

**APPLICATION FOR  
MISSION SERVICE  
Part B**



**Adventist World Aviation  
3457 Swift Creek Road (Corp-3)  
Smithfield, NC 27577**

**Phone: 414-226-5195  
Toll Free: 1-888-477-8945**

**PART B**  
**Application for Mission Service**

Information about Applicant	
Full Name:	
Current Mailing Address:	
Telephone Number:	
Fax Number:	
Email Address:	
Date of Birth:	Place of Birth:
Gender:	Citizenship:
Social Security Number:	
Information about Father	
Full Name:	
Address:	
Telephone Number:	
Fax Number:	
Email Address:	
Information about Mother	
Full Name:	
Address:	
Telephone Number:	
Fax Number:	
Email Address:	

**Emergency Contact Information**

**Full Name:**

**Address:**

**Telephone Number:**

**Fax Number:**

**Email Address:**

**Full Name:**

**Address:**

**Telephone Number:**

**Fax Number:**

**Email Address:**

**Information about Past Work Experience**

List previous places of employment for past ten years, complete with address, telephone number, fax number, email address, positions held, assigned duties and responsibilities, and dates served at each location. Attach a separate sheet, if necessary.

**Previous Employer:**

**Address:**

**Telephone Number:**

**Fax Number:**

**Email Address:**

**Length of Employment:**

**Describe Duties:**

<b>Previous Employer:</b>
<b>Address:</b>
<b>Telephone Number:</b>
<b>Fax Number:</b>
<b>Email Address:</b>
<b>Length of Employment:</b>
<b>Describe Duties:</b>

**Information about Financial Obligations**

List outstanding financial obligations (in U.S. dollars), including house, auto, personal, furnishings, education, and other. Include a grand total of financial debt.

	<b>GRAND TOTAL:</b>

**Information about Medical History**

List medical conditions within the past five years that have incurred expenses, received medical treatment, required prescribed drugs, or required consulting physician:


**Information about Medical History - Continued**

**Explain if any of the above conditions may potentially hinder work in a different climate, high altitude or adverse living conditions:**


**List current medical plan, including name of insurance company:**

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**List any routinely used medications:**


**Explain use of any drugs that may affect health, including tobacco, alcohol, narcotics, or mind-altering chemicals:**


**References (employers, pastors, teachers, friends, fellow employees, etc.)**

**Name:**

**Address:**

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**Telephone Number:**

**Email Address:**

**Relationship:**

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**References - Continued**

**Name:**

**Address:**

**Telephone Number:**

**Email Address:**

**Relationship:**

**Name:**

**Address:**

**Telephone Number:**

**Email Address:**

**Relationship:**

**Name:**

**Address:**

**Telephone Number:**

**Email Address:**

**Relationship:**

**Name:**

**Address:**

**Telephone Number:**

**Email Address:**

**Relationship:**

### Affidavit of Commitment

**I realize that Adventist World Aviation is a faith ministry and I trust that God will provide for my support and ministry needs. I am willing to go anywhere Adventist World Aviation sends me. I recognize that God works through the Holy Spirit, circumstances, scripture, life experiences and others to reveal and confirm His will.**

**I am committed to Adventist World Aviation as an organization that seeks to operate within this paradigm to follow God's revealed plans. I am committed to upholding Adventist World Aviation's ministry and personnel in prayer.**

**I recognize that Adventist World Aviation exists to provide aviation and communications, and logistical support for those serving the mental, physical and spiritual needs of the forgotten peoples of the earth, and I commit my life to upholding this statement of mission.**

**Signature: \_\_\_\_\_ Date \_\_\_\_\_**

The forms listed below must be completed, signed and attached to your application in order for the application process to be completed. Please read them carefully, and keep a copy of all documentation for future reference while on assignment. The original copies will be kept by Adventist World Aviation. Make two copies of each of your completed forms, including your application—Part A and Part B. Take one set of copies with you on your mission assignment; leave one set of copies at home in a safe place, with a trusted family member.

- 1) Health Certificate (must be signed by a doctor or medical professional)
- 2) Beneficiary Form (for legal and insurance purposes, an original signature is required)
- 3) Release of Liability (for legal and insurance purposes, an original signature is required)
- 4) Statement of Ethics
- 5) Conflict of Interest

Orientation is required for all mission assignments, and must be completed before your application is fully approved. Please contact Adventist World Aviation at 414-226-5195 pertaining to the orientation.