



## LIFE GIVERS INTERNATIONAL MINISTRIES

**I Have Come That You Might Have Life -Jesus**

Dear Ministry Partner:

We appreciate your interest to come under the covering of Life Givers International Ministries, Inc (LGIM). This application is designed to provide our ministry with your personal information necessary to operate under our non-profit organization. It is our hope that this packet will clarify questions as you consider networking with LGIM.

The Executive Directors of LGIM have been involved in various positions in ministry over the past 35 years. Their desire to lead missionary teams into nations and provide leadership and support to both short and long term missionaries is part of their passion and vision. To share the life changing presence of Jesus across the globe to the lost, discouraged and poor is the focus of LGIM and drives our ministry to participate in various methods of spreading the Good News.

LGIM operates with a dual focus: (1) to equip, host and lead mission teams to the nations in a variety of helps and services (2) to help those who are called fulltime to the mission field, like you, to fulfill God's call on your life by providing the benefits of a non-profit organization.

Whether that call involves evangelism, church planting, teaching and leadership development, medical missions, education, construction, support, and helps ministries, or just going to the field to serve under another ministry, LGIM desires to assist you in being successful to the God-given call on your life.

With your interest of coming under an accountability covering like LGIM, we ask you to read through the packet, complete the application in its entirety, and return it back to us. In addition, we ask you to familiarize yourself with our ministry in its entirety by viewing our web site [www.LifeGivers.org](http://www.LifeGivers.org). You may contact [Brenda@LifeGivers.org](mailto:Brenda@LifeGivers.org) or [Lou@LifeGivers.org](mailto:Lou@LifeGivers.org) should you have questions or need clarification.

Blessings to you as we serve together to fulfill the Great Commission!

All for Jesus and His Kingdom,

Tom and Brenda Jones

Executive Directors, Life Givers International Ministries, Inc.

**Executive Directors**

Tom E. Jones  
Brenda B. Jones

**Treasurer**

Lou A. Clark

**Secretary**

Lisa J. Hamsher

# Application

## For Missionary Service

Name: \_\_\_\_\_

Date: \_\_\_\_\_

### Instructions

1. Complete This Form entirely (**one application per person**).
2. Attach any pertinent documents and explanations (as requested herein).
3. Attach a **current photograph** of yourself on the next page.
4. Include a **\$25.00 non-refundable application fee for each application**.
5. Keep a copy of the application for your files.



**Photo:**

Please attach a current  
photo of yourself

**B. Marital Status**

1. Check one

- Single
- Engaged to be married
- Married
- Separated
- Divorced
- Widowed

2. If married

a. Name of spouse \_\_\_\_\_

b. Date of wedding \_\_\_\_\_

c. Were you ever married before?       Yes       No

d. Were you ever divorced?             Yes       No

e. Do you have a former spouse living?     Yes       No

f. Is there any disagreement between you and your spouse as to your calling?                                     Yes       No

Note: if you are divorced or separated, or if your answer to c, d, e or f above is yes, include a full explanation on a separate piece of paper.

3. If engaged:

a. When do you expect to marry? \_\_\_\_\_

b. Your fiancée/fiancé

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

### C. Family Information

1. Names and birth dates of Children. Going to the field?
- |    |       |     |       |     |       |                          |     |                          |    |
|----|-------|-----|-------|-----|-------|--------------------------|-----|--------------------------|----|
| a. | _____ | M/F | _____ | DOB | _____ | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| b. | _____ | M/F | _____ | DOB | _____ | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| c. | _____ | M/F | _____ | DOB | _____ | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| d. | _____ | M/F | _____ | DOB | _____ | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| e. | _____ | M/F | _____ | DOB | _____ | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| f. | _____ | M/F | _____ | DOB | _____ | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

2. Are you or spouse expecting a child?  Yes  No  
If so, when is the baby due?? \_\_\_\_\_

3. Applicant's Father. Living?  Yes  No  
Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_

4. Applicant's Mother. Living?  Yes  No

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

5. Please list any health problems in your children or parents which are serious or chronic.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Problem: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Problem: \_\_\_\_\_

