



METHODIST MISSIONS SOCIETY
THE METHODIST CHURCH IN SINGAPORE
Initial Enquiry Form

AF1

Missions Internship Training & Exposure (MITE) / Missionary Application

Personal Particulars

Name (in full):
(Please underline surname)

Sex: I/C No: Date of Birth:

Address:

..... Postal District:

Telephone: (Hp) (Office): (Home):

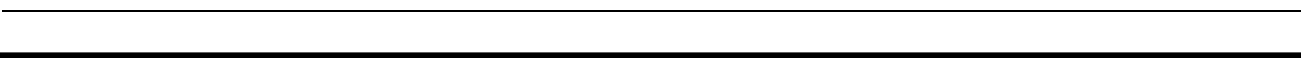
Email Address: Marital Status:

Language: Written

Spoken

Please describe any health problems or physical limitations which might hinder your mission work in a different country.

.....
.....
.....



Church Involvement

Name of Church:

When baptised? Member since

What area of ministry are you involved in the Church?

.....
.....

What other Christian work are you involved in?

.....
.....

What kind of bible, discipleship, ministry or theological training have you had?

.....
.....

Service Interest

What length of service do you anticipate?

1 week 1 month 1 year

When will you be available for training and service?

..... (give preferred month or start date if 1 year or longer)

Which ministry opportunities are you interested in?

- | | |
|--|---|
| <input type="checkbox"/> children | <input type="checkbox"/> teaching English |
| <input type="checkbox"/> youth | <input type="checkbox"/> teaching Accounting |
| <input type="checkbox"/> family | <input type="checkbox"/> teaching Computers |
| <input type="checkbox"/> music | <input type="checkbox"/> teaching Nurses |
| <input type="checkbox"/> performing arts | <input type="checkbox"/> teaching Doctors |
| <input type="checkbox"/> sports | <input type="checkbox"/> distribution of food, clothing and medicines |
| <input type="checkbox"/> evangelism | <input type="checkbox"/> medical care |
| <input type="checkbox"/> discipleship | <input type="checkbox"/> dental care |
| <input type="checkbox"/> bible study | <input type="checkbox"/> hygiene care |
| <input type="checkbox"/> bible teaching | <input type="checkbox"/> |
| <input type="checkbox"/> preaching | <input type="checkbox"/> |

Educational Background

Year	Study Course / Programme	School / Institution

Work Experience

Year	Nature of Work / Occupation	Company / Organisation

Personal Witness

Please attach a separate sheet of paper, a brief write-up of how you became a Christian and why you are interested in missions.

By signing this form:

- You verify to the accuracy and the completeness of the data collected in this form to the best of your knowledge.
- You consent to MMS collecting, using and disclosing amongst the relevant MMS ministries in and out of Singapore your personal data for the purposes of processing your application, maintaining the membership records, organizing and planning of MMS related activities/services as well as communication of MMS events or matters.

Signature: _____

Date: _____

PDPA Disclaimer:

MMS is committed to ensuring the security of all personal data she collects. MMS shall use and disclose such data only for her necessary purposes and if so, shall adhere to the guidelines of the Personal Data Protection Act (PDPA). All personal data shall be kept strictly confidential at all times. If ever MMS has to disclose any personal data to any third party, she shall do so only with the prior consent of the owner of the personal data.