



Preliminary Information for missionary service to CEH

P.O. Box 870, Southfield, MI 48037 | (248) 227-9450

This is NOT an application and in no way obligates you to CEH. The information you provide will assist us in helping you explore missionary service. Please email this to Debbie Slater at ddsvslater@gmail.com or print and mail to the post office box address shown above.

NAME, ADDRESS AND FAMILY

Full Name: _____

Date of Birth: _____ Birthplace: _____ Citizenship: _____

Present Address: _____ Permanent Address: _____

Occupation: _____

Phone (Home): _____ Phone (Cell): _____

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 ages: _____

YOUR CURRENT INTEREST

Short Term (1 week to 6 months) _____ Mid Term (6 months to 2 years) _____ Long Term (over 2 years) _____

How did you come to know about CEH? _____

Date available for service _____

Preferred focus of ministry _____

Have you or your spouse applied for or worked with any other mission agency? _____

Explain: _____

CHRISTIAN EXPERIENCE

Name of the church you attend _____ City _____ State _____

Phone _____ Pastors full name _____

Are you a member? _____ How long? _____ Church Affiliation _____

Have you shared your mission interest with your pastor or mission committee? _____

List the types of Christian Service in which you and your spouse have been involved: _____

Describe how you and your spouse came to know the Lord Jesus Christ: _____

I have read and agree with CEH Doctrinal Statement. Yes _____ No _____ Spouse: Yes _____ No _____

I have read and agree with Covenant of Service Yes _____ No _____ Spouse: Yes _____ No _____

EDUCATION AND PREPARATION - SELF

Please list your education received, including Bible training.

High school graduation date: _____

Post High school

1. Institution: _____ Dates attended: _____ Major: _____

Degree: _____ Graduation Date: _____

2. Institution: _____ Dates attended: _____ Major: _____

Degree: _____ Graduation Date: _____

3. Institution: _____ Dates attended: _____ Major: _____

Degree: _____ Graduation Date: _____

Do you hold any certification? Teacher _____ TEFL _____ Nurse _____ Doctor _____ Pastor _____ Other _____

EDUCATION AND PREPARATION - SPOUSE

Please list your education received, including Bible training.

High school graduation date: _____

Post High school

1. Institution: _____ Dates attended: _____ Major: _____

Degree: _____ Graduation Date: _____

2. Institution: _____ Dates attended: _____ Major: _____

Degree: _____ Graduation Date: _____

3. Institution: _____ Dates attended: _____ Major: _____

Degree: _____ Graduation Date: _____

Do you hold any certification? Teacher _____ TEFL _____ Nurse _____ Doctor _____ Pastor _____ Other _____

Signature _____ Date _____

Spouse Signature _____ Date _____