



Eagle Missions & Christ's Mandate For Missions Missionary/ Revivalist
Application (formerly Correll Missionary Ministries)

PO 7705 Charlotte, NC 28241 USA, Phone: 704-225-3927 Fax: 888-816-0725, Email: Officecmm@gmail.com

First Name Middle Last Name

Social Security #(or Federal ID#)No

Present Address City State

Postal Code Country Phone

Email address(es)

Mailing address(if different from above)

Fax Email Date of Birth

Place of birth Age Sex Ethnic Background

Marital Status Ever Divorce Years Married #of children

Spouse's Name and age Spouse's date of birth

Spouse's Social Security #

Age of children and names and DOB

Name of Employment

Address

Phone at Work

Position

Years on the job

Supervisor's Name and phone number Years Known

Prior Employment

Years at that job

Phone

Church Affiliation/Denomination or Independent

Pastor's name & number and email address

In an emergency call

Date Saved (Born Again)

Date Water Baptized:

Baptized in Holy Spirit

Yes or No. Date

Education

highest year completed

Church experience and service

(USE SEPARATE SHEET WHEN NEEDED FOR ANY EXTRA INFORMATION)
References (not relatives)

Name Address

Phone Years known

Name Address

Phone Years known

Name Address

Phone Years known

Please include a personal photograph and write a short biography, including family background, circumstances of conversion, and reasons for desiring to connect with CMM.

Also include resumes of your Christian and secular service, education, or ministerial activity. Please send a copy of your photo id or passport. Below, write the vision the Lord has given you for this season, talents and giftings, and some of what your personal dream(s) are.

Do you see yourself as a church planter or desire to be a church planter?

Date: SS# (or ID# for resident country)

Signature: _____

Signature of Spouse _____