

Sparrows Gate Mission Training Profile Request

The following information will help us get to know more about you and pray about the prospect of your participation in our two week mission training program in Central Oregon that is presented several times a year. The cost of \$750 per person includes food, lodging and course books. Partial scholarships may be available.

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ E-mail _____

Age _____ Sex _____ Married _____ Single _____

Physical Limitations _____

Medications needed _____

Formal Education _____

Other courses or training _____

Interests and or hobbies _____

Talents _____

Skills _____

Experience _____

Leadership experience (if any) _____

Job history. Please provide company/employer names, dates of employment, names of direct supervisors and descriptions of your duties in the past.

Please share ideas about how you might serve poor children abroad and possible term of service.

Personal Testimony _____

How long have you been walking with the Lord? _____

Any struggles along the way you wish to share _____

Favorite Bible Verse _____

Church Name _____

Pastor's Name _____

Church

E-mail _____ Phone _____

Please mail or scan 2 letters of recommendation and your photo to:

Sparrows Gate Mission

P.O. Box 3676

La Pine, Oregon 97739

or sparrowsgm@hotmail.com