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| **TYRANNUS INTERNATIONAL MISSION(TIM)**  **Application Form**   |  | | --- | | This application form is intended to help you self-assess as a missionary candidate and to allow the TIM headquarters and the Onnuri Missionary Review Board to understand you better. It will not be used for any other purposes. Personal information obtained through this form will remain strictly confidential and will not be disclosed without prior consent. Please fill out this form sincerely and honestly before submitting it to the admissions officer. |   **\* Notice \***  1. Please answer all questions prayerfully, with sincerity, and in detail.  2. Please make sure to attach a photo ID when submitting the  application, and in the case of a couple, please fill out the application individually  3. Please state your testimony (page 4) in detail. (minimum 1 page, A4)  4. For other inquiries, please contact Tyrannus International Mission.  (070-4464-8101, info@tim.or.kr) |

**Tyrannus International Mission Application Form**

**1. Personal Information**

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| **PHOTO** | | **Name** | Full name as shown on passport | | | | | **Sex** |  |
|  | | | | |
| Passport Number: | | | | |
| **Date of Birth** |  | | | | | | |
| **Address** |  | | | | | | |
| **Contact Information:** | **Mobile** |  | | **E-mail** |  | | |
| **Marital Status** |  | **Occupation** |  | **Position**  **within Organization** |  | **Church Role/Title** |  | | |

### 2. Spiritual Background

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Church information** | | | | | | |
| Current Church  (Senior pastor’s name) | Registration Date | | Church where baptized/year | | Name of pastor who performed baptism | |
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| **Ministry in Church** | | | | | | |
| Department | Detail | | Dates | | Notes | |
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| **One-To-One discipleship** | | | | | | |
| Completion date Mentee’s School  (Moentor’s Name) |  | | Completion date Mentor’s School  (Instructor’s Name) | |  | |
| One-To-One discipleship experience | YES/NO | | Number of disciples | |  | |
| **Spiritual Training**  **(including various training programs both inside and outside the church)** | | | | | | |
| Program | Dates | Training organization | | Detail | | Notes |
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| **Short-term mission or outreach experience** | | | | | | |
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| **Preferred ministry region (choose 1)** | ① Northeast Asia region (China/Mongolia) ② Central Asia/Asia Minor region ③ South Asia region ④ Middle East/North Africa region (Preferred region: ) | | | | | |

**3. Social background**

|  |  |  |  |  |  |  |  |  |  |
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| **Educational background** | | | | | | | | | |
| **Dates** | **School name** | | | **Major** | | | | **Degree** | **Notes** |
|  | High school | | |  | | | |  |  |
|  | University/College | | |  | | | |  |  |
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| **Language Skills** | | | | | | | | | |
| **Language** | **Proficiency, from 5 to 1 (5: Fluent / 1: Elementary)** | | | | | | | **Official test score** | **Official test score report (Check yes if attached)** |
| **Speaking** | | **Listening** | **Reading** | **Writing** | | |
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| **Work experience** | | | | | | | | | |
| **Employer** | **Dates** | | | **Position** | | | **Job Description** | | **Notes** |
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| **Special Skills** | | | | | | | | | |
| **Skill / Certificate Title** | | **Date of acquisition** | | | | **Issuing organization** | | | **Attachment of certificate copy (Check yes if attached)** |
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**4. Health**

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| **Health** | | | |
| **Current health** | | **Excellent, Good, Average, Bed, Very bed (Choose 1)** | |
| **Medical history** | **Past** | Medical condition: | |
| Treatment method: | |
| Post-treatment condition and current status: | |
| **Present** | Medical condition: | |
| Name of hospital, doctor, contact information: | |
| Treatment method: | |
| **How do you manage your health?** | |  | |
| **Comprehensive health check-up** | | Date of the final comprehensive check-up/Hospital name:  Special notes (Refer to doctor's opinion): | Attachment of related documents (Yes, No) |
| Scheduled date for a comprehensive medical check-up/Hospital Name: | Relevant documents will be required later. |

**5.** **Family**

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| **Family details** | | | | | | | |
| **Relationship** | **Name** | **Date of**  **birth** | **Highest level of education** | **Job** | **Religion** | **Church**  **Name** | **Church position** |
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**I confirm that the above information is true and accurate.**

**Day Month Year**

**Name**

**Faith Testimony**

- Please write a detailed testimony of about one A4 page focusing on your background, life up to now, church life, personal encounter with Jesus Christ, and life walking with the Lord.

**Ⅰ. Short/Long-term Missionary Calling**

1. **When and how did you receive your calling to become a missionary?**
2. **Explain how you learned about Onnuri Church’s short/long-term missionary training and your motivation for applying.**
3. **Describe your relationship with the recommending TIM missionary**
4. **Write about your desired mission field and ministry area**
5. Region:
6. Motivation for selecting this region:
7. Ministry field/content: