



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