

Open Air Campaigners
CONFIDENTIAL STAFF APPLICATION
For Single Applicants

OAC • 1200 Easton Rd • Roslyn, PA 19001
bob.ewerth@oaci.org

Today's Date: _____

- *In order to have all necessary information regarding your application, we request that you answer the following questions with full particulars about yourself. We would earnestly request that you pray along with us, that the will of God may be made known concerning your possible service with Open Air Campaigners. If extra space is needed for explanation, feel free to use additional paper.*

(Please type or print)

A. IDENTIFICATION

1. Full Name _____ Social Security # _____

2. Permanent Address _____

3. Present Address (if different from above) _____

4. Telephone _____ Email: _____

5. Date of Birth _____ Country & city of birth _____

6. Citizenship _____ Language(s) Spoken _____

7. Next of Kin (to be contacted in case of emergency)

Name _____ Relationship _____

Address _____

Telephone _____ / Email _____

B. PERSONAL STATUS

1. Have you ever been divorced, separated, or had an annulment of marriage? ___Yes ___ No
 If so, please give the date of the final decree and grounds upon which it was granted. _____

2. Please list any children and/or dependents:

<u>Name</u>	<u>Relationship</u>	<u>Occupation</u>	<u>Birthdate</u>	<u>Dependent (yes/no)</u>
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

3. Are your children and/or dependents in good health? ___Yes ___ No

If not, please explain. _____

C. FAMILY HISTORY

1. Information desired:

FATHER

MOTHER

Full name	_____	_____
Living/deceased	_____	_____
If deceased, give date	_____	_____
If remarried, give date	_____	_____
Present occupation	_____	_____
Citizenship	_____	_____
Church membership	_____	_____
Christian activities	_____	_____

2. Are you from a broken home? _____ (If so, please give details on separate paper)

3. Who of your immediate relatives is now (or has been) engaged in missionary or other Christian vocations? Give relationship, name and work, indicating mission board, if any (use separate paper) .

4. List brothers and sisters:

<i>NAME</i>	<i>AGE</i>	<i>OCCUPATION</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

D. EDUCATION

1. Did you graduate from High School? _____ If not, give grade attained: _____

2. Give details of all training received beyond High School:

<i>NAME OF SCHOOL</i>	<i>TYPE OF TRAINING</i>	<i>YEARS OF STUDY</i>	<i>QUALIFICATIONS</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. Are you now attending school? _____ If so, where? _____

Do you expect to graduate? _____ When? _____ Diploma/Degree? _____

4. How many credit-hours of Bible have you at this present time, or will have when you graduate? _____

5. Give details of any correspondence courses done since leaving school: _____

E. MEDICAL

- 1. Sex _____ Age _____ Height _____ Weight _____

- 2. Have you ever received treatment for nervous, mental, or emotional problems? _____
If so, please explain: _____

- 3. Have you ever had to leave a job or course of study because of inability to cope? _____
If so, please explain: _____

- 4. Have you been immunized against the following: (circle all that apply)
Diphtheria Tetanus Polio Smallpox Whooping Cough

- 5. Do you have any physical disabilities? _____

- 6. Do you use any of the following:
Alcoholic beverages _____ Tobacco _____ Narcotics _____
Other drugs (apart from temporary medication) _____

- 7. Have you suffered from any serious illness, or undergone any major operation: _____
If so, please explain: _____

- 8. Is your present health good? _____ If not, give details: _____

- 9. Are you willing to receive inoculations and vaccinations; to accept professional medical help; and to cooperate with your prospective OAC director and medical advisors by giving all necessary information? _____

- 10. Do you have any physical condition which may limit your ability to perform the ministry for which you have applied? _____ Yes _____ No If so, please explain _____

- 11. Are you presently under medication prescribed by a physician? _____ Yes _____ No
If so, please describe: _____

- 12. List any chronic disease or allergies you have: _____

- 13. Do you frequently experience depression, moodiness, or negativeness? _____ Yes _____ No

- 14. Please have your physician fill out the enclosed medical form and return it to us.

