

Job specialty: _____ from _____ to _____

Professional recommendations:

Provide 3 professional references that we may contact.

1. Name: _____ Address: _____
 email: _____ Phone: _____
 Relationship to you: _____

2. Name: _____ Address: _____
 email: _____ Phone: _____
 Relationship to you: _____

3. Name: _____ Address: _____
 email: _____ Phone: _____
 Relationship to you: _____

Provide the name and address of the institution where you completed your residency program: _____

Medical work experience:

1. Place worked: _____ Address: _____
 Dates worked here: _____ Reason for leaving: _____

2. Place worked: _____ Address: _____
 Dates worked here: _____ Reason for leaving: _____

3. Place worked: _____ Address: _____
 Dates worked here: _____ Reason for leaving: _____

Volunteer work experience in the medical field: _____

Have you ever been charged with malpractice? No _____ Yes _____ If you responded with "yes" please explain the charge and resolution of the case. _____

Have you ever received disciplinary action from a hospital or board? No _____ Yes _____ If you responded with "yes" please explain. _____

Have you ever been required to forfeit your licensure? No _____ Yes _____ If you responded with "yes" please explain. _____

WORK EXPERIENCE

Please give us a brief resume of your work experience since high school, beginning with the most recent first (or attach resume).

- 1. Dates: _____ Your specific work task: _____
Clearly explain your reason for leaving: _____
- 2. Dates: _____ Your specific work task: _____
Clearly explain your reason for leaving: _____
- 3. Dates: _____ Your specific work task: _____
Clearly explain your reason for leaving: _____
- 4. Dates: _____ Your specific work task: _____
Clearly explain your reason for leaving: _____
- 5. Dates: _____ Your specific work task: _____
Clearly explain your reason for leaving: _____
- 6. Dates: _____ Your specific work task: _____
Clearly explain your reason for leaving: _____

MINISTRY EXPERIENCE

Give a brief history of your Christian service, salaried and non-salaried:

- 1. Type of ministry: _____ When: _____ Where: _____
Degree of Satisfaction: _____
- 2. Type of ministry: _____ When: _____ Where: _____
Degree of Satisfaction: _____
- 3. Type of ministry: _____ When: _____ Where: _____
Degree of Satisfaction: _____
- 4. Type of ministry: _____ When: _____ Where: _____
Degree of Satisfaction: _____
- 5. Type of ministry: _____ When: _____ Where: _____
Degree of Satisfaction: _____

Do you know how to share your faith? Yes ___ No ___ Not Sure ___

Please comment: _____

Have you ever helped a person become a Christian? Yes ___ No ___

Are you involved in discipling others? Yes ___ No ___ Please explain briefly: _____

VOLUNTEER COMMUNITY SERVICE

Please list your experience: _____

WHY CEH:

What factors or people influenced you to apply with CEH? _____

REFERENCES

In addition to medical/professional references on page 3, give six names with contact information, including your pastor, who know you well and will be willing to serve as referees. Names of individual faculty members and students may be given. Please note: Wives and husbands should not use the same referees (other than your pastor). Do not use relatives. Please give complete and accurate addresses. (Primary referees may submit names of secondary referees.)

1. Pastor: _____ Address: _____
Phone: _____ email: _____
2. Name: _____ Address: _____
Phone: _____ email: _____
3. Name: _____ Address: _____
Phone: _____ email: _____
4. Name: _____ Address: _____
Phone: _____ email: _____
5. Name: _____ Address: _____
Phone: _____ email: _____
6. Name: _____ Address: _____
Phone: _____ email: _____

Give the names and addresses of the last three employers for whom you have worked.

1. Title & Name: _____ Address: _____
Phone: _____ email: _____
2. Title & Name: _____ Address: _____
Phone: _____ email: _____
3. Title & Name: _____ Address: _____
Phone: _____ email: _____
4. Title & Name: _____ Address: _____
Phone: _____ email: _____

May we use them as referees? Yes _____ No _____

Request for information

Do you have any specific questions we can answer to help you in your consideration of missionary service?

Yes _____ No _____

(If yes, please explain on separate sheet of paper.)

YOUR FAITH AND PRACTICE

How long have you been a Christian? _____

Name and address of the church where you are a member: _____

_____ Phone: _____

How long have you attended this church? _____ How long have you been a member? _____

Church Denomination _____ Pastor's Name: _____

Name and address of church you now attend (if different from above): _____

_____ Phone _____

How long have you attended this church? _____

Church Denomination _____ Pastor's Name: _____

How are you involved in your local church? _____

Describe your motivation for missionary service: _____

Have you discussed your desire to become a missionary with your pastor and the missions committee of your local church? Yes _____ No _____ What was their reaction? _____

Do your parents/family approve of your taking this step? Yes _____ No _____ (If no, please explain.) _____

Describe your personal devotion/prayer/Bible study practice: _____

CHRISTIAN EXPERIENCE

Answer the following questions in about 250 words. Additional pages may be used to complete if needed.

1. Briefly describe your early years, your home life, sibling relationships and parental influence.

2. What and under what circumstances did you become a Christian?

3. Briefly describe your personal growth since your conversion.

4. How is the Lord preparing you for the possibility of long term missionary service?

CHRISTIAN CONVICTIONS

Briefly describe, in your own words, your basic Christian convictions on the following. Additional pages may be used to complete if needed.

1. The inspiration, inerrancy and authority of the Bible.

2. Your concept of God.

3. The purpose of Christ in relation to men.

4. Your views concerning the Holy Spirit's person, ministry and gifts.

5. The condition of man.

6. The significance of the church.

7. The Christian's responsibility to the individual and society.

8. Other convictions of significance to you.

I have read and agree with CEH's Doctrinal Statement. Yes _____ No _____

I have read and will abide by the CEH Covenant of Loyalty and Service. Yes _____ No _____

Signature _____ Date _____