



MISSIONARY APPLICATION

PLEASE CHECK ONE OF THE FOLLOWING:
Short Term (1 week - 3 months)
Internship (3 months - 12 months)
First Term Missionary Service (2 years or longer)

PERSONAL AND FAMILY INFORMATION

Mr. Mrs. Miss
Ms. Title: Full Legal Name Preferred Name
Current Address City, State Zip
Good until: Upon return from your mission experience can we reach you at this address?
Address City, State Zip
Home Phone Cell Phone
Email Address Social Security #
Date of Birth Birth City & Country Citizenship
Do you have a current US passport?

MARITAL STATUS:

Single Engaged Married
Name of Spouse Spouse's Date of Birth
Name and Birth Dates of Children
Separated Divorced Widowed
(Please explain the circumstances of your divorce or separation on a separate sheet of paper.)

EDUCATION:

High School College Graduate School
Name of School Graduation Date
Name of School Graduation Date
Degrees Earned Major/Areas of Study
If you have had formal Bible training, please state number of semester hours:

MEDICAL INFORMATION

Do you have any medical issues that would prevent you from serving overseas? If yes, please explain.

EMPLOYMENT HISTORY

Present / Most Recent Employer _____ Phone Number _____

Address _____ City, State Zip _____

Position(s) Held _____ Main Responsibilities _____

Employment dates: Starting _____ Ending _____ Supervisor _____

May We Contact? Yes No Supervisor phone / email _____

If not, please explain why: _____ Reason for Leaving _____

May we call you at work? Yes No Work Phone _____

Have you ever worked under a different name for any of the employers listed in your previous answer? If yes, please state all such names:

GENERAL INFORMATION

How did you hear about International Teams? _____

Have you ever served with us before? Yes No

If yes, when, and what location? _____

Is there an International Teams person who has been working with you through this process so far? _____

Is anyone from your church currently serving with International Teams? Yes No

If so, who? _____ Where? _____

How will you fund this missions experience? Using personal funds Raising support Both

If you are unable to raise the financial support, will you have the means to pay for it yourself? Yes No

Are you in debt? Yes No What kind of debt? _____ How much? _____

MINISTRY SPECIFICS

How long do you anticipate serving? _____ Anticipated Dates _____

Do you have a ministry location preference? 1. _____ 2. _____

Are you open to serving in another location? Yes No

Comments _____

Briefly describe any overseas travel or cross-cultural experiences you have had. _____

Please describe the type of ministry you desire. _____

List any specific skills or gifts that you may be able to use in ministry (music, art, drama, sports, youth work, teaching, evangelism, etc.) _____

Why do you want to join International Teams? _____

List any languages you know (other than English) and describe your verbal ability in each.

Language _____ Beginner Understand some Able to respond Advanced Fluent
Language _____ Beginner Understand some Able to respond Advanced Fluent
Language _____ Beginner Understand some Able to respond Advanced Fluent

What do you feel are your three greatest strengths? What do you feel are your three greatest weaknesses?
1. _____ 1. _____
2. _____ 2. _____
3. _____ 3. _____

Is there any additional information about yourself or your view of missions you would like to share? _____

CHRISTIAN LIFE INFORMATION

Name of Home Church _____ Denomination/Affiliation _____
Do you believe this church will commission you? Yes No Attended how long? _____
Address _____ City, State, Zip _____
Phone _____ Fax _____ E-mail _____ Website _____
Pastor's Name _____ Other Church Contact Person _____

Church contact email address _____ Church website address _____

What ministries have you been involved in at your church or other ministry organizations?

Have you ever applied to another Christian organization? Yes No
If so, which one? _____
What was the result? _____

What are your spiritual gifts, and how have you used them? _____

What previous experience have you had working in a team environment? _____

How do you see yourself being most useful as a team member? _____

What is the response of your church leadership in regard to this mission opportunity?

