



# Missionary Application Form

## Survey

How did you hear about LCMI? (Check all that apply)

- Website
- LCMI Missionary – Name(s) \_\_\_\_\_
- LCMI Literature
- Church – Name \_\_\_\_\_
- School – Name \_\_\_\_\_
- Other \_\_\_\_\_

How did you receive this application?

- Website
- LCMI Missionary – Name(s) \_\_\_\_\_
- LCMI Mobilizer – Name \_\_\_\_\_
- Church - Name \_\_\_\_\_
- LCMI Office
- School – Name \_\_\_\_\_
- Other \_\_\_\_\_

## Instructions

- Husband and wife must fill out a separate application.
- Type or print carefully.
- Additional sheets are needed in responding to some of the questions. Please attach them to the application with identification of the corresponding number. Put your name in the upper right-hand corner.
- Please enclose a \$100 US application fee. Make check payable to : LCMI
- Be sure to sign the Doctrinal Statement, Policy Issues, and the Consent Form.
- If you have any questions, please phone, write, or email using contact information on the last page of the application.

## PERSONAL PROFILE

1. Name \_\_\_\_\_  
                        first  middle  last

If you have ever used a different name, please list it here.

\_\_\_\_\_   
                        First  middle  last

2. Social Security Number \_\_\_\_\_ Canadian S.I.N. \_\_\_\_\_

3. Permanent Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Present Address: (If different from your Permanent Address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home phone work phone email id

4. Have you ever been divorced? Yes No

5. Occupation \_\_\_\_\_

## MINISTRY

1. Please list special skills you possess (Ex. Music, writing, computer, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What degree of experience have you had in sharing your faith with unbelievers?      Much      Some  
None

Please explain \_\_\_\_\_

3. Have you led anyone to the Lord?      Yes      No      Please explain \_\_\_\_\_  
\_\_\_\_\_

4a. specify your most significant Christian service activities and give description.

1. \_\_\_\_\_  
                Dates                          Church / Agency                          Type of Ministry                          Age Group(s)

\_\_\_\_\_

Description

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2. \_\_\_\_\_  
 Dates Church / Agency Type of Ministry Age Group(s)

Description

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3. \_\_\_\_\_  
 Dates Church / Agency Type of Ministry Age Group(s)

Description

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4b. Specify your most recent cross-cultural experiences.

1. \_\_\_\_\_  
 Country Dates Church/Agency Type of Ministry

Description

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2. \_\_\_\_\_  
 Country Dates Church/Agency Type of Ministry

Description

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5. Spiritual Gifts: Please list your spiritual gifts and give an example of how each gift has influenced others.

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**LOCAL CHURCH**

1. Church in which you are actively involved: \_\_\_\_\_ How long? \_\_\_\_\_

Are you a member of this church? Yes No

If you have been involved in this church for less than two years, please give the name of the previous church in which you were actively involved. \_\_\_\_\_ How long? \_\_\_\_\_

Have you been baptized since becoming believer? Yes No

**SPRITUAL DEVELOPMENT - PERSONAL**

1. Please respond to each of the following items on separate sheets of paper. (Write concisely and give scripture verses)

- a. Write your autobiography including the circumstances and date of your conversion and subsequent spiritual growth. (Approximately 1-2 pages)
- b. Describe your Bible study and prayer life.
- c. Describe the process by which you have learned the content of the Bible. (Ex. Formal Bible education, correspondence courses, teaching, etc.)
- d. Describe your understanding of the use of the sign gifts today (Tongues, healing etc.)
- e. List your three greatest strengths and your three greatest weaknesses.
- f. Explain your concept of the primary objective of Christian missions.
- g. Describe your personal motive in applying for missionary service.
- h. Briefly describe how you would present the Gospel to a 10-year-old child.
- i. Describe a specific example of how you have discipled someone

**EDUCATION**

1. Are you currently a student in a post-secondary academic institution? Yes No.  
If yes, please indicate your **major** \_\_\_\_\_ and your anticipated **date of graduation**. \_\_\_\_\_.

2. Summarize your post-secondary education: College / university, Bible Institute, Seminary, and/or special schools:

<u>Schools</u>	<u>Dates Attended</u>	<u>Major</u>	<u>Graduation Date</u>	<u>Degree/Certificate</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

3. Foreign Languages spoken and proficiency: \_\_\_\_\_ Understand Read Write Speak  
 \_\_\_\_\_ Understand Read Write Speak

**ADDITIONAL INFORMATION**

- 1. Financial Debt: \$ \_\_\_\_\_ How soon can it be eliminated? \_\_\_\_\_
- 2. Is this a student debt? Yes No

- 3. Do you have a budget (a spending plan)? Yes No
- 4. What is your view on tithing? \_\_\_\_\_
- 5. Have you ever applied to or been a member of any other mission organization? Yes No

Please explain \_\_\_\_\_

- 6. Please respond to the following items on a separate sheet of paper and give scripture verses where needed:
  - a. Special belief systems: Mormons, Jehovah Witness, psychic or witchcraft
  - b. Worship preference
  - c. Attitudes towards marriage
  - d. Attitudes towards opposite sex
  - e. Attitude towards pornography

### CRIMINAL RECORD

- 1. Have you ever been convicted of child abuse? Yes No
  - 2. Have you ever been convicted of any offense other than minor traffic violations? Yes No
- If yes, please provide details of the conviction (date, type of conviction, how it was resolved, etc.).

