

ANSWER THE CALL TO MISSIONS WITH MEXICAN MEDICAL MINISTRIES

Mexican Medical Ministries is a unique ministry that God has used for more than 40 years to bring healing and hope to the people of Mexico.

Mexican Medical Ministries is looking for people who:

1. Have a growing relationship with Jesus Christ!
2. Desire to share Jesus with people!
3. Want to be a servant!
4. Possess a calling to a cross-cultural ministry!

Here are some questions for a self-evaluation about a call to missions.

1. Relationship with God

- What is your testimony of salvation?
- Are you secure in your relationship with Jesus day to day?
- How do you maintain your relationship with Jesus each day?

2. Relationship with a local church

- Are you actively involved with a local church at home?
- What are your activities with this church?

3. Prepared to Serve

- What do you need to do to prepare yourself for the mission field?
- What regular activities do you engage in that help people know God better?
- What sacrifices are you willing to make in order for God's message to be seen and heard by the people of Mexico?
- Are you willing to give up any social habits that might lessen your effectiveness as a missionary?

4. A Cross-cultural context

- Do you feel called specifically to Mexico?
- Are you willing to make the necessary sacrifices to serve in a cross-cultural setting?

5. Purpose for going

- Who have you recently talk with about the Lord?
- Do you have a desire to see God change lives?
- What skills do you have that can be used on the mission field?

THE APPOINTMENT PROCESS FOR A MISSIONARY WITH MEXICAN MEDICAL MINISTRIES

The appointment process with Mexican Medical Ministries is one of getting acquainted with the potential missionary and them with us, in order to determine if Mexican Medical Ministries is where God is leading to serve in a cross-cultural context.

A. Seeker's Stage: The goal of this stage is to investigate if God is calling to serve as a missionary.

1. Determine the ministry that has the call of God.
 - Pray and identify the specific calling.
 - Spend time in a ministry context, both at home and in a cross-cultural context.
 - Seek the counsel of the Pastor and/or others that are spiritually mature.
2. Request the preliminary application packet.
 - Have all items of the application packet submitted to the mission office.
 - After receiving the preliminary application and references a decision will be made whether to offer an invitation to proceed with the appointment process.
3. Spend time getting acquainted with Mexican Medical Ministries.
 - Participate on one of the teams that go to Mexico and plan to visit some of our ministry sites and our office in Lemon Grove.
 - Schedule an initial interview with a Mexican Medical Ministries staff member. The purpose of this time is to get acquainted with each other.

B. Candidate's Stage: The goal of this stage is to determine if Mexican Medical Ministries is the right mission for you!

4. Comprehensive Mission Interview.

This interview will be a comprehensive interview of the candidate and background, personality traits and work history. Based on the results of this interview the candidate will be informed of the possible recommendation to the Board for appointment with Mexican Medical Ministries.

5. Complete Assessments: These assessments are to help evaluate the candidates potential to function within a mission context and a cross-cultural environment.
 - Personality Assessment
 - Cross-Cultural Adaptation Assessment
 - Language Assessment

6. Fulfill the Candidate's Requirements

- Evangelism Training. The candidate will have had to complete personal evangelism training.
- Missiology Training. One example would be the Perspectives Course. Other possibilities would be mission courses in a Bible College or Seminary
- Cultural Adaptation Training. The candidate should have some training in the understanding of adapting in another culture.
- Speak & Understand in Spanish.

7. Presentation Before the Mexican Medical Ministries Board

The Mexican Medical Ministries' Board has the final approval for appointment. The Candidate will meet with board at one of the regular scheduled board meetings. The Candidate will have an opportunity to share their testimony and the board may ask additional questions.

C. Appointee's Stage: The goal of this stage is to prepare for ministry in Mexico!

8. Commissioning by the home church – Every appointee must be commissioned by their church prior to serving full time on the field.
9. Orientation – The appointee will have an orientation session to cover the business and other administrative policies of the mission.
10. Support Discovery – The approved level of support must be committed before the missionary appointee can begin serving full time.
11. Language – It is required that every missionary with Mexican Medical Ministries be proficient in Spanish. During the appointee stage, arrangements will need to be made to work on becoming more proficient in Spanish
12. Legal – To be able to minister in Mexico the FM3 Visa will need to be obtained. During this time the appointee will work on meeting the requirements to receive the FM3 Visa.
13. Placement – The appointee will stay in Mexico at one of our ministry sites for a period of time. During this time they will assess the various opportunities and places of ministry to discover the location of where they will be assigned.

D. Missionary Stage: This is the stage of receiving notification of full missionary status!

APPLICATION INSTRUCTIONS

The following items will need to be submitted in order to begin the process of applying to serve with Mexican Medical Ministries.

1. FORMS:

- Application. If you are married, your spouse will need to fill out the forms also.
- 4 Reference Forms. You will need to have a reference from:
 - (1) One from your pastor
 - (2) One from your employer or co-worker
 - (3) Two from peers or friends you have known for at least two years
- Medical Forms. Pages 1 & 2 should be filled out by each applicant. Pages 3 – 5 will need to be filled out and signed by your health care provider.

2. ITEMS:

- \$25 application fee. The check should be made out to “Mexican Medical Ministries”
- 2 Passport pictures. Please print your name on the back of each picture.
- 1 copy of your passport. Make sure the copy is readable.

3. CERTIFICATES:

Any certificates, license or other official documents that you have that will enable you to fulfill your ministry will need to be copied and submitted. Examples are:

- Graduation Diplomas (not high school)
- Ordination Certificate
- Medical License

4. WRITTEN ITEMS

- Signed copy of agreement to the doctrinal statement
- Resume of employment for the last ten years (see the application for instructions)
- Answer the essay questions. Please answer the questions on separate sheets of paper. Do not submit answers handwritten. Answer the questions as completely as possible.

