

PERSONNEL INFORMATION FORM

JUNGLE BREEZES YOUTH MINISTRIES
32 Hill Street RR# 2
Wallenstein, ON, Canada
N0B 2S0

Submitting this form places you or us under no obligation. The information you give will enable us to become better acquainted with you and to work with you toward a possible workers assignment.

Personal Data

1. Name

First

Middle

Last

2. Today's Date

3. Address

Street/ R.F.D.

City

Province/State

Postal/Zip Code

Country

4. Telephone No.

5. Email address

6. Date of Birth

7. Age

8. Birthplace

9. Marital Status: Single

Engaged

Married

Widow

Widower

10. Your parents: If you have step-parents or guardians, give this information on the right:

Father

Mother

Name:

Occupation

Date of Birth

Member of
what Church

11. Parent's Address

Street/ R.F.D.

City

Province/ State

Postal/ Zip Code

Country

12. Parent's Telephone No.

13. If married, how many years?

14. Do you have any children? If so, list their names and ages.

15. Names, addresses, and phone numbers of persons to notify in case of emergency.
This can be parents, but should include at least one other person.

a)

Name

Telephone

Street/ R.F.D.

City

Province/State

Postal/Zip Code

Country

b)

Name

Telephone

Street/ R.F.D.

City

Province/State

Postal/Zip Code

Country

Church and Christian Life

1. Denomination

2. Conference

3. Name of home congregation

5. Personal Information of pastor

Name

Telephone

Street/ R.F.D.

City

Province/ State

Postal/ Zip Code

Country

6. How long have you been a church member?

7. How long at the above church?

8. Briefly describe your spiritual pilgrimage.

9. Write a paragraph about your present personal devotional and prayer life (what it consists of and time allotted for).

10. State your own reasons for desiring to enter the Lord's work with us.

11. What experience or responsibilities have you had in the church, Sunday school, youth group, a mission program or community organizations?

12. How do you feel about the program, leadership, and discipline of your church?

Health

1. Present health: Fair Good Excellent
2. Do you have any physical weakness, allergy, disability or recurring medical problems? If so, explain.
3. Name, address, and phone no. of your family physician.

Name	Telephone	
Street/ R.F.D.	City	
Providence/ State	Postal/ Zip Code	Country

Education and Training

1. What is the highest grade completed? 8 9 10 11 12
2. Please list additional education acquired:
3. What languages are you fluent in?
4. Is there other training you have that could be an asset to Christian service?
5. Have you attended a Bible School or an Institution for spiritual training? Yes No
 - a. Name of the Organization-
 - b. Name of the Organization-

6. Have you had any prior mission work experience? Yes No

Name of the Mission –

Name of the Mission –

a. If so, briefly describe your work and experience.

If God continues to open doors for you to join our team at Jungle Breezes Youth Ministries in Guatemala when would you be available?

Month

Year

Please email this completed form to jbymfieldoffice@gmail.com. Make sure you have completed the form on the website as well. Thank you for your desire to serve with JBYM!