

WORLD WITNESS
Associate Reformed Presbyterian Synod
One Cleveland St., Suite 220
Greenville, SC 29601
864/233.5226 (O)
www.WorldWitness.org



Preliminary Information Form
Medical Doctor or Nurse

I. General Information:

- Full Name: _____
- Age: _____
- Current Address: _____
- Telephone: _____
- E-mail: _____

II. Medical Information:

- Undergraduate Degree, University name, University address, degree obtained, year completed, contact person:

- Medical Degree, University name, address, degree obtained, year completed, contact person:

- Specialty training if applicable:

- Current Medical license's:

- Current work position:

- Work history for past 10 years if applicable:

Please submit in English and provide English translation of all documents. Submit copy of diplomas, licenses and advance training or CME certificates.

III. Background

A. Testimony of how you became a Christian (please use separate page if needed):

B. Church Membership _____

C. Ministry Experience (Please list volunteer or paid ministry experience for last 10 years)

1.

2.

3.

IV. References

A. Pastor's name, address, email address, and phone number:

B. Friend/business associate: _____

C. Current Employer/Program Chairman: _____

V. Additional Information

Please write a brief description as follows:

How did you come to know about the Christian Hospital in Sahiwal, Pakistan?

Why you are interested in serving there?

When can you start and for how long?

What is your view of your giftedness and call to missions?

What is the attitude of your family concerning you heading overseas?

Is there any other information you believe would be helpful for World Witness to know?

VI. Please read and sign the release form attached and return it with this information.

Thank you,

Rev. John H. Hopkins
Director of Pastoral Care & Candidate Ministry
johnh@worldwitness.org