MEXICAN MEDICAL MINISTRIES MISSIONARY STAFF APPLICATION

CONTACT INFORMATION			
Name			Date filled out
Address		Email	
City		State/Prov	Zip/Postal Code
Home Phone	Work Phone	Cell Phone	

INTEREST INFORMATION
<ul style="list-style-type: none"> • What level of involvement are you considering? <ul style="list-style-type: none"> <input type="checkbox"/> Short Term (please check one) Less than one year ___; 1 – 2 years ___; <input type="checkbox"/> Long Term: When would you be ready for appointment? _____
<ul style="list-style-type: none"> • How long have you sensed God leading you into missions?
<ul style="list-style-type: none"> • What ministry do you feel God is calling you to fulfill?
<ul style="list-style-type: none"> • Are you willing to wait until you have 100% of your support, before serving full-time on the field?

PERSONAL INFORMATION				
Age	Date of Birth	Gender (Circle) Male Female	Citizenship	T-shirt size (Circle) MED LG X-LG XX-LG
Emergency Contact		Relationship		Phone
Marital Status: If married, the spouse should also fill out an application.				
<input type="checkbox"/> Married: Marriage Anniversary Date: _____				
<input type="checkbox"/> Single: Never been married ___; Widowed ___; Date: _____ Divorced ___; Divorced/Remarried ___; (Explain divorce on separate sheet)				
Please PRINT each of your dependent children.				
Full Legal Name		Gender	Birth Date	

FINANCIAL INFORMATION		
What is your current consumer debt?	TOTAL AMOUNT	MONTHLY PAYMENTS
Credit Card Debt		
Auto Loan Debt		
SUB TOTAL		
FINANCIAL INFORMATION		
What are other obligations that you have?	TOTAL AMOUNT	MONTHLY PAYMENTS
Mortgage Payments		
School Loans		
Other Obligations: (Please List)		
Other Obligations: (Please List)		
Other Obligations: (Please List)		
SUB TOTAL		
FINANCIAL INFORMATION		
Do you anticipate any other debts that you are going to be obligated in the next year? If so list the debts and amounts.	TOTAL AMOUNT	MONTHLY PAYMENTS
1.		
2.		
FINANCIAL INFORMATION		
How do you plan to pay these loans during your time with Mexican Medical Ministries?		

CHURCH INFORMATION			
Name of church you regularly attend			
Address		Email	
City		State/Prov	Zip/Postal Code
Church Phone		Pastor	
How long have you been attending this church?		Denominational Affiliation of Church	
<input type="checkbox"/> No / <input type="checkbox"/> Yes, I have been licensed to the ministry. Date of Licensed _____ What was the organizational body through which you were licensed?			
<input type="checkbox"/> No / <input type="checkbox"/> Yes, I have been Ordained to the ministry. Date of Ordination _____ What was the organizational body through which you were ordained?			
<ul style="list-style-type: none"> • Have you talked with your Pastor about this possibility of serving as a missionary? <input type="checkbox"/> YES <input type="checkbox"/> NO, If not, please explain on other sheet. 			
<ul style="list-style-type: none"> • Is your church supportive of your desire to serve in a cross culture ministry? <input type="checkbox"/> YES <input type="checkbox"/> NO, If not, please explain on other sheet. 			
<ul style="list-style-type: none"> • Will this be your sending/commissioning church? <input type="checkbox"/> YES <input type="checkbox"/> NO, If not, please explain on other sheet. 			
<ul style="list-style-type: none"> • In what ministries are you presently involved? 			

EDUCATIONAL BACKGROUND

If you did not finish with a degree, please write number of hours completed.

HIGH SCHOOL	NAME OF SCHOOL	Extra Curriculum Activities
GRADUATION DATE	LOCATION OF SCHOOL	
COLLEGE / UNIVERSITY	NAME OF SCHOOL	HOURS / DEGREE / MAJOR
GRADUATION DATE	LOCATION OF SCHOOL	
GRADUATE SCHOOL	NAME OF SCHOOL	HOURS / DEGREE / MAJOR
GRADUATION DATE	LOCATION OF SCHOOL	

BIBLE TRAINING

Please list any other Bible training courses, seminars or classes that has been helpful in your preparation.

OTHER TRAINING

Please list other training schools, events, and seminars, conferences that have helped you in preparing for this ministry opportunity with Mexican Medical Ministries.

Type of training	NAME OF TRAINING COURSE/SCHOOL	Result of training
Completion Date	LOCATION OF TRAINING	
Type of training	NAME OF TRAINING COURSE/SCHOOL	Result of training
Completion Date	LOCATION OF TRAINING	

WORK EXPERIENCE

On another sheet please print out a resume of jobs/positions that you have held for the last ten years. For each job/position please write the following:

- Company Name
- Location
- Position
- Supervisor
- Starting Date and Ending Date
- Reason for leaving
- What were your top two accomplishments at this job?
- What was your biggest disappointment or failure at this job?

FILL OUT THIS SHEET FOR YOUR CURRENT EMPLOYER.

Current Employer		Position	
Address		Email Address:	
Supervisor	Phone No.	Date Started	
May we contact your supervisor, if not please explain?			
What duties/responsibilities do you have?			
What has been the most satisfying part of your current job?			

LEVEL OF SPANISH FLUENCY

Do you speak Spanish? _____ NO; _____ YES, If yes please circle the level of fluency you would rate yourself. Refer to the sheet “Puedes hablar Español? This is found in the application packet.

NON-SPEAKER

NATIVE SPEAKER

0 0+ 1 1+ 2 2+ 3 3+ 4 4+ 5

Please list what Spanish classes, courses; language schools that have helped you learn the amount of Spanish you know at this point.

