



American Mission Teams - International Affiliate School

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Personal Data Information - Foreign Field

This will be confidential information for AMT/IAS. Please include a recent photograph of yourself. This form is to be filled out by any additional satellite/affiliate schools added by the person requesting a school.

Name: _____ Date: _____
LAST FIRST MIDDLE

Address: _____
Street City State Zip

E-mail address: _____

Phone #: _____ Age: _____ Date of Birth: _____

Are you licensed for ministry? Yes No Ordained? Yes No

If yes, who are you licensed with? _____
(Name of the organization)

EDUCATIONAL BACKGROUND			
Level	Name and Address of School	Grad Date	Degree Status
HIGH SCHOOL			
COLLEGE			
OTHER			
OTHER			

Circle the highest grade you have completed in your education:

Grade School 1 2 3 4 5 6 7 8 High School 9 10 11 12
 College 1 2 3 4 5 Graduate School 1 2 3 4

MINISTRY AND WORK BACKGROUND (Enter present or most recent dates first).

From Mo/Yr	To Mo/Yr	Ministry or Area of Work	Location	Work Description

Signature _____ Date _____

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