



P.O. Box 870
 Southfield, MI 48037
 www.cehguinea.org

Compassion Evangelical Hospital

Preliminary Information for missionary service to CEH

This is NOT an application and in no way obligates you to CEH. The information you provide will assist us in helping you explore missionary service. Please email this to Debbie Slater at ddsvslater@gmail.com or print and mail to the post office box address show above.

NAME, ADDRESS AND FAMILY

Full Name: _____
 Date of Birth: _____ Birthplace: _____ Citizenship: _____
 Present Address: _____ Permanent Address: _____

 Occupation: _____
 Phone (Home): _____ Phone (Cell): _____
 Email: _____
 Marital Status: (check all that apply)
 Single _____ Engaged _____ (to whom: _____) Married _____ Separated _____
 Widowed _____ Wedding Date _____ Spouse's Name _____
 Have you ever been divorced? _____
 Children's names and ages: _____

YOUR CURRENT INTEREST:

Summer Service _____ Short Term (2 years or less) _____ Long Term (over 2 years) _____ Other _____
 How did you come to know about CEH? _____
 Date available for service _____
 Preferred focus of ministry _____
 Have you or your spouse applied for or worked with any other mission agency? _____
 Explain: _____

CHRISTIAN EXPERIENCE

Name of the church you attend _____ City _____ State _____

Phone _____ Pastors full name _____

Are you a member? _____ How long? _____ Church Affiliation _____

Have you shared your mission interest with your pastor or mission committee? _____

List the types of Christian Service in which you and your spouse have been involved: _____

Describe how you and your spouse came to know the Lord Jesus Christ: _____

I have read and agree with CEH Doctrinal Statement. Yes ___ No ___ Spouse: Yes ___ No ___

I have read and agree with Covenant of Service Yes ___ No ___ Spouse: Yes ___ No ___

EDUCATION AND PREPARATION - SELF

Please list your education received, including Bible training.

High school graduation date: _____

Post High school

1. Institution: _____ Dates attended: _____ Major: _____

Degree: _____ Graduation Date: _____

2. Institution: _____ Dates attended: _____ Major: _____

Degree: _____ Graduation Date: _____

3. Institution: _____ Dates attended: _____ Major: _____

Degree: _____ Graduation Date: _____

Do you hold any certification? Teacher ___ TEFL ___ Nurse ___ Doctor ___ Pastor ___ Other ___

EDUCATION AND PREPARATION - SPOUSE

Please list your education received, including Bible training.

High school graduation date: _____

Post High school

1. Institution: _____ Dates attended: _____ Major: _____

Degree: _____ Graduation Date: _____

2. Institution: _____ Dates attended: _____ Major: _____

Degree: _____ Graduation Date: _____

3. Institution: _____ Dates attended: _____ Major: _____

Degree: _____ Graduation Date: _____

Do you hold any certification? Teacher ___ TEFL ___ Nurse ___ Doctor ___ Pastor ___ Other ___

Signature _____ Date _____

Spouse Signature _____ Date _____