

**Open Air Campaigners**  
**CONFIDENTIAL STAFF APPLICATION**  
**For Spouses**

OAC • 1200 Easton Rd • Roslyn, PA 19001

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

( Please type or print )

**A. IDENTIFICATION**

1. Full Name \_\_\_\_\_ Maiden Name \_\_\_\_\_

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. MARITAL 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. Anniversary date \_\_\_\_\_

3. Give full name of your betrothed or spouse (include maiden name). \_\_\_\_\_

4. Please list your children and/or dependents:

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


5. If you are expecting a child, please give approximate due date. \_\_\_ / \_\_\_ / \_\_\_

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

<i>Church/Mission</i>	<i>Nature</i>	<i>Age Group</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**F. REFERENCES (PLEASE TYPE OR PRINT CLEARLY):**

Please submit the names and complete addresses of at least FIVE references who will be contacted. Be sure to 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 Spouse 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.