6. Is there any domestic or family relationship that may interfere with your going to the field, or that may cause an untimely return?  Yes  No

If yes, explain: \_\_\_\_\_

7. In case of emergency, person to notify in the USA

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

8. If applicable, is your family (spouse and children) in agreement with your objectives?  Yes  No

If no, please explain: \_\_\_\_\_

9. If applicable, what are your plans for the education of your children while you are on the field?

#### **D. Medical Information**

1. Sex \_\_\_\_\_ Age \_\_\_\_\_

2. Is your present health good?  Yes  No  
If not, give details \_\_\_\_\_

3. Do you have any physical disability?  Yes  No  
If yes, please explain \_\_\_\_\_

4. Have you ever been treated, or are you now under treatment, for a nervous, mental, or emotional disorder?  Yes  No  
If yes, explain \_\_\_\_\_

5. Are you presently under any medication?  Yes  No  
If yes, what? \_\_\_\_\_

6. List Allergies \_\_\_\_\_

7. Have you ever or do you currently use any of the following:  
Alcohol  Yes  No If yes, when: \_\_\_\_\_  
Tobacco  Yes  No If yes, when: \_\_\_\_\_  
Narcotics  Yes  No If yes, when: \_\_\_\_\_

8. Are there any other medical related issues that LGIM should be aware of in processing your application?  Yes  No

9. Do you have financial responsibility for health care of your parents?  
 Yes  No

### **E. Financial Information**

1. Do you own a vehicle?  Yes  No  
List the year, make and model: \_\_\_\_\_

2. Do you own a home?  Yes  No  
If yes, what are your plans for it while on the field?

3. Do you have cash available in bank accounts, etc. for emergency purposes?  
 Yes  No If yes, how much? \_\_\_\_\_

4. Are you in debt?  
If yes, list your indebtedness (companies, organizations, or individuals). Use extra paper if necessary.

_____	Amount \$	_____
_____	Amount \$	_____
_____	Amount \$	_____
_____	Amount \$	_____
Total monthly payments on your debts	\$	_____

5. When will you be debt free? \_\_\_\_\_  
(This is a pre-requisite for approval to depart on the field)

6. Is your credit rating:  
 Excellent  Good  Fair  Poor  Don't know  
If poor, please explain why and what are you doing to improve your credit rating:

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

7. Have you ever declared bankruptcy?  Yes  No  
If yes, explain:

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



8. Are you currently in debt to or involved in litigation with the IRS?  
 Yes  No      If yes, explain \_\_\_\_\_
9. Do you expect to have financial responsibilities for parents, grown children, or other relatives?  Yes  No  
 If yes, explain \_\_\_\_\_
10. Besides support you will raise, do you have any sources of income (such as investments, retirement, etc) that will continue?  Yes  No  
 If yes, explain sources and amounts  
 \_\_\_\_\_ Amount \$ \_\_\_\_\_  
 \_\_\_\_\_ Amount \$ \_\_\_\_\_  
 \_\_\_\_\_ Amount \$ \_\_\_\_\_
11. Do you now have a current will or trust for your estate?  Yes  No
12. Have you appointed a legal guardian for your children?  
 Yes  No  Not applicable
13. Do you have life insurance?  Yes  No  
 If yes, with whom and how much?  
 \_\_\_\_\_ \$ \_\_\_\_\_
14. Do you have medical insurance?  Yes  No  
 a. If yes, with whom? \_\_\_\_\_  
 b. Monthly premium \_\_\_\_\_  
 c. Who's covered with you? \_\_\_\_\_  
 d. Do you plan to continue with this coverage on the field?  Yes  No
15. Have you obtained or do you plan to try to request exemption from Social Security? *(Available only to newly ordained ministers who are USA citizens)*  
 Yes  No

If exempt, how do you plan to compensate for Social Security?

16. LGIM takes a tithe to all contributions given to you and your ministry as a LGIM missionary. Are you willing to release this tithe to LGIM as part of your spiritual covering in order to assist with LGIM's administrative expenses?

Yes       No

17. Will you faithfully abide by LGIM's and IRS requirements to provide a monthly financial statement giving an account of all money received and spent?