Enthusiastic Favorable Not Supportive Unsure Have not discussed it yet

Comments _____

Are you comfortable sharing your faith openly with others? _____

What experience have you had in discipling new Christians? _____

Briefly answer the following questions on a separate sheet of paper. Answer question number five only if you are applying for an internship (3 – 12 months) or long-term missionary service:

1. Describe your spiritual journey, including your relationship with Christ.
2. Why do you want to do missions?
3. How do you anticipate God might use this experience in your life?
4. Explain your understanding of how a person receives eternal life through Jesus Christ.
5. a.) Describe your family relationships as you were growing up. How they might influence the way you would relate to others in a team situation. b.) Briefly describe your father's and your mother's personality and primary characteristics. Who do you most resemble and why.
6. Are there any other factors not reflected in this application that you feel International Teams should be aware of in evaluating your application?

STATEMENT OF FAITH

We believe in one God, eternally existing in three Persons: Father, Son and Holy Spirit.

We believe that Jesus Christ was conceived by the Holy Spirit, was born of the Virgin Mary, was true God and true man existing in one person and was without sin. We believe in His representative and substitutionary sacrifice, His bodily resurrection, His ascension to the Father, His present life as Lord of all, High Priest and Advocate, and His personal return in power and glory.

We believe that the Holy Spirit indwells and gives life to believers, enables them to understand and apply the Scriptures, empowers them for bold living, and equips them for service and witness.

We believe that the Scriptures of the Old and New Testaments are the inspired Word of God, without error in the original documents, fully trustworthy, and the final authority in all matters of Christian faith and life.

We believe that each member of the human race is fallen, sinful and lost; that the shed blood of Jesus Christ provides the only ground for forgiveness of sins and justification to all who receive Him by faith; and that only through regeneration by the Holy Spirit can we become children of God.

We believe the one, holy, universal Church is the Body of Christ, composed of all regenerate people. This redeemed community worships God and seeks to proclaim the Good News to all people.

We believe in the bodily resurrection of the just and the unjust, the everlasting blessedness of the saved, and the everlasting punishment of the lost.

Do you agree with the International Teams statement of faith? Yes No

If no, please discuss any areas with which you disagree or need clarification on.

STATEMENTS OF PHILOSOPHY

We are a nondenominational Christian, evangelical ministry embracing a wide range of backgrounds and styles.

We identify with the lostness of the world. We ourselves are utterly lost apart from the grace of Jesus.

Expressive worship of the living God is humanity's highest calling and ultimate end. We do it with joy, as often as we can.

God is both dangerous and good. Following him is a risk-taking adventure dependent on a miraculous God.

We are relational and strategic, living among those we serve.

We believe the Church is God's agent to reach the world. Really. Therefore, we are profoundly committed to the local church in its mission.

There are no marginalized people in God's Kingdom. Never is the gospel of reconciliation more clearly demonstrated than when hearts of hatred are turned to love.

We believe in people coming from everywhere, going to everywhere. Missions belongs to the whole world.

We want to be there before and long after the big campaign rolls through town. We will build long and deep.

Faith is more than a decision. The call to "follow me" means transformed people building transforming communities.

Fail Forward! Continued improvement is better than postponed perfection.

What do you think? In a general way, how do you react to these statements?

UNDERSTANDING

I know that if accepted, I will be expected to abide by the policies / guidelines of International Teams. I understand that this is an application for missionary service and that acceptance is not a guarantee.

I hereby authorized International Teams to contact the references listed herein to obtain information that will be helpful in understanding who I am and my past work performance. I further hereby release all references from any liability for information provided in good faith.

I hereby affirm, by signing, that all of the information provided and all of my answers to the foregoing questions are true and complete. I understand that any misrepresentation or omission may be grounds for rejection, or, if accepted, it could later result in dismissal from the organization.



Applicant Signature _____

Date _____

SEND THE APPLICATION MATERIALS AND FEE TO:

International Teams
HR Coordinator
411 West River Road
Elgin, Illinois 60123-1570
Phone 847-429-0900
Fax 847-429-0800
Email: pat.tucker@iteams.org

REFERENCES

Partnership with your sending church is a vital part of your mission experience. To assist us in evaluating your application, we need three references from people who know you well. Please provide us the names and contact information of appropriate individuals (non-relatives). We suggest that you inform these people that we will be asking them to provide information to us.

WAIVER OPTIONS

Under Federal law you are given the right to inspect your records and references. However, if you choose to waive this right, it may permit those giving references to be more objective and candid in their responses.