MISSIONS INFORMATION

- Have you ever made application to another mission agency? NO / YES, if yes what agency and what was the result?

- What skills, talents, training or experience do you have that will be helpful in serving in a cross-cultural ministry? If needed use a separate sheet.

- What mission’s trips/involvement have you had? Please list the dates, locations and organization(s)/church(s), if needed use a separate sheet.

Dates	Location of trip	Organization	Principle Activity

I declare by my signature below that:

1. I commit myself to the task of leading people to the Lord by sharing God's love with the people of Mexico, depending upon the Holy Spirit to guide and empower me.
2. I am in agreement with the purposes and plans of Mexican Medical Ministries as they minister in Mexico.
3. I am aware that I am responsible to develop a list of supporters that will be willing to support my ministry with Mexican Medical Ministries through prayer and financial commitments.
4. I authorize Mexican Medical Ministries to make inquiries into my personal employment, finances, medical history or other related matters in consideration of my application to serve. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.
5. To the best of my knowledge, all of the information in this application is true and complete.

Signature of Applicant _____ Date _____

Additional Comments:

When you completed the application, please mail all the forms, items, written documents, certificates and reports to:

MEXICAN MEDICAL MINISTRIES
Attn: Missionary Care & Development Department
7850 Lester Ave.
Lemon, Grove, CA 91945

ESSAY QUESTIONS

PLEASE ANSWER THE FOLLOWING QUESTIONS.

- Answer the questions on separate sheets of paper.
- Submit the answers either typewritten or computer printed. Do not submit answers handwritten.
- Give as complete an answer as possible to each of the questions.

1.	Share your testimony. Covering the following . . . <ul style="list-style-type: none">- Initial conversion to Christianity. What were the factors that lead you to that point of decision?
2.	<ul style="list-style-type: none">- Present commitment to Jesus Christ.
3.	How did you hear about Mexican Medical Ministries?
4.	How does your calling fit in with the ministries of Mexican Medical?
5.	Please describe the events and situations that led to your call . . . <ul style="list-style-type: none">- To the ministry?
6.	<ul style="list-style-type: none">- To Mexico?
7.	<ul style="list-style-type: none">- To Mexican Medical Ministries?
8.	Mexican Medical Ministries is a Faith Based mission, which means each of our missionaries have to raise their own personal support. <ul style="list-style-type: none">- How do you feel about having to raise your financial support?
9.	Mexican Medical Ministries is an inter-denominational mission, which means each missionary will be working with evangelical groups in Mexico and from the U.S. and Canada, that have different doctrinal backgrounds. <ul style="list-style-type: none">- How do you feel about working with other evangelical groups that may have a different theological stance on certain doctrinal points from your own viewpoint?
10.	<ul style="list-style-type: none">- Why do you believe that you can work with other groups that have a different view on certain theological issues?

Puedes hablar Español?

There needs to be an understanding of how well you speak Spanish in order to plan your responsibilities based on your language ability. This rating system uses a scale of 0 to 5 to denote a person's level of proficiency in a particular language. This rating scale is to help you evaluate where you're at in your language proficiency.

- **Level 0** – Has no proficiency in the language. Once you've learned to use at least 50 words appropriately you've graduated to the zero plus level.
- **Level One – Novice.** A novice has extremely limited vocabulary and grammar, understands very little of the language when spoken normally, has difficulty-making him/herself understood by native speakers. A Novice can exchange greetings, elicit predictable information and explain routine procedures in a restricted way.
- **Level Two– Survivor.** A survivor can converse using basic vocabulary (time, date, weather, family, clothes); uses the present, past, and future tenses more or less correctly; and is aware of difficult grammar topics (e.g., subjunctive, relative pronouns), but either uses them incorrectly or awkwardly rearranges sentences in order to avoid them. Still needs to tote a dictionary and/or phrase book around, but can survive in an immersion situation: order food, give and receive directions, take a taxi, etc.
- **Level Three – Conversationalist.** A conversationalist has the ability to converse about fairly abstract ideas, state opinions, read newspapers, understand the language when spoken normally (on TV, radio, film, etc.) with slight-to-moderate difficulty. Still has some trouble with specialized vocabulary and complicated grammar, but can reorganize sentences in order to communicate and figure out the majority of new vocabulary within the context. By the time you reach level two you should be able to handle some limited work requirements, though your vocabulary is still quite limited and your accent is still quite noted.
- **Level Four. Fluent Speaker.** A fluent speaker can participate in extended conversations, understand the language when spoken normally and can figure out meaning of words within context, debate, and use/understand complicated grammatical structures with little or no difficulty. Has good accent and understands dialects with slight-to-moderate difficulty. At this level the language learner has achieved a minimal professional level of proficiency and can speak well enough to make close friendships. Able to preach and teach in the language.
- **Level Five - Native Speaker.** Someone who has spoken the language from at least the age of 5. In theory, understands essentially everything in the language: all vocabulary, complicated grammatical structures, cultural references, and dialects. Has a native (i.e., invisible, "normal" in his/her region) accent.

There are plus levels in between each level to indicate you're well along towards the next highest level, but aren't quite there yet. The better you know the language (and the culture that goes along with it), the more satisfying your experience in Mexico will be.

