Resource Institute for International Education

REGISTRY OF EDUCATIONAL PROFESSIONALS

APPLICATION

Name: _____

Area/s of Educational Expertise: _____

_____

Date of Birth: _____ S.S. /ID Number: _____

Please place a recent photo of yourself here.

(You may send it electronically)

Church of the Nazarene
6401 The Paseo - Kansas City, MO 64131
(816) 333-7000
missioncorps@nazarene.org

PERSONAL PROFILE

Please PRINT in BLACK INK

Title: _____ Full Name: _____ Today's Date: _____

Address: _____

City: _____ State/Area: _____ Zip _____ Country: _____

Home Phone: _____ Work Phone: _____
(Include Country Code) (Include Country Code)

Cell Phone: _____ E-mail address: _____
(Include Country Code)

Marital Status: _____ Spouse's Name: _____

CHURCH INFORMATION

Name of Local Church Attended: _____

Church Address: _____

Denomination: _____ Pastor's Name: _____

Church Phone: _____ Church E-mail: _____
(Include Country Code)

Place an "**X**" by the specializations in which you will be prepared to serve.

	Accounting, Business & Economics		Institutional Finance and Budgeting
	Alumni Relations		Library Sciences
	Art & Design		Literature & Journalism
	Athletics & Kinesiology		Mathematics & Computer Science
	Biology		Modern Languages
	Board Development		Music
	Chemistry		Nursing Education
	Communication & Theatre		Philosophy
	Education		Physics & Engineering
	Education Administration		Psychology & Counseling
	Education Foundations & Philosophy		**Religion**
	Educational Research		Biblical Studies
	Learning, Teaching Methodologies		Church History
	Curriculum Development		Ethics
	Instructional Technology		Missiology
	Faculty Development		Practics
	Family & Consumer Sciences		Theology
	History & Political Science		Sociology & Social Work
	Institutional Development		Other

List the languages in which you can communicate: _____ Fluent _____ Survival

_____ Fluent _____ Survival

_____ Fluent _____ Survival

What cross-cultural experiences have you had within and outside of your homeland? _____

_____

_____

Dates of Availability: _____

Select the length of assignment you will consider. ____ 3 months ____ 6 months ____ 1 year

Other: _____

ADDITIONAL INFORMATION

Please PRINT in BLACK INK

EDUCATIONAL BACKGROUND and EXPERIENCE

1. Please list below a record of your Post-Secondary educational and technical training:

Name and Location Address	Date From / To	Degree Earned
	/	
	/	
	/	
	/	

2. Education Experience (Teaching, Administration, Management, etc.)

Institution	Address	Years
		/
		/
		/
		/
		/

Place an "**X**" by all capacities in which you have served the church:

	Ministry	Description		Ministry	Description
	Adult			Teacher	
	Board Member			Youth	
	Children			Lay Minister	
	Evangelism			Other	
	Clergy				
	Music				

I am available to serve as an on-line consultant: Yes ____ No ____

TRAVEL INFORMATION

Do you have a valid passport? □ Yes □ No Country of Issue: _____

Passport #_____ Date issued: _____

Place issued: _____ Expiration Date: _____

Please comment on how you can best contribute to the missional and educational efforts of the Church of the Nazarene: _____

_____

_____

Does your spouse share your interest? _____

REFERENCES

Please give the names, e-mails and complete addresses of three to four persons who may be contacted and can provide references who. Include your pastor, current employer, and at least one colleague:

Name	Occupation	Complete Address
1.		
E-mail:		
2.		
E-mail:		
3.		
E-mail:		
4.		
E-mail:		
5.		
E-mail:		
6.		
E-mail:		

Name Signed: _____ DATE: _____

Name Printed: _____

Church of the Nazarene
6401 The Paseo Kansas City, MO 64131-1213
(816) 333-7000 ext.2322
Fax (816) 363-3100
missioncorps@nazarene.org