

KMTI Short-Term Mission Teacher Information

The following information helps us determine how to proceed with your request to teach at KMTI. Please answer all questions as completely as possible. Your information will be held in the strictest confidence. PLEASE PRINT CLEARLY!

PLEASE TELL US ABOUT YOURSELF:

Title: Mr. Mrs. Ms. Rev. Dr. or _____ Name _____

Address _____ City _____ State _____ ZIP _____

Office # _____ Home # _____ Cell # _____

Best time to call _____ E-mail address _____

Are you an ordained minister? _____ Church affiliation with: _____

Do you consider yourself to be a born-again Christian? _____ When and where did you accept the Lord:

_____ Educational Background: _____

Vocational Background: _____

Ministry Background: _____

Family Background/Marital Status: _____

Medical Conditions: _____

Is this your first mission trip? _____ Yes _____ No If no, list other mission trips taken: _____

PLEASE TELL US ABOUT YOUR TEACHING MINISTRY:

What is your major area of expertise? What do you prefer to teach? _____

Where and when did you last teach this series? _____

How often do you speak each year? _____

PLEASE LIST THREE REFERENCES WE MAY CONTACT (one of them must be your pastor or overseer).

1) _____

2) _____

3) _____

MAIL OR FAX THIS PAGE TO:

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