Mexican Medical's Doctrinal Statement

1. **We believe in God the Father**, an infinite, personal spirit, perfect in holiness, wisdom, power and love.
2. **We believe** that He concerns Himself in the affairs of men; that He hears and answers prayer, and that He saves from sin and death all who come to know Him through Jesus Christ.
3. **We believe** that the Bible is the Word of God, written under the inspiration of the Holy Spirit, infallible and without error in the original manuscripts and that it is the supreme authority in all matters of faith and conduct.
4. **We believe Jesus Christ** is God's only begotten Son, conceived by the Holy Spirit.
5. **We believe** in His virgin birth, sinless life, miracles and teachings.
6. **We believe** in His substitutionary atoning death, bodily resurrection, and ascension into heaven, perpetual intercession for His people and personal visible return to earth.
7. **We believe in the Holy Spirit**, by whose regenerative work sinful man is born again and by whose indwelling regenerate man is enabled to live a godly life.
8. **We believe** that all have sinned and come short of the glory of God, but that the triune God has provided for the forgiveness of our sins. We need only confess our sins, acknowledge Jesus Christ as Lord and Savior and accept Him into our hearts and lives.

I declare by my signature here that I am in agreement with the doctrinal statement.

Print Name

Date

Signature

REFERENCE FORMS INSTRUCTIONS

Instructions for the reference forms

1. You will need to have four people submit a reference form for you and if married your spouse. They need to be from the following people:
 - One from your Pastor.
 - One from your employer. If your Pastor is your immediate supervisor then you will need to have this filled out by a co-worker.
 - Two from friends/acquaintances. Make two copies of this form. They should have known you for at least five years and have had contact with you during this last year.
2. You are responsible to get these reference forms to your referents. Mail (or hand deliver) a reference form to each referent. Give the person filling out your reference a deadline when to get the form submitted.
3. You will need to fill in the top part of the reference form with your name printed. Read the Waiver of Right to Access and if you voluntarily waive any right or privilege to inspect or challenge the content and comments expressed in this reference, please sign the form where it says "Signature of Applicant".

The signing of this waiver is entirely voluntary and is not a requirement for appointment with Mexican Medical Ministries.

4. It is your responsibility to follow up your references to make sure they have completed and mailed their reference forms to the office.
5. You can give the office a call and inquire which references have been received.

CONFIDENTIAL REFERENCE FORM FOR MISSIONARY STAFF
Pastor's Reference Form

This box is to be filled out by the applicant. The signing of this waiver is voluntary and is not a requirement for appointment with Mexican Medical Ministries.

Name of Applicant _____

WAIVER OF RIGHT TO ACCESS: I, the undersigned, hereby voluntarily waive any right or privilege to inspect or challenge the content and comments expressed in this reference. I expect that the observations made shall remain confidential between the referent and Mexican Medical Ministries.

Signature of Applicant _____ Date _____

INSTRUCTIONS TO THE REFERENT: The person named above is applying for appointment with Mexican Medical Ministries, a Christian missionary agency whose purpose is to share the gospel of Jesus Christ via a variety of ways and helps strengthen local churches to impact their communities. The applicant is asking you to be one of their referrals. Although the applicant may voluntarily waive the right to review this reference, it is hoped that a spirit of openness and candor will exist between the applicant and the referent regarding the contents of this reference.

Thank you for taking the time to fill out this reference form. We realize your time is valuable, and we appreciate your willingness to help us. We would like some insight on the applicant's character, personality, and ability to serve in a cross-cultural ministry. Please be as objective as possible in your information concerning the applicant. You may be contacted for further clarification on the applicant. For any questions of which you have no knowledge, please write, "Not observed." For extra comments use additional pages.

Pastor Giving Reference	Church Name	
City	State	Phone

1. How long have you known the applicant? _____ Years: _____ Months:
2. How well would you say you know the applicant? Surface 1 2 3 4 5 6 7 8 9 10 Very Well
3. What level of communication have you had in the last year? <input type="checkbox"/> Very Personal; <input type="checkbox"/> Personal; <input type="checkbox"/> Surface; <input type="checkbox"/> None
4. What kind of church involvement has this applicant had? Please comment on the applicant's consistency in attendance and service with the church.

<p>5. Is there any indication that the applicant's decision to be a missionary has been significantly influenced by:</p> <p>YES NO – A desire to escape a personal crisis, family pressures, or a vocational situation?</p> <p>YES NO – An unrealistic appraisal of what is involved by serving in a cross-cultural setting?</p>
<p>6. How does the applicant respond to designated authority and standards?</p>
<p>7. How many times have you spent in counseling the applicant about serving as a missionary?</p>
<p>8. YES NO – Have you ever had any reason to question the applicant's morals? If yes, what were the issues:</p>
<p>9. YES NO – Can the applicant take responsibility and demonstrate leadership? If yes, please give examples.</p>
<p>10. YES NO – Do you have any reservations concerning the financial honesty and/or the indebtedness of the applicant? If yes, please explain:</p>
<p>11. YES NO – Do you have any reservations concerning the personal integrity of the applicant? If yes, please explain:</p>

12. **Instructions:** (1) **FIRST**, please check any characteristics that would apply to the applicant.
 (2) **SECOND** please circle the 3 characteristics that would most describe the applicant.

- | | | |
|---------------------------------------------|------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Argumentative | <input type="checkbox"/> Introvert | <input type="checkbox"/> Reserved |
| <input type="checkbox"/> Complainer | <input type="checkbox"/> Lazy | <input type="checkbox"/> Restrained |
| <input type="checkbox"/> Decisive | <input type="checkbox"/> Loves details | <input type="checkbox"/> Rigid |
| <input type="checkbox"/> Dependable | <input type="checkbox"/> Low self-esteem | <input type="checkbox"/> Sensitive |
| <input type="checkbox"/> Easily discouraged | <input type="checkbox"/> Mature | <input type="checkbox"/> Shy |
| <input type="checkbox"/> Enthusiastic | <input type="checkbox"/> Moody | <input type="checkbox"/> Self-confident |
| <input type="checkbox"/> Extrovert | <input type="checkbox"/> Optimistic | <input type="checkbox"/> Spontaneous |
| <input type="checkbox"/> Flexible | <input type="checkbox"/> Pessimistic | <input type="checkbox"/> Subdued |
| <input type="checkbox"/> Friendly | <input type="checkbox"/> Pleasant | <input type="checkbox"/> Tactful |
| <input type="checkbox"/> Giving | <input type="checkbox"/> Punctual | <input type="checkbox"/> Trustworthy |
| <input type="checkbox"/> Humorous | <input type="checkbox"/> Quick-tempered | <input type="checkbox"/> Visionary |
| <input type="checkbox"/> Impulsive | <input type="checkbox"/> Reliable | <input type="checkbox"/> Workaholic |

13. **Instructions:** Please circle in each row the characteristic that describes the applicant. Leave blank if you have not observed.

