



# 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 may be reviewed by the Mission Board of the Christian Chiropractors Association. You will be contacted if any clarification or further details are needed. Your application is subject to approval. Please return this form to the CCA Home Office at the address above. Non-doctor applicants need only to fill in those sections marked with an \*.

### \*PERSONAL INFORMATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Male:  Female:

- |  |                                     |  |
|--|-------------------------------------|--|
| <input type="checkbox"/> Doctor of Chiropractic  | <input type="checkbox"/> Spouse     | <input type="checkbox"/> Other                   |
| <input type="checkbox"/> Chiropractic Assistant  | <input type="checkbox"/> Clergy     | <input type="checkbox"/> Nurse -- R.N. or L.P.N. |
| <input type="checkbox"/> Chiropractic Technician | <input type="checkbox"/> Lay Person |  |

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: \_\_\_\_\_

### \*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 sign your application by typing your full name including your middle initial.

When completed and "signed," please save this PDF to your system, attach and email to: [cca@frii.com](mailto:cca@frii.com)