



Check List

Please include check list when submitting all required documents.

Missionary: _____ Country: _____

Date: _____ Phone Number: _____ Email: _____

	✓	Notes
Preliminary Application Form	<input type="checkbox"/>	_____
• Letter from Pastor of Sending Church Attached	<input type="checkbox"/>	_____
• Read Policy Statement and Instructions for Missionary Applicants	<input type="checkbox"/>	_____
• Copy of the Applicant's Doctrinal Statement Attached	<input type="checkbox"/>	_____
• Copy of the Home/Sending Church's Doctrinal Statement Attached	<input type="checkbox"/>	_____
• Signed by Applicant	<input type="checkbox"/>	_____
Missionary Questionnaire	<input type="checkbox"/>	_____
• Medical Report Attached (provided by family doctor)	<input type="checkbox"/>	_____
• Credit History Attached (provided by Equifax in Canada)	<input type="checkbox"/>	_____
• Police Background Check Attached (provided by local police)	<input type="checkbox"/>	_____
• Signed by Applicant and Spouse	<input type="checkbox"/>	_____
Missions Service Agreement	<input type="checkbox"/>	_____
• Signed and Initialed by Applicant	<input type="checkbox"/>	_____
• Signed and Initialed by Sending Church	<input type="checkbox"/>	_____
Emergency Policy	<input type="checkbox"/>	_____
• Direction of Temporary Guardianship for Minor Children Attached	<input type="checkbox"/>	_____
• Signed by Applicant and Spouse	<input type="checkbox"/>	_____
Bank Account Opened at the Access Credit Union	<input type="checkbox"/>	Account Number: _____
Copy of Medical Insurance Attached	<input type="checkbox"/>	_____
Copy of Life Insurance Attached	<input type="checkbox"/>	_____