PERSONAL RELATIONSHIPS				
a. Family	Healthy & Supportive	Healthy but not supportive	Dysfunctional but supportive	Dysfunctional & not supportive
b. Social	Very popular	Make friends easily	Slow to make friends	Generally avoided
c. Opposite Gender	Respectful	Outgoing	Loner	Flirtatious

EMOTIONAL MATURITY				
d. Response to pressure	Copes well	Adapts slowly	Dominates Situation	Withdraws socially
e. Self-Assurance	Assertive	Confident	Apprehensive	Insecure

SPIRITUAL MATURITY				
f. Bible Knowledge	In depth	Loves the Word	Average	Very Little
g. Spiritual Walk	Mature & consistent	Growing	Inconsistent Spiritual walk	Spiritual Immaturity
h. Relationship with God	Consistent in a devotional life	Fruitful witness to people	Very much up and down	Little evidence demonstrated in life
i. Church Involvement	Very Active and Involved in activities	Attends Worship and Bible studies	Attends just the worship services	Attends Occasionally

LEADERSHIP ABILITIES				
j. Communication skills	Able to express ideas clearly and motivates	Is willing to speak if there is a need	Can't speak, only if it is the LAST option	Doesn't (or won't) communicate well
k. Team Worker	Team Leader	Enthusiastic Member	Supportive Member	Low-initiative follower
l. When conflict arises	Peacemaker	Confrontational	Withdrawal	Defensive / Critical

14. YES NO – If Mexican Medical Ministries appointed the applicant would your church be willing to help financially support this appointee?
If not please explain:

15. Would you recommend that we accept this applicant?

STRONGLY SO YES QUESTIONABLE NO

Please suggest two other people that are not related to the applicant that could be contacted to fill out a reference form for the applicant.

NAME _____	Relationship to Applicant _____
Address _____	City _____ Zip Code _____
Phone Number and or Email _____	

NAME _____	Relationship to Applicant _____
Address _____	City _____ Zip Code _____
Phone Number and or Email _____	

When finished filling out the form please mail it to:

Mexican Medical Ministries
Missionary Care & Development Department
7850 Lester Ave.
Lemon, Grove, CA 91945

Thank you for filling out this reference form

Signature

Date

CONFIDENTIAL REFERENCE FORM FOR MISSIONARY STAFF
General Reference Form

This box is to be filled out by the applicant. The signing of this waiver is voluntary and is not a requirement for appointment with Mexican Medical Ministries.

Name of Applicant _____

WAIVER OF RIGHT TO ACCESS: I, the undersigned, hereby voluntarily waive any right or privilege to inspect or challenge the content and comments expressed in this reference. I expect that the observations made shall remain confidential between the referent and Mexican Medical Ministries.

Signature of Applicant _____ Date _____

INSTRUCTIONS TO THE REFERENT: The person named above is applying for appointment with Mexican Medical Ministries, a Christian missionary agency whose purpose is to share the gospel of Jesus Christ via a variety of ways and helps strengthen local churches to impact their communities. The applicant is asking you to be one of their referrals. Although the applicant may voluntarily waive the right to review this reference, it is hoped that a spirit of openness and candor will exist between the applicant and the referent regarding the contents of this reference.

Thank you for taking the time to fill out this reference form. We realize your time is valuable, and we appreciate your willingness to help us. We would like some insight on the applicant's character, personality, and ability to serve in a cross-cultural ministry. Please be as objective as possible in your information concerning the applicant. You may be contacted for further clarification on the applicant. For any questions of which you have no knowledge, please write, "Not observed." For extra comments use additional pages.

Person Giving Reference	Relationship to Applicant	
City	State	Phone

1. How long have you known the applicant? Years: Months:
2. How well would you say you know the applicant? Surface 1 2 3 4 5 6 7 8 9 10 Very Well
3. What level of communication have you had in the last year? <input type="checkbox"/> Very Personal; <input type="checkbox"/> Personal; <input type="checkbox"/> Surface; <input type="checkbox"/> None
4. Please describe the applicant's home life.
5. Is there any indication that the applicant's decision to make application with Mexican Medical Ministry been significantly influenced by: YES NO – A desire to escape a personal crisis or family pressures? YES NO – Has there been situation in their present job that they are avoiding by applying with Mexican Medical Ministries?

6. How does the applicant respond to designated authority and standards?
7. How does this applicant demonstrate being “full of Faith”?
8. What are the applicant’s significant talents or special abilities that would be good in a cross-cultural environment?
9. Are you aware of any criminal or social problems? <input type="checkbox"/> YES; <input type="checkbox"/> NO. If Yes, what problems are you aware of?
10. What does this person seem passionate about and how has it been demonstrated in their life?
11. Would you recommend that we accept this applicant? <input type="checkbox"/> STRONGLY SO <input type="checkbox"/> YES <input type="checkbox"/> QUESTIONABLE <input type="checkbox"/> NO
12. What additional comments do you have that would be helpful in assessing if the applicant should or should not be considered for a position with Mexican Medical Ministries?

13. **Instructions:** (1) **FIRST**, please check any characteristics that would apply to the applicant.
 (2) **SECOND** please circle the 3 characteristics that would most describe the applicant.

