



Grace Dental & Medical Missions, Inc.

150 Cross Street

Methuen, MA 01844

gdmmissions.org

Field Team Ministry Application

This application does not in any way obligate you or GDM Missions. Please answer each question as completely as possible.



PERSONAL INFORMATION

LAST NAME:

FIRST NAME:

STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

EMAIL ADDRESS:

PHONE:

DATE OF BIRTH:

MINISTRY TRIP OF
INTEREST:



CHURCH

NAME OF HOME
CHURCH:

PASTOR'S NAME:

STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

YEARS ATTENDED:

PHONE:

EMERGENCY CONTACT

EMERGENCY
CONTACT:

STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

RELATION:

PHONE:

REFERENCES

Please provide two references other than your pastor.

NAME:

STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

EMAIL:

PHONE:

NAME:

STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

EMAIL:

PHONE:

EDUCATION & BACKGROUND

HIGH SCHOOL:

COLLEGE:

POST GRADUATE:

CHRISTIAN SERVICE
EXPERIENCE:

BRIEF TESTIMONY OF
YOUR SALVATION:

WHY DO YOU WISH TO
SERVE IN THIS
MINISTRY:

EXPERIENCE & SKILL SET

HAVE YOU PARTICIPATED IN A MISSIONS TRIP BEFORE? YES
NO

IF SO, WITH WHOM
AND WHERE?

HOW MUCH TIME CAN YOU DEVOTE TO A MINISTRY TRIP?

LANGUAGE SPOKEN: FLUENT: YES NO

MEDICAL PROFESSION: MEDICAL DOCTOR DENTIST
NURSE HYGIENIST
MED STUDENT DENTAL ASSISTANT
OPTOMETRY OTHER

MEDICAL SPECIALTY:

YEARS EXPERIENCED:

DO YOU HAVE OVERSEAS MEDICAL INSURANCE COVERAGE? YES
NO

WHAT COMPANY? POLICY #

HAVE YOU READ THE **FIELD TEAM HANDBOOK** AND ARE YOU IN AGREEMENT WITH THE **DOCTRINAL POSITION** OF GDMMissions? YES
NO

A copy of the handbook can be accessed at <https://gdmmissions.org/handbook.pdf>.

By submitting this form you agree that if you are accepted for Field Team Ministry, you will submit to the leadership of GDMMissions for the duration of the ministry trip. INITIALS:

Once you have completed this application please save the file, go to <https://apps.gdmmissions.org>, and add/upload the file to our administrative department. You may also save the file and send it as an e-mail attachment to apps@gdmmissions.org. Alternatively, send us a printed copy at:

Field Team Acceptance Committee
GDMMissions
150 Cross Street
Methuen, MA 01844
