

U.S. MAPS MISSIONARY ASSOCIATE REQUEST FORM

Thank you for your interest in adding a U.S. MAPS missionary associate (MA) or a summer associate to your team! The information you provide on this form will help us best match an associate to your needs. When completed, please e-mail this form to usmaps@ag.org, fax to (417) 863–7276, or mail to U.S. MAPS, 1445 N. Boonville Avenue, Springfield, Missouri 65802.

POSITION INFORMATION This information is for the person to whom the associate will be assigned.							
Supervisor's name							
Church/ministry name							
Address							
City	State	Zip					
Primary phone	Secondary pho	Secondary phone					
E-mail	Fax						
ASSOCIATE INFORMATION							
What does your ideal MA look like?							
When do you need him/her?							
How many associates are you looking to add to your team							
Single female Single male	e Couples						
Describe the school available for children (if applicable)							
Is a language other than English required?							
If yes, please list.							
How fluent should the associate speak, read, or write in the language(s)?							

allowed to raise funds from friends, family, and his/her home your MA, there may be a delay in the start date for the
volved in.
stry
Intercultural/ethnic ministry
School/institution
Teen Challenge Center

Requi	red Skills						
	Administration	Graphic design					
	Audio/visual	House parenting					
	Bookkeeping	Librarian					
	Children's ministry	Maintenance					
	Clerical	Music					
	Coding/programming	Nursing	RN	LPN	Aide		
	Construction	Prison work					
	Cook/housekeeping	Sign language					
	Editing/writing	Teaching					
	Evangelism	Youth ministr	r y				
Clothing/customs unique to your local church, community, or people group the associate needs to be aware of.							
On behalf of the church/ministry requesting a U.S. MAPS missionary associate, we agree to support the U.S. MAPS department with a donation of \$25 a month for each missionary associate (one- to two-year assignment) placed into our ministry.							
Name	•						
	Print name of pastor/ministry making request						
Signa	ture						
Date							
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U.S. MAPS SCREENING COMMITTEE USE ONLY

Request approved? Yes No

Name

Date