- | | | | |
|---------------------------------------------|------------------------------------------|-----------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Argumentative | <input type="checkbox"/> Giving | <input type="checkbox"/> Optimistic | <input type="checkbox"/> Shy |
| <input type="checkbox"/> Complainer | <input type="checkbox"/> Humorous | <input type="checkbox"/> Pessimistic | <input type="checkbox"/> Self-confident |
| <input type="checkbox"/> Decisive | <input type="checkbox"/> Impulsive | <input type="checkbox"/> Pleasant | <input type="checkbox"/> Spontaneous |
| <input type="checkbox"/> Dependable | <input type="checkbox"/> Introvert | <input type="checkbox"/> Punctual | <input type="checkbox"/> Subdued |
| <input type="checkbox"/> Easily discouraged | <input type="checkbox"/> Lazy | <input type="checkbox"/> Quick-tempered | <input type="checkbox"/> Tactful |
| <input type="checkbox"/> Enthusiastic | <input type="checkbox"/> Loves details | <input type="checkbox"/> Reliable | <input type="checkbox"/> Trustworthy |
| <input type="checkbox"/> Extrovert | <input type="checkbox"/> Low self-esteem | <input type="checkbox"/> Reserved | <input type="checkbox"/> Visionary |
| <input type="checkbox"/> Flexible | <input type="checkbox"/> Mature | <input type="checkbox"/> Restrained | <input type="checkbox"/> Workaholic |
| <input type="checkbox"/> Friendly | <input type="checkbox"/> Moody | <input type="checkbox"/> Rigid | |
| | | <input type="checkbox"/> Sensitive | |

14. **Instructions:** Please circle in each row the characteristic that describes the applicant. Leave blank if you have not observed.

PERSONAL RELATIONSHIPS				
a. Family	Healthy & Supportive	Healthy but not supportive	Dysfunctional but supportive	Dysfunctional & not supportive
b. Social	Very popular	Make friends easily	Slow to make friends	Generally avoided
c. Opposite Gender	Respectful	Outgoing	Loner	Flirtation

EMOTIONAL MATURITY				
d. Response to pressure	Copes well	Adapts slowly	Dominates Situation	Withdraws socially
e. Self-Assurance	Assertive	Confident	Apprehensive	Insecure

PERSONAL TRAITS				
f. Personal Appearance	Well-groomed	Takes good care of self	Could improve a little	Very Careless
g. Common Sense / Judgment	People will seek his/her advice	Very Sound	Average	Poor
h. Perseverance	Persists even under adversity	Performs assigned task	Needs constant encouragement	Gives up easily or is easily discouraged.
i. Achievement	Superior Creative Ability	Resourceful and effective	Starts but does not finish	Does only what is assigned

LEADERSHIP ABILITIES				
j. Communication skills	Able to express ideas clearly and motivates	Is willing to speak if there is a need	Can't speak, only if it is the LAST option	Doesn't (or won't) communicate well
k. Team Worker	Team Leader	Enthusiastic Member	Supportive Member	Low-initiative follower
l. When conflict arises	Peacemaker	Confrontational	Withdrawal	Defensive / Critical

Please suggest two other people that are not related to the applicant that could be contacted to fill out a reference form for the applicant.

NAME _____ Relationship to Applicant _____		
Address _____	City _____	Zip Code _____
Phone Number and or Email _____		

NAME _____ Relationship to Applicant _____		
Address _____	City _____	Zip Code _____
Phone Number and or Email _____		

When finished filling out the form please mail it to:

Mexican Medical Ministries
Missionary Care & Development Department
7850 Lester Ave.
Lemon, Grove, CA 91945

Thank you for filling out this reference form

Signature

Date

CONFIDENTIAL REFERENCE FORM FOR MISSIONARY STAFF
Employer's Reference Form

This box is to be filled out by the applicant. The signing of this waiver is voluntary and is not a requirement for appointment with Mexican Medical Ministries.

Name of Applicant _____

WAIVER OF RIGHT TO ACCESS: I, the undersigned, hereby voluntarily waive any right or privilege to inspect or challenge the content and comments expressed in this reference. I expect that the observations made shall remain confidential between the referent and Mexican Medical Ministries.

Signature of Applicant _____ Date _____

INSTRUCTIONS TO THE REFERENT: The person named above is applying for appointment with Mexican Medical Ministries, a Christian missionary agency whose purpose is to share the gospel of Jesus Christ via a variety of ways and helps strengthen local churches to impact their communities. The applicant is asking you to be one of their referrals. Although the applicant may voluntarily waive the right to review this reference, it is hoped that a spirit of openness and candor will exist between the applicant and the referent regarding the contents of this reference.

Thank you for taking the time to fill out this reference form. We realize your time is valuable, and we appreciate your willingness to help us. We would like some insight on the applicant's character, personality, and ability to serve in a cross-cultural ministry. Please be as objective as possible in your information concerning the applicant. You may be contacted for further clarification on the applicant. For any questions of which you have no knowledge, please write, "Not observed." For extra comments use additional pages.

Employer Giving Reference	Company Name	
City	State	Phone

1. How long has the applicant worked for you? Years: Months:
2. Would you re-hire this applicant if they were to re-apply to your company? <input type="checkbox"/> YES; <input type="checkbox"/> NO
2. How well would you say you know the applicant? Surface 1 2 3 4 5 6 7 8 9 10 Very Well
3. Do you directly supervise the applicant? <input type="checkbox"/> YES; <input type="checkbox"/> NO. If NO, what is your relationship with the applicant?
4. What level of communication have you had in the last year? <input type="checkbox"/> Very Personal; <input type="checkbox"/> Personal; <input type="checkbox"/> Surface; <input type="checkbox"/> None
5. Is there any indication that the applicant's decision to make application with Mexican Medical Ministry been significantly influenced by: YES NO – A desire to escape a personal crisis or family pressures? YES NO – Has there been a situation in their present job that they are avoiding by applying with Mexican Medical Ministries?

