



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. You may contact Brenda@LifeGivers.org or 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.

6. Send all original and all other documents to:

Life Givers International Ministries, Inc.
3968 Willow Bend Trail NW
Cleveland, TN 37312

After receipt of Application Life Givers International Ministries, Inc. will:

1. Review the application and contact references.
2. Present the application to the Life Givers International Ministries, Inc. Board of Directors for official approval.
3. Contact you by telephone or e-mail.

Please allow at least 8-12 weeks for approval process.

A. Personal information

1. Full name _____
 First Middle Last
2. Home Address _____
 Street Apt. #

 City State Zip
3. Telephone work (____) _____ home (____) _____
4. E-mail address _____
5. Date of Birth _____
6. Place of birth _____
7. Citizenship (nationality) _____
8. Do you have a passport yes ____ no ____

(If so please attach a colored copy of your passport)

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:

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.

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

Prayer

6. Describe your church affiliation and attendance habits

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

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?

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

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

- Yes No Uncertain

If not, explain your plans for missionary service

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 _____

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 _____