



Baptist Missions to Forgotten Peoples
 Post Office Box 37043
 Jacksonville, Florida 32239-7043
 www.BMFP.org

Preliminary Questionnaire

To The Missionary Volunteer:

The information received through this questionnaire is only preliminary and will be reviewed by the Administrative Management Team. You will be advised of their recommendation as soon as possible. Formal Application will be offered should the decision of the Administrative Management Team be favorable.

Date: _____

Personal Information:

1. Name in full: (Indicate whether Mr., Mrs., or Miss)

_____ Spouse's First Name _____
Last First MI

2. Present Address: Street _____

City and State _____ Zip Code _____

Home Phone _____ Work Phone _____

Email _____ Fax _____

3. Age _____ Date of Birth _____ Place _____
Month Day Year City State Country

4. Please check: Single _____ Engaged _____ Married _____ Widowed _____

5. Have you ever been divorced? _____ Has any former marriage been annulled? _____
 If yes, please explain on **separate sheet.** If yes, please explain on **separate sheet.**

6. If married, give the place and date of your marriage _____

Christian Testimony:

1. Relate briefly the testimony of your conversion.

A. Give the approximate date of your conversion _____

B. Give the approximate date of your baptism _____

2. Name, Address and Affiliation of the church of which you are a member.

_____ (Name) (Address)

Affiliation: Independent _____ GARB _____ CBA _____ SBC _____ Bible _____ Other _____

3. Pastor's Name _____

_____ (Address) (City & State) (Zip) (Phone)