<p>6. How does the applicant respond to designated authority and standards?</p>
<p>7. What were the job responsibilities of the applicant? Please comment on the applicant's performance of such responsibilities.</p>
<p>8. As an employee, is the applicant a self-starter and internally motivated to work? Please explain:</p>
<p>9. What kind of work environment does the applicant best function?</p>
<p>10. Describe any instances where personal concerns or problems caused the applicant to have impaired functioning at work:</p>
<p>11. Has the applicant fulfilled your expectations as an employee?</p>
<p>12. Describe the level of supervision the applicant requires from you:</p>

13. **Instructions:** (1) **FIRST**, please check any characteristics that would apply to the applicant.
 (2) **SECOND** please circle the 3 characteristics that would most describe the applicant.

- | | | | |
|---------------------------------------------|------------------------------------------|-----------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Argumentative | <input type="checkbox"/> Giving | <input type="checkbox"/> Optimistic | <input type="checkbox"/> Shy |
| <input type="checkbox"/> Complainer | <input type="checkbox"/> Humorous | <input type="checkbox"/> Pessimistic | <input type="checkbox"/> Self-confident |
| <input type="checkbox"/> Decisive | <input type="checkbox"/> Impulsive | <input type="checkbox"/> Pleasant | <input type="checkbox"/> Spontaneous |
| <input type="checkbox"/> Dependable | <input type="checkbox"/> Introvert | <input type="checkbox"/> Punctual | <input type="checkbox"/> Subdued |
| <input type="checkbox"/> Easily discouraged | <input type="checkbox"/> Lazy | <input type="checkbox"/> Quick-tempered | <input type="checkbox"/> Tactful |
| <input type="checkbox"/> Enthusiastic | <input type="checkbox"/> Loves details | <input type="checkbox"/> Reliable | <input type="checkbox"/> Trustworthy |
| <input type="checkbox"/> Extrovert | <input type="checkbox"/> Low self-esteem | <input type="checkbox"/> Reserved | <input type="checkbox"/> Visionary |
| <input type="checkbox"/> Flexible | <input type="checkbox"/> Mature | <input type="checkbox"/> Restrained | <input type="checkbox"/> Workaholic |
| <input type="checkbox"/> Friendly | <input type="checkbox"/> Moody | <input type="checkbox"/> Rigid | |
| | | <input type="checkbox"/> Sensitive | |

14. **Instructions:** Please circle in each row the characteristic(s) that describes the applicant.
 Leave blank if you have not observed.

PERSONAL RELATIONSHIPS				
a. Family	Healthy & Supportive	Healthy but not supportive	Dysfunctional but supportive	Dysfunctional & not supportive
b. Social	Very popular	Make friends easily	Slow to make friends	Generally avoided
c. Opposite Gender	Respectful	Outgoing	Loner	Flirtation

EMOTIONAL MATURITY				
d. Response to pressure	Copes well	Adapts slowly	Dominates Situation	Withdraws socially
e. Self-Assurance	Assertive	Confident	Apprehensive	Insecure

WORK HABITS				
f. Self-Starter	Knows exactly what to do	If assigned tasks will complete them	Needs constant supervision	Doesn't complete job with supervision
g. Relationship with co-workers	Has respect of co-workers	Liked by co-workers	Tolerated by co-workers	Has no contact with co-workers
h. Relationship with supervisor	Great Relationship	Does what is expected of him/her	Has to be constantly reminded of responsibilities	Doesn't have any kind of a relationship.
i. Work Ethics	Reliable	Honest/Trustworthy	Bends rules	Undependable

LEADERSHIP ABILITIES				
j. Communication skills	Able to express ideas clearly and motivates	Is willing to speak if there is a need	Can't speak, only if it is the LAST option	Doesn't (or won't) communicate well
k. Team Worker	Team Leader	Enthusiastic Member	Supportive Member	Low-initiative follower
l. When conflict arises	Peacemaker	Confrontational	Withdrawal	Defensive / Critical

16. What position did the applicant start with at your company?
17. Would you recommend that we accept this applicant? <input type="checkbox"/> STRONGLY SO <input type="checkbox"/> YES <input type="checkbox"/> QUESTIONABLE <input type="checkbox"/> NO
18. What additional comments do you have that would be helpful in assessing if the applicant should or should not be considered for a position with Mexican Medical Ministries?

Please suggest two other people that are not related to the applicant that could be contacted to fill out a reference form for the applicant.

NAME _____	Relationship to Applicant _____
Address _____	City _____ Zip Code _____
Phone Number _____	Email _____

NAME _____	Relationship to Applicant _____
Address _____	City _____ Zip Code _____
Phone Number _____	Email _____

When finished filling out the form please mail it to:
 Mexican Medical Ministries
 Missionary Care & Development Department
 7850 Lester Ave.
 Lemon, Grove, CA 91945

Thank you for filling out this reference form

Signature _____ Date _____

MEDICAL INFORMATION (Pages 1 & 2 to be filled by Applicant)	
Applicant's Name	Today's Date

GENERAL MEDICAL INFORMATION

Please check the line that describes your health.
 _____ Excellent; _____ Good; _____ Okay; _____ Poor

Do you have a chronic (long-lasting or persistent) medical condition that requires treatment or medication?	Yes	No
-------------------------------------------------------------------------------------------------------------	-----	----

If yes, please have your physician send a summary of your treatment that includes the following:

- Condition being treated
- Type of medication
- Physician's address and phone number

ALLERGIES	No	Yes	If yes, please give specific details.
Drugs			
Pollen			
Food			
Insect			
Other			

HOSPITALIZATION	Have you ever been hospitalized?	Yes	No
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If more than two times please use other paper.

