

# *Covenant Global Evangelism*

## **Application for Missionary Affiliation**

*This application for affiliation must be filled out in its entirety before consideration will be given for affiliation with Covenant Global Evangelism. The applicant will be required to secure three references (Pastor, Family, and Personal) who will be asked to complete a confidential reference form and return to the CGE office. Once the application and the references are received, the CGE Committee will meet, review and make a decision on the applicant.*

**Please type or print legibly in black or blue ink.**

### **PERSONAL INFORMATION**

Full Name \_\_\_\_\_ SS# \_\_\_\_\_  
Spouse \_\_\_\_\_ SS# \_\_\_\_\_  
US Address \_\_\_\_\_  
US City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
US Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ US Fax (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Cell Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Additional Cell Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Email \_\_\_\_\_  
Website \_\_\_\_\_

### **FAMILY INFORMATION**

Please check one  Single  Married  Widowed  Divorced  
If divorced please explain \_\_\_\_\_  
\_\_\_\_\_  
If single please state your plans for your future (marriage, children, etc.) \_\_\_\_\_  
\_\_\_\_\_  
Your Birthday \_\_\_\_\_ Spouse's Birthday \_\_\_\_\_  
(Month / Day / Year) (Month / Day / Year)  
Anniversary \_\_\_\_\_  
Please list each of your children that live with you (Name and Birthday - Month / Day / Year)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
If more room is needed, please attach additional sheet

**MINISTRY INFORMATION**

Ministry Name \_\_\_\_\_

Your Home Church \_\_\_\_\_

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

\_\_\_\_\_ Phone \_\_\_\_\_

Your Home Pastor \_\_\_\_\_

Home Pastor's address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Federal Tax ID Number \_\_\_\_\_

Do you have a 501(c)3 ruling from the IRS as a nonprofit, religious organization    Y    N

If not, please explain \_\_\_\_\_

\_\_\_\_\_

State in which your ministry was incorporated and the date of incorporation

\_\_\_\_\_

Country in which you minister \_\_\_\_\_

Field Address (exactly as it should appear for the postal system)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Field Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Fax \_\_\_\_\_ Other Cell \_\_\_\_\_

Ministry Email \_\_\_\_\_

Ministry website \_\_\_\_\_

Organizations of which you and your ministry are a part

\_\_\_\_\_

\_\_\_\_\_

Please attach a description of your ministry on the mission field.

**MINISTRY BACKGROUND**

Please list your educational background (Schools you have attended; degrees earned; other training)

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Please list your ministry experience

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Please describe your spiritual experience and calling

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Please attach a statement describing your doctrinal and personal belief on each of the following

1. Sin and Salvation
2. Redemption and the Atonement
3. The Trinity
4. The Holy Spirit and His work in the church today (including the baptism in the Holy Spirit)
5. The use of alcohol, tobacco, and mood/mind altering drugs (prescription or non-prescription)
6. The sanctity of marriage

**REFERENCES**

You will be given three confidential reference forms that will be required to be completed by 1) your Pastor, 2) a family member and 3) a colleague then sent back to us. In addition to these three references, please provide us with the name, address and phone number of two additional references that we may contact if needed. Please also include email addresses if you know them.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

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Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

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**SUPPORT INFORMATION**

Please attach a list of all means of support that you will receive while on the Mission Field. Please include the Name (Church, individual, etc.), address, and phone number of each.

**MISCELLANEOUS INFORMATION**

Give a brief statement of why you desire to affiliate with Covenant Global Evangelism

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How did you hear about Covenant Global Evangelism?

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**FOR YOUR INFORMATION**

In order for one to affiliate with Covenant Global Evangelism, it is required that he/she have supporters in the United States. CGE will function as the facilitator of receiving and distributing support. However, CGE neither gives support, nor does it attempt to get support for them. That will be their own responsibility.

The purpose of Covenant Global Evangelism is to operate as a facilitator and ministry of helps to the missionary for the fulfillment of the Great Commission. It serves as a mission agency and home base for missionaries who become affiliated with the organization, serving as a point of contact to the local supporting churches.

We require that an application be completed and returned and the guidelines for affiliation be followed. The CGE Committee will meet and discuss the application and the reference forms. Also, upon invitation from Covenant Global Evangelism, a representative from the applying ministry will need to visit the CGE office in Eaton, Ohio at their own expense and meet with the Committee.

Please sign the below statement to complete your application.

***By signing this application, I am stating that I have completed the requested information truthfully and to the best of my ability. I agree with the Statement of Faith of Covenant Global Evangelism and Full Gospel Temple. I agree to abide by the policies of Covenant Global Evangelism. I understand that Covenant Global Evangelism is a facilitator to aid me in my ministry by providing specific services for me while I am on the mission field. I also understand that Covenant Global Evangelism does not provide financial support nor will it secure financial support for me - that is my responsibility.***

_____ Signature	_____ Date
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_____ Spouse's Signature	_____ Date
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