Yes       No

18. Have you released Power of attorney to someone?       Yes       No

If yes, who did you release it to? \_\_\_\_\_

If not, are you willing to do so?       Yes       No

19. As you enter missions' ministry, are you prepared to live within your means and to trust God to supply all your needs?       Yes       No

Explain briefly how you have prepared yourself for living by faith:

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## F. Education Information

1. Did you graduate from High School?       Yes       No

If yes, name of school, city, state \_\_\_\_\_

If not, indicate the grade attained \_\_\_\_\_

2. List other education (besides Bible School) and degrees you have. *(Include the school name, address, degree, etc. Use a separate sheet if necessary)*

_____	Year _____
_____	Year _____
_____	Year _____
_____	Year _____

Attach to this application a certificate, diploma or transcriptions for the highest formal education you have received.

3. Are you currently in school?  Yes  No  
When do you intend to finish? \_\_\_\_\_ What is your educational goal?

\_\_\_\_\_

4. Do you have a formal Bible or ministry training?  Yes  No  
List school or ministry name and the course(s) of study and/or degrees you have earned:

_____	Year _____
_____	Year _____
_____	Year _____
_____	Year _____

5. Are you willing to take Bible courses or other training courses if LGIM recommends it?  Yes  No

6. List any “on-the –job” ministry training or experience you have.

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

7. List any other special trades, skills and hobbies (i.e. bookkeeping, mechanics, computer, music, etc.) that you have.

\_\_\_\_\_

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8. Do you speak any other language, besides English?  Yes  No  
Language \_\_\_\_\_ How fluently? \_\_\_\_\_  
Language \_\_\_\_\_ How fluently? \_\_\_\_\_
9. If necessary for your area of service, are you willing to apply yourself diligently to language study?  Yes  No  
If not, explain \_\_\_\_\_
10. Have you served in the military?  Yes  No  
If yes, what classification \_\_\_\_\_ Year \_\_\_\_\_

### **G. Spiritual and Personal Life Information**

1. Are you born again in accordance to John 3:3, 5, and 7?  Yes  No  
When? \_\_\_\_\_
2. Have you been baptized by immersion in water?  Yes  No  
When? \_\_\_\_\_
3. Have you received the empowerment of the Holy Spirit (Holy Spirit Baptism)?  
 Yes  No  
If not, are you open to His initial and ongoing infilling?  Yes  No
4. Do you have a prayer language (tongues)?  Yes  No  
If not, are you open to receive and use this gift?  Yes  No
5. Describe your personal devotional habits. If you have a family, also describe how you participate in devotions together.

Bible reading or study

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Prayer

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6. Describe your church affiliation and attendance habits

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7. In what ways have you helped others to accept Christ as their Savior?

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8. Are you willing to give up any personal habit that might reduce your credibility or is not keeping with LGIM policy?  Yes  No

9. Is your temperament such that you can easily adapt yourself to new and strange conditions of life?  Yes  No

## H. Church Information

1. Are you an active member of a local church?  Yes  No

Provide contact information.

Senior Pastor \_\_\_\_\_

Associate Pastor \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

FAX \_\_\_\_\_  
E-mail/website \_\_\_\_\_

2. How long have you been a member of this church? \_\_\_\_\_

3. Have you ever walked away from your faith?  Yes  No

How long ago? \_\_\_\_\_

For how long? \_\_\_\_\_

4. Are you ordained?  Yes  No Licensed to Minister?  Yes  No

If yes, when? \_\_\_\_\_

By what organization? \_\_\_\_\_

As a career missionary LGIM recommends you to be ordained before you go on the field. LGIM suggests you pursue ordination inquiry first through your home church or fellowship of ministers. If this is not possible, LGIM can discuss alternate options with you after you are approved for missionary service.

5. Have you ever had credentials revoked?  Yes  No

If yes, what were the circumstances?

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

## I. Your Call to Missionary Service and Commitment to Life Givers International Ministries, Inc.

*On a separate sheet of paper, tell us about the following:*

1. Write your testimony

- ✓ A brief explanation of how and when you came to know Jesus Christ as your Savior.
- ✓ A brief explanation of your walk with the Lord in recent times (personal, ministry, etc)
- ✓ A brief explanation of your ministry experience (if any) and call to missions.