F. FINANCIAL

1. Do you believe that God is calling you to live by faith, trusting Him to supply your needs? _____

2. If possible, give evidence from your own experience of the Lord's faithfulness in this respect:

3. Do you have any outstanding debts? _____ Amount \$ _____

How do you anticipate paying this off? _____

4. Do you have funds on hand for initial open-air ministry equipment? _____ Amount \$ _____

5. Do you have any independent means of support? _____

6. What is the attitude of your home church towards your missionary call? _____

7. Do you have parents or relatives who are dependent upon you financially, or in any other way? Explain: _____

G. MILITARY INFORMATION

1. Are you registered for military service? _____ Yes _____ No

Selective service number (if known): _____

2. Are you in the military reserves? _____ If so, what is the extent of your involvement? _____

3. Military service completed? _____ Type of separation: _____

H. EMPLOYMENT HISTORY

1. Current / Most Recent Employer

Employer _____ Dates employed from _____ to _____
Address _____ Type of work _____
_____ Title _____

If employed now, may we send a reference to your present employer? _____ Yes _____ No

To whose attention should the reference form be addressed? _____

2. Previous Employment

a. Employer _____ Dates employed from _____ to _____
Address _____
Type of work _____ Title _____ Reason for leaving _____

b. Employer _____ Dates employed from _____ to _____
Address _____
Type of work _____ Title _____ Reason for leaving _____

3. Have you experience in any of the following: (circle all that apply)

- Accounting Photography Children's Work Bookkeeping Printing
- Social Work Auto Mechanics Graphic Arts Music: Voice - Instrument
- Electrical Art Business (Type) _____
- Other: _____

I. CHRISTIAN EXPERIENCE

1. When were you converted? _____

Please write out testimony on separate sheet.

2. Give reasons why you are sure of your salvation. _____

3. Of what church are you currently a member? (name) _____
(address) _____

4. Of what church or churches have you been a member? Give dates and denominations.

5. What positions or ministry experience have you had in your church? _____

6. What experience have you had in open air evangelism? _____

7. What is your regular Bible Study practice? _____

8. How much of the Bible have you read? _____Some _____Most _____All

9. What is your regular practice concerning prayer? _____

10. Give an example of your own experience of answered prayer. _____

11. Give details of your Christian service: (Use an extra page, if necessary)

Church/Mission

Nature

Age Group

J. MISSIONARY PURPOSE

1. When did you know that God had called you for missionary service? Explain: _____

2. How has God called you to apply to Open Air Campaigners? _____

3. As far as you know now, do you feel that service with Open Air Campaigners could possibly be your life's work? _____
4. If you have applied to another mission, please give the name and the result of your application.

5. If you believe that God is calling you to a particular OAC Branch for ministry, please give details:

6. Are you willing to move to a location chosen by OAC? _____

If not, please explain: _____

7. Are you willing to work within the guidelines of OAC Policy and Bylaws? _____
8. Will you be willing to follow and cooperate with the decisions of the OAC Board of Directors: _____
9. Are you willing to work with churches of varied evangelical backgrounds? _____
10. Are there any individuals or groups with whom you would find it difficult to work, even though they are truly "born again" and are in agreement with our Doctrinal Statement? _____
If so, please explain: _____

11. Are you willing to work with any race of people? _____
12. Have you read the Policy Manual and Bylaws of OAC? _____
13. Will you be willing to receipt through the OAC Accounting Office, all finances given to you for ministry and personal support, knowing that a small percentage may be deducted for the national operating expenses of OAC? _____
14. What position are you applying for with OAC?
_____Evangelistic Staff _____Administrative Staff _____General Staff

K. DOCTRINAL STATEMENT

1. Instructions:

- a. Write in as much detail as is necessary to clarify your belief concerning the subjects listed under numbers 2 and 3 which follow.
- b. Please type your statement if possible; otherwise, write **clearly** with a pen.
- c. Number and compose your statements in the order listed below.
- d. Be personal. Write in the first person, "I believe..." Give what you believe are the major aspects and implications of each topic.
- e. At the end of the doctrinal statement, please write out the following statement:
"I affirm that the above doctrinal statement represents my personal belief and I have indicated any points on which I have any reservations."
- f. BE SURE TO SIGN AND DATE YOUR STATEMENT!

2. Doctrines forming the doctrinal basis of Open Air Campaigners. *(Sentences below in parentheses are explanations regarding material we want discussed but are not themselves a part of the doctrinal basis.)*

- a. The divine inspiration and consequent authority of the whole canonical Scripture.
- b. The Trinity. (please include also a discussion of the deity of Christ and the personality of the Holy Spirit.)
- c. The fall of man, his consequent moral depravity and his need of regeneration.
- d. The atonement through the substitutionary death of Christ.
- e. Justification by faith. (Include a discussion of all that is necessary for a person to be saved.)
- f. The resurrection of the body, both in the case of the just and of the unjust.
- g. The eternal life of the saved and the eternal punishment of the lost. (please include a discussion of heaven and hell.)

