



CHRISTIAN CHIROPRACTORS ASSOCIATION

2550 Stover, B-102
Fort Collins, CO 80525-4642
1-800-999-1970 or (970) 482-1404
Fax: (970) 482-1538



APPLICATION FOR MISSIONARY SERVICE

The information received through this questionnaire will be held in confidence and reviewed by the Mission Board of the Christian Chiropractors Association. Additional information is requested on the STM application for your Visa/Passport and for emergency references. Pastoral reference forms will be sent to your pastor (as listed on the back) and you will be advised of the Board's recommendation as soon as your application has been approved. Please return this application to the Home Office at the address above, attention "Missions". Non-doctor applicants please fill-in only where marked with an *.

*PERSONAL INFORMATION

Date: _____

Name: _____ Male: Female:

- Doctor of Chiropractic
- Chiropractic Assistant
- Chiropractic Technician
- Spouse
- Clergy
- Lay Person
- Other
- Nurse -- R.N. or L.P.N.

Office Address: _____

City: _____ State: _____ Zip Code: _____

Ofc. Ph: _____ Fax #: _____ E-Mail: _____

Residence Address: _____

City: _____ State: _____ Zip Code: _____

Home Ph: _____ If obtained - Passport #: _____

Date of Birth: _____ Social Security Number: _____

*IN CASE OF EMERGENCY NOTIFY:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Ph: _____ Relationship: _____

*FAMILY:

Marital Status: _____ Spouse's Name: _____

Number of Children: _____ Names and ages: _____

EDUCATION:

Chiropractic College _____ Year of Graduation _____

Other education or degrees _____

***TESTIMONY**

Relate briefly the testimony of your conversion to Christ: _____

***CHURCH AFFILIATION:**

Church Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Pastor's Name: _____ Ph: _____

PROFESSIONAL EXPERIENCE:

Length of time of chiropractic professional experience: _____ (years and months)

Name of partner or associate doctor if applicable _____

Primary techniques used _____

Secondary techniques used _____

***MINISTRY:**

Describe previous experience as a missionary (where and when) _____

Which foreign or domestic field are you interested in? _____

How long would you be able to serve? _____

Do you have any physical limitations? _____

Would you prefer working with a team? _____ Going alone or with a spouse? _____

Time-wise how much advance notice would you require? _____

*Do you speak any foreign language? _____ If so, which? _____

*List any special talents or educational abilities you have. (speaking, music, puppets, etc.) _____

***REFERENCE:** (other than pastor or family member)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Ph: _____

I have read the Missions Policy of the CCA and agree to comply therewith:

Signature _____

(please enclose a recent photo with this application.)