

# TASK FORCE APPLICATION

Male  Female

Date \_\_\_\_\_

## Personal

Legal name \_\_\_\_\_ Name used \_\_\_\_\_  
(first, middle, last)

Home address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone (\_\_\_\_) \_\_\_\_\_ School phone (\_\_\_\_) \_\_\_\_\_ Rm. ext. \_\_\_\_\_

E-mail address \_\_\_\_\_ Occupation \_\_\_\_\_

Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_

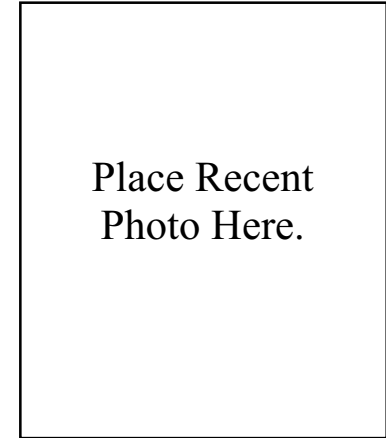
Height \_\_\_\_\_ Weight \_\_\_\_\_ T-Shirt size \_\_\_\_\_

Citizenship \_\_\_\_\_ If naturalized, when and where \_\_\_\_\_

Passport number \_\_\_\_\_ Place of issue \_\_\_\_\_ Expiration date \_\_\_\_\_

Name and address of school \_\_\_\_\_  H. S.  College

Year in school:  Freshman  Sophomore  Junior  Senior  Graduate  Seminary



## Family

Marital Status:  Single  Engaged  Married  Divorced  Widowed

If married, give full name of spouse \_\_\_\_\_

Will spouse accompany you?  yes  no (If yes, spouse should complete separate application.)

Name of parents or guardian \_\_\_\_\_

Address and phone \_\_\_\_\_

Local church and address \_\_\_\_\_

Pastor \_\_\_\_\_ Denomination \_\_\_\_\_

Person to notify in case of emergency (name, address, phone number, and relationship) \_\_\_\_\_

## Mission

What sparked your interest in a Task Force? \_\_\_\_\_

For what type work are you qualified?  carpentry  painting  puppets  masonry  child care

sewing  clerical  cooking  other \_\_\_\_\_

Country you have chosen \_\_\_\_\_ Date of trip \_\_\_\_\_

Are you sending a deposit with this application?  yes  no Amount \_\_\_\_\_

**Mail completed application to**

WORLD CONNECTION DEPARTMENT, WORLD GOSPEL MISSION, P.O. Box 948, Marion, Indiana 46952-0948

Phone: 765-671-7229 E-mail: taskforce@wgm.org