3. Other doctrines on which a statement is desired.

- a. The virgin birth of Christ.
- b. The indwelling of the Holy Spirit.
- c. Sanctification.
- d. The separated life.
- e. Spiritual gifts.
- f. The security of the believer.
- g. The return of the Lord and the millennium.
- h. The judgement of the heathen. *(please include a discussion of whether or not those who have never heard the Gospel are lost.)*
- i. The personality of the devil. *(Include a discussion of whether or not the devil is a real person.)*
- j. The historicity and integrity of the Scriptures. *(Include a discussion of whether or not you believe the books were written by those who professed to write them, and of how the Scriptures today compare with the original writings.)*

L. DOCTRINAL AGREEMENT

Are you in complete agreement with the Doctrinal Statement and Charismatic Statement of OAC?
_____Yes _____No

Please elaborate on any areas with which you may disagree.

M. REFERENCES (PLEASE TYPE OR PRINT CLEARLY):

Applicant must submit the names and complete addresses of at least FIVE references who will be contacted. Please encourage your references to return reference forms promptly once they are received. If any of the following categories do not apply, please substitute an additional name. (Do not include relatives or fiance.)

1. PASTOR

Name _____ Length of acquaintance _____

Address _____

City _____ State _____ Zip _____ Phone _____

2. CURRENT SPIRITUAL LEADER if other than Pastor (e.g., Bible study leader, action group leader, etc.)

Name _____ Length of acquaintance _____

Address _____

City _____ State _____ Zip _____ Phone _____

In what capacity have you known this reference? _____

3. OAC STAFF MEMBER

Name _____ Length of acquaintance _____

Address _____

City _____ State _____ Zip _____ Phone _____

In what capacity have you known this reference? _____

➤ Please give the names and complete addresses of three additional friends, peers, business associates, former business associates, former employers, or college professor/academic evaluator.

4. PEER / FRIEND

Name _____ Length of acquaintance _____

Address _____

City _____ State _____ Zip _____ Phone _____

In what capacity have you known this reference? _____

5. PEER / FRIEND

Name _____ Length of acquaintance _____

Address _____

City _____ State _____ Zip _____ Phone _____

In what capacity have you known this reference? _____

6. BUSINESS ASSOCIATE, COLLEGE PROFESSOR/ACADEMIC EVALUATOR, OR OTHER

Name _____ Length of acquaintance _____

Address _____

City _____ State _____ Zip _____ Phone _____

In what capacity have you known this reference? _____

➤ I declare by my signature below that, to the best of my knowledge, all of the information in this application is true and complete. I also authorize you to make such inquiries into my personal, employment, financial, medical history or other related matters as may be necessary in arriving at an acceptance decision. I hereby release employers, schools, or persons from all liability in responding to inquiries in connection with my application. I am aware that if accepted I am responsible to raise whatever financial support is necessary to fund my personal ministry.

Signature of Applicant

Date

Return to:

bob.ewerth@oaci.org

OAC • 1200 Easton Rd • Roslyn, PA 19001

Questions? Contact Bob Ewerth at: 215.376.0165 or at his email address above.

Open Air Campaigners Medical Form

Applicant's Name: _____

Date of examination: _____ HEIGHT: _____ WEIGHT: _____
(Must be within the past six months)

B.P. _____ DT _____
(Within 8 yrs.)

NORMAL	ABNORMAL	OMITTED	
_____	_____	_____	... VISION
_____	_____	_____	... HEARING
_____	_____	_____	... LUNGS
_____	_____	_____	... HEART
_____	_____	_____	... ABDOMEN
_____	_____	_____	... BONES AND MUSCLES
_____	_____	_____	... SKIN
_____	_____	_____	... PSYCHIATRIC

DIAGNOSES: _____

This applicant may be involved in driving a vehicle, lifting items weighing 50 lbs., standing outdoors in hot or cold weather for long intervals, and have irregular meals. In your opinion, does this person have any physical or mental limitations which would hinder him / her from this type of work under these conditions? _____

DAILY MEDICATIONS: _____

WHAT LIMITATIONS IN ACTIVITY? _____

DOES THE APPLICANT APPEAR TO USE TOBACCO, ALCOHOL, OR ANY TYPE OF ADDICTIVE DRUG? _____

Date of Signature: _____

Physician's Signature

Physician's Name: _____

Address _____

City _____ State _____ Zip _____ Phone _____

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