Please check one option and sign

- I expressly waive my right** to personally examine references and file material solicited in connection with this application.
- I do not agree to waive my right** to personally examine references and file material solicited in connection with this application.



Your signature _____ Date ____ / ____ / ____

Reference #1: Pastor/Church Leader (person in position of spiritual authority)

Name _____ Position _____ How long known? _____

Email Address _____

Address _____ City, State Zip _____

Day Phone _____ Evening Phone _____ Fax _____

Reference #2: Employer or Co-Worker

Name _____ Relationship _____ How long known? _____

Email Address _____

Address _____ City, State Zip _____

Day Phone _____ Evening Phone _____ Fax _____

Reference #3: Friend/Non Family Member

Name _____ Relationship _____ How long known? _____

Email Address _____

Address _____ City, State Zip _____

Day Phone _____ Evening Phone _____ Fax _____

ADP Screening and Selection Services offers this form as a service to our clients. Please feel free to copy this form for your own use. This document is compliant with the requirements of the FCRA in its original format. However, if you chose to modify this document, ADP cannot guarantee it will remain compliant with all federal and state regulations. Please have any modifications reviewed by competent legal counsel.

**Disclosure to Employment/Volunteer Applicant
Regarding Procurement of a Consumer Report**

In connection with your application for employment, we may procure a consumer report on you as part of the process of considering your candidacy as an employee. In the event that information from the report is utilized in whole or in part in making an adverse decision with regard to your potential employment, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the law.

Please be advised that we may also obtain an investigative report including information as to your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your previous employers or references supplied by you. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested. Such disclosure will be made to you within 5 days of the date on which we receive the request from you or within 5 days of the time the report was first requested.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will find these rights in the "Summary of Your Rights under the Fair Credit Reporting Act" document.

By your signature below, you hereby authorize us to obtain a consumer report or investigative consumer report about you in order to consider you for employment.

This report will be processed by:
ADP Screening and Selection Services
301 Remington Street
Fort Collins, Colorado 80524
800-367-5933

Applicant's Name: _____
(Please Print)

Applicant's Address: _____

City/State/Zip: _____

Signature: _____

Social Security Number: _____

GIVE COPY WITH SUMMARY OF RIGHTS TO APPLICANT. RETAIN A COPY FOR YOUR FILES.

ADP Screening and Selection Services offers this form as a service to our clients. Please feel free to copy this form for your own use. This document is compliant with the requirements of the FCRA in its original format. However, if you chose to modify this document, ADP cannot guarantee it will remain compliant with all federal and state regulations. Please have any modifications reviewed by competent legal counsel.

Release Authorization

Applicant Complete the Following

I. In connection with my application for employment, I understand that a consumer report or an investigative consumer report may be requested that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment. I understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my: workers' compensation injuries, driving record, court record, education, credentials, credit, and references. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

II. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a Consumer Reporting Agency. If so, I will be notified and given the name and address of the agency or the source that provided the information.

III. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies including the Minnesota Department of Labor.

IV. Minnesota, Oklahoma and California applicants only. If you want a copy of the report(s) ordered. Check this box . The report(s) will be sent by the reporting agency to you at the address below. The reports will be processed by: ADP Screening and Selection Services, 301 Remington Street, Fort Collins, Colorado 80524.

V. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by International Teams or its agent, to furnish the information described in Section 1.

VI. I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer to International Teams. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released by my previous employer, is limited to the following DOT-regulated items: alcohol tests with a result of 0.04 or higher, verified positive drug tests, refusals to be tested, other violations of DOT agency drug and alcohol testing regulations, information obtained from previous employers of a drug and alcohol rule violation and any documentation of completion of the return-to-duty process following a rule violation.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above mentioned information or reports.

Please print your full name LAST FIRST MIDDLE

Please print other names you have used

Home Address

City State Zip Code

Social Security Number Date of Birth

The following states require sex and race to obtain information: AL, AR, FL, GA, IA, IL, IN, MI, OR, SC, TX, WI

Sex: Male Female Race: Asian Black Hispanic White Other

Driver's License Number State Issuing License

Name as it appears on license

Signature Today's Date