\_\_\_\_\_

A conviction will not automatically disqualify candidates. Seriousness of the crime and date of conviction will be considered.

<b>REFERENCES</b>
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Standard reference forms will be sent to the persons you designate. Your personal note or telephone call to the appropriate individual informing him or her that a reference form will be mailed from us can be helpful. Please give complete name, address, and zip code. Give the phone number and e-mail address, if known. Please type or print clearly in dark ink.

### CHRISTIAN MINISTRY

- A. **Pastor of the church** in which you are actively involved:

Pastor's Name \_\_\_\_\_  
Church Name \_\_\_\_\_  
Church Address \_\_\_\_\_  
                                Street  City                        State                Zip/Code  
Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

If you have been involved for less than two years, please give the information of the previous church in which you were actively involved.





Name and Complete Address of Immediate Supervisor

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Street	City	State	Zip/Code
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Approximate Dates Employed (Month and Year): From \_\_\_\_\_ To \_\_\_\_\_

Job Title \_\_\_\_\_

Give a summary of your job description \_\_\_\_\_

Reason for leaving \_\_\_\_\_

**B. PRIOR EMPLOYER TO PRESENT OR MOST RECENT**

May we contact this person now?    Yes    No

Name and Complete Address of Company

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Street	City	State	Zip/Code
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Name and Complete Address of Immediate Supervisor

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Street	City	State	Zip/Code
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Approximate Dates Employed (Month and Year): From \_\_\_\_\_ To \_\_\_\_\_

Job Title \_\_\_\_\_

Give a summary of your job description \_\_\_\_\_

Reason for leaving \_\_\_\_\_



CONSENT FORM

I have read and fully understand all questions requested in this application. I certify that all answers given by me are true, accurate, and complete. I understand that the completion and/or execution of this application do not assure me a position, nor does it obligate the organization or me in any way. I fully understand that the omission and/or misrepresentation of facts requested may be cause for immediate dismissal without prior notice.

I authorize the organization to request and obtain information concerning my previous employment and to contact the references listed herein and I release each person from liability for providing this information to LCMI. I also authorize LCMI to conduct a criminal history file check by name and identifiers to determine the existence of any arrest resulting in my conviction. I further authorize LCMI to conduct a psychological test and reviewed by an outside administrator.

I understand that information concerning my references and background check will be treated in a confidential manner and only those individuals with a legitimate need to know will have access to this information. If accepted for service, I agree to abide by all rules and regulations of LCMI.

I confirm that I have read, understood, and agree to the above.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

## DOCTRINAL STATEMENT

1. We believe in the plenary inspiration of the Old and New Testaments, and hold them to be the very word of God. **Yes No**
2. We believe in the Triune God; Father, Son, and the Holy Spirit. **Yes No**
3. We believe in the Deity and virgin birth of the Lord Jesus Christ, his substitutionary atonement for sin, His bodily resurrection, and His personal, visible return to earth to reign in righteousness and glory. **Yes No**
4. We believe in the person of the Holy Spirit and His work of conviction, regeneration and sanctification, Who indwells every believer. **Yes No**
5. We believe that man was created in the image of God, but that he sinned and thereby incurred not only physical death, but also spiritual death which is eternal separation from God; and that each human being is born with a sinful nature and cannot by his own efforts please God. **Yes No**
6. We believe in the necessity of the New Birth, in Salvation by Faith in Jesus Christ alone, and in the importance of a life committed to the Will of God in Christ. **Yes No**

## SPECIAL POLICES ISSUES

1. LCMI's sexual conduct policy specifies that missionaries hold to a high standard of sexual behavior. Homosexual activity is unacceptable, heterosexual union is reserved for marriage and sexual abuse and harassment will not be tolerated.
2. While we affirm that God, in His sovereignty, can bestow the gift of tongues whenever He pleases, LCMI considers that the present use of tongues is not in keeping with our understanding of the Word of God. It is the source of considerable division within the body of Christ. For these reasons, all those who desire to serve with LCMI shall agree to refrain from practicing or promoting tongues.

Please sign if you are in agreement with Doctrinal Statement and Polices Issues of LCMI as stated above:

Signature \_\_\_\_\_ Date \_\_\_\_\_

If you cannot in good conscience sign the Doctrinal Statement and Special Policy Issues of LCMI as stated above or you want to clarify an issue, please explain on a separate sheet of paper.

# Contact Information

Life Change Ministries International, Inc.  
P.O.Box 187  
Ephrata, PA 17522

Phone: 717-336-5437

Email: [sdalavai@lcmintl.org](mailto:sdalavai@lcmintl.org)

Web: [www.lcmintl.org](http://www.lcmintl.org)