

MISSIONS ADVOCATES DATA SHEET

Thank you for your desire to be a Missions Advocate! We would appreciate it if you would take a moment to complete this Data Sheet for our records.

Name: _____

Home address: _____

Home telephone number: _____

Home email address: _____

Work address: _____

Work telephone number: _____

Work email address: _____

Spouse's name: _____

Name(s) of children and ages: _____

Education: _____

Spouse's education: _____

Name of your local church or fellowship: _____

Church address: _____

Church telephone number: _____

Church email address: _____

Name of your pastor/elder/fellowship leader: _____

Telephone number or email address: _____

Your testimony: _____

Your spouse's testimony: _____

List any past/present Christian or volunteer work you have done: _____

What else would you like ANM to know about you? _____

Names, addresses, phone numbers, and email addresses of two references: _____

How did you hear about ANM? _____

Printed name

Date