If yes, please give:	Date of hospitalization:
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Reason for hospitalization

If yes, please give:	Date of hospitalization:
----------------------	--------------------------

Reason for hospitalization

Applicant's Name	Today's Date
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HEALTH ISSUES

In the boxes below list any known health issue(s) and the medication you are taking for that health issue. Make copies for additional children and/or health information.

Health Issue	Medication
Health Issue	Medication

Minor's Child Name:	Age:	Gender:
<ul style="list-style-type: none"> Please check the line that describes their health. <input type="checkbox"/> Excellent; <input type="checkbox"/> Good; <input type="checkbox"/> Okay; <input type="checkbox"/> Poor 	Health Issue	

Minor's Child Name:	Age:	Gender:
<ul style="list-style-type: none"> Please check the line that describes their health. <input type="checkbox"/> Excellent; <input type="checkbox"/> Good; <input type="checkbox"/> Okay; <input type="checkbox"/> Poor 	Health Issue	

Minor's Child Name:	Age:	Gender:
<ul style="list-style-type: none"> Please check the line that describes their health. <input type="checkbox"/> Excellent; <input type="checkbox"/> Good; <input type="checkbox"/> Okay; <input type="checkbox"/> Poor 	Health Issue	

MEDICATION	Are you currently taking medication?	Yes	No
If yes, please list the medical condition(s) and the medication(s) prescribe			
Condition	Medication		

MEDICAL INSURANCE INFORMATION

Insurance Company	Phone		
Address			
City	State/Prov	Zip/Postal Code	
Policy No.	Group No.	Identification No.	

Applicant's Name		Today's Date
(Pages 3 –5 to be filled out by Applicant's Healthcare Provider)		
Title	Name	Phone
Address		Email
City	State/Prov	Zip/Postal Code
Signature		
Verification of the Tuberculosis Screening		
1. Does the applicant have signs or symptoms of active tuberculosis? Yes No If Yes, what were the signs or symptoms?		
2. Tuberculin Skin Test:		
Date placed ____ / ____ / ____		Date read ____ / ____ / ____ (Must be within 48 - 72 hours)
Result _____ (Record actual mm of induration, transverse diameter. If no induration, record as "0 mm.")		
Interpretation: (based on mm of induration as well as risk factors) <input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE		
If YES , proceed with additional evaluation to exclude active tuberculosis, including Mantoux skin test, chest x-ray, sputum evaluation, and medication as indicated.		
3. Chest X-Ray: (Required if PPD skin test is positive or applicant has a history of previous positive tuberculin skin test.)		
Date of chest x-ray ____ / ____ / ____		
Result: <input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORMAL – Abnormal must include copy of the chest x-ray report in English and signed by a physician.		
Treatment – Type of treatment with anti-tubercular drugs: Length of Treatment:		
<input type="checkbox"/> Treatment declined;		

Applicant's Name	Today's Date
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CERTIFICATE OF IMMUNIZATIONS

1. MEASLES, MUMPS, RUBELLA. Required for applicants born in 1957 or later.

MMR (Measles, Mumps, Rubella)
 _____ 2 doses with the first dose at 12 months or later _____ and
 _____ Day/Month/Year
 The second dose at least 28 days after the first dose _____ OR
 _____ Day/Month/Year
 _____ Laboratory/serologic evidence of immunity

OR Measles
 _____ 2 doses with the first dose at 12 months or later _____ and
 _____ Day/Month/Year
 The second dose at least 28 days after the first dose _____ OR
 _____ Day/Month/Year
 _____ Laboratory/serologic evidence of immunity

AND Mumps
 _____ 1 dose at 12 months or later OR
 _____ Laboratory/serologic evidence of immunity

AND Rubella
 _____ 1 dose at 12 months or later OR
 _____ Laboratory/serologic evidence of immunity

OR _____ **Exemption** – I was born before 1957 and therefore am exempt

2. TETANUS-DIPHTHERIA – Td booster in the last ten years or primary series with DTaP, DTP or TD

_____ 1 TD booster dose within the last ten years prior to matriculation _____
 _____ Day/MO/YR
 _____ Completion of primary series (DTaP, DTP or TD) within the last ten years prior
 to matriculation _____
 _____ Day/MO/YR

3. VARICELLA – Either a history of chicken pox, a positive Varicella antibody, or two doses of vaccine given at least one month apart if immunized after age 13

_____ History of disease; Dates: _____
OR _____ Laboratory/serologic evidence of immunity
OR _____ 1 dose given at 12 months or later but before the applicant's 13th birthday
OR _____ 2 doses (dose 1 given after the applicant's 13th birthday, dose 2 given at least one month after dose 1)

Applicant's Name			Today's Date	
4. HEPATITIS B – 3 doses of vaccine or a positive hepatitis surface antibody				
√		Day/Month/Year	Day/Month/Year	Day/Month/Year
	3 doses of Hepatitis B			
OR	3 doses combined HepA/HepB series			
OR	2 doses Hepatitis B series of Recombivax			N.A.
OR	Laboratory/serologic evidence of immunity or prior infection			
5. TYPHOID – 4 capsule 2 days a part. Booster needed every 5 years				
Cap 1 – Date:		Cap 2 – Date:		Cap 4 – Date:
6. OTHER IMMUNIZATIONS				
Date				
Date				
Date				
7. EXEMPTION				
Check	This applicant is exempt from the above immunization(s) on grounds of permanent medical contraindication.			
Check	This applicant is temporarily exempt from the above immunizations until Month ____ / Day ____ / Year ____			