2. Write your vision for missionary service

- ✓ Explain in detail, your vision to serve in the mission field. Include details about the country you want to serve in, the people with whom you plan to work, how you came to know them , how long you envision being on the field, your particular gifts and interests in ministry, any job assignment that you expect to have, and your hopes and vision for missionary ministry.
- ✓ If you are undecided or uncertain about any of these things, and are seeking direction from God and LGIM, please let us know (we can help you through the process and assist you in finding a suitable assignment when you are ready).

3. How long have you been considering missionary service?

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4. Why do you want to affiliate with Life Givers International Ministries, Inc?

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5. Is it your intention to enter into missions, God willing?

- Yes                       No                       Uncertain

If not, explain your plans for missionary service

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6. Are you willing to work cooperatively with other Christians who do not have the same doctrinal view point, but who agree to LGIM's statement of faith?

- Yes                       No

If not, explain \_\_\_\_\_

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7. Will you be loyal and submissive to those who are over you in the Lord?

Yes       No

8. Are you willing to cooperate with the decisions of leaders and/or of the majority in a ministry setting (i.e. are you willing to work with a team)?

Yes       No

9. Have you ever had an experience where the majority of your superior was contrary to your judgment?  Yes       No

If so, describe the situation and what you did \_\_\_\_\_

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

10. Have you thoroughly read the LGIM Policy Manual and can confidently say you agree to its contents?  Yes       No

11. Will you do your utmost to keep and promote peace among those with whom you labor?  Yes       No

12. If at any time you cannot or will not conduct your life according to the terms set forth by Life Givers International Ministries, Inc., will you willingly and peacefully withdraw as a missionary of this fellowship?

Yes       No

13. If at any time the Directors, the Board of LGIM, or others over you in the Lord feel that your conduct is in error, will you willingly appear before them at their request?  Yes       No

14. Are you willing to endure hardship, inconvenience, to make sacrifices, travel, and endure sickness and even death, if necessary, for the fulfillment of



Christ's command to preach the Gospel to every creature?

Yes  No

## J. Work Resume

**Please write a job history including your past three places of employment.**

1. Employer \_\_\_\_\_  
Supervisor \_\_\_\_\_ Position \_\_\_\_\_  
Dates with the company? \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
Description of your job responsibilities and skills \_\_\_\_\_

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

2. Employer \_\_\_\_\_  
Supervisor \_\_\_\_\_ Position \_\_\_\_\_  
Dates with the company? \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
Description of your job responsibilities and skills \_\_\_\_\_

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

3. Employer \_\_\_\_\_

Supervisor \_\_\_\_\_ Position \_\_\_\_\_

Dates with the company? \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Description of your job responsibilities and skills \_\_\_\_\_

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

Note: You may use any of your employers as references. If you prefer that we not contact any of the above, state which one(s).

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

If we should not use your present employer as a reference now, when may we do so? \_\_\_\_\_

## K. References

**Provide 3 personal references, if possible from the following categories: (1) pastor, (2) teacher, (3) friend.**

1. Name \_\_\_\_\_ Category \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_

E-mail \_\_\_\_\_

2. Name \_\_\_\_\_ Category \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_

E-mail \_\_\_\_\_

3. Name \_\_\_\_\_ Category \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_

E-mail \_\_\_\_\_

## L. Signatures

I have trusted in the Lord Jesus Christ as my personal Savior and believe I have been made a new creation in Him.

I have prayed about this step of joining fellowship with the missionaries and staff of Life Givers International Ministries, Inc., and feel, to the best of my understanding, that this is God's will for me at this time in my life.

By God's grace, I shall apply myself to missionary service in such a way as to fulfill the commission to which I have been called. I shall cheerfully submit myself to the direction and discipline of Life Givers International Ministries, Inc. and seek to obey those over me in the Lord.

Signature \_\_\_\_\_

Print name \_\_\_\_\_

Date \_\_\_\_\_