

AFFIX  
PHOTO  
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# New Life Ministries International Church Multiplication Center

## APPLICATION FOR (FOREIGN) CHURCH PLANTER

### PERSONAL INFORMATION

Name \_\_\_\_\_  
Last First Middle Maiden Name (if applicable)

Foreign Address \_\_\_\_\_  
Number and Street or P.O. Box

City State Zip Country

Name & Address of your Contact Person is U.S. \_\_\_\_\_  
Number and Street or P.O. Box

City State Zip

Home Phone ( ) Cell Phone ( ) Fax ( )

Email Address \_\_\_\_\_ This is a good way to reach me:  Y  N  
I check my email:  Daily  Weekly  Monthly

Gender:  Male  Female Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Country of Citizenship \_\_\_\_\_ Country of Birth \_\_\_\_\_  
If a non-U.S. citizen, indicate your visa status:  Resident Alien  Refugee  M1  R1  B1  F1  Other \_\_\_\_\_

Check One:  Single  Married  Divorced  Widowed  Separated

### Family Information (if married):

Spouse's Name \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Country of Citizenship \_\_\_\_\_ Country of Birth \_\_\_\_\_  
If a non-U.S. citizen, indicate your visa status:  Resident Alien  Refugee  M1  R1  B1  F1  Other \_\_\_\_\_

Is spouse in agreement with and in support of your decision?  Y  N

Wedding Anniversary: \_\_\_\_/\_\_\_\_/\_\_\_\_ Children?  Y  N If yes, give names, genders, and ages.

Name \_\_\_\_\_  M  F Age \_\_\_\_\_ Name \_\_\_\_\_  M  F Age \_\_\_\_\_  
Name \_\_\_\_\_  M  F Age \_\_\_\_\_ Name \_\_\_\_\_  M  F Age \_\_\_\_\_

### PERSONAL PROFILE

Church you attend \_\_\_\_\_ Pastor \_\_\_\_\_

Address \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_

### References

List the name, complete application, and telephone number of your Pastor and two other references who can verify your Godly character and confirm your call as a church planter.

**Pastor:** Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Address \_\_\_\_\_

**Reference #1:** Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Address \_\_\_\_\_

**Reference #2:** Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Address \_\_\_\_\_

Ask each reference to complete a Personal Reference form (included with this application) and have them mail it to ATTN: Church Multiplication Center, New Life Ministries International, 1244 Thompkins Lane, Virginia Beach, VA 23464.

# New Life Ministries International Church Multiplication Center

## PERSONAL PROFILE

Name \_\_\_\_\_

### Education

What is your highest level of Education?    High School    Bachelors    Masters/Professional    Doctorate

HIGH SCHOOL:	Concentration	Year Graduated

COLLEGE:	Major	Degree	Year

### Employment History (List 3)

Company Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_      Contact Person \_\_\_\_\_      Years Employed \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_      Contact Person \_\_\_\_\_      Years Employed \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_      Contact Person \_\_\_\_\_      Years Employed \_\_\_\_\_

### Health

Describe your overall health \_\_\_\_\_

Do you have any specific health or medical concerns?    Yes    No

Describe these concerns. \_\_\_\_\_

\_\_\_\_\_

When was your last physical? Date \_\_\_\_\_ . Results of that physical. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe your normal exercise routine. \_\_\_\_\_  
\_\_\_\_\_

Describe how you practice Sabbath Rest in your life. \_\_\_\_\_  
\_\_\_\_\_

When was your last Sabbath Rest Retreat? Date/Years Ago \_\_\_\_\_

Have you ever experienced “burn out”? Yes No Date \_\_\_\_\_

Do you suffer from any mental health conditions? Yes No

If yes, describe your mental health issue. \_\_\_\_\_  
\_\_\_\_\_

Do you take medication for your condition? Yes No

### **Spiritual Life**

Salvation experience: Date or when \_\_\_\_\_

Describe your salvation experience: \_\_\_\_\_  
\_\_\_\_\_

Water Baptism: Date \_\_\_\_\_ Describe your Water Baptism experience: \_\_\_\_\_  
\_\_\_\_\_

Holy Spirit Baptism: Date \_\_\_\_\_ Describe your Holy Spirit Baptism experience: \_\_\_\_\_  
\_\_\_\_\_

Describe your personal devotional life: \_\_\_\_\_  
\_\_\_\_\_

Describe how you practice the Spiritual disciplines in your Life.

- Prayer \_\_\_\_\_
- Fasting \_\_\_\_\_
- Social Justice \_\_\_\_\_
- Sabbath Rest \_\_\_\_\_

Describe your giving history or belief (tithing, alms, missions, etc): \_\_\_\_\_  
\_\_\_\_\_

### **Family Life**

Describe your family life: \_\_\_\_\_  
\_\_\_\_\_

Rate the condition of your marriage:    Vibrant    Good    OK    Fair    Needs help

Tell why you rated your marriage this way: \_\_\_\_\_  
\_\_\_\_\_

Describe your relationship with your children: \_\_\_\_\_  
\_\_\_\_\_

How is your relationship with extended family: \_\_\_\_\_  
\_\_\_\_\_

Your Family: \_\_\_\_\_  
\_\_\_\_\_

Your Spouse's Family: \_\_\_\_\_  
\_\_\_\_\_

**Ministry**

Describe your current philosophy of ministry: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe 3 ministry experiences and roles. Need dates and lines.

- Date: \_\_\_\_\_ Experience: \_\_\_\_\_  
\_\_\_\_\_
  
- Date: \_\_\_\_\_ Experience: \_\_\_\_\_  
\_\_\_\_\_
  
- Date: \_\_\_\_\_ Experience: \_\_\_\_\_  
\_\_\_\_\_

Have you ever planted a church before?    Yes    No

Describe your church planting experience and their success or failure.

- Location: \_\_\_\_\_  
Date of planting: \_\_\_\_\_ Experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- Location: \_\_\_\_\_  
Date of planting: \_\_\_\_\_ Experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you built something from the ground up other than planting a church?    Yes    No

Describe for us what you built from the ground up.

• Location: \_\_\_\_\_  
Date of planting: \_\_\_\_\_ Experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

• Location: \_\_\_\_\_  
Date of planting: \_\_\_\_\_ Experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List three people you have personally developed. Describe how you developed them and what they are currently doing.

• Name \_\_\_\_\_ Phone \_\_\_\_\_  
Date: \_\_\_\_\_ Experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

• Name \_\_\_\_\_ Phone \_\_\_\_\_  
Date: \_\_\_\_\_ Experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

• Name \_\_\_\_\_ Phone \_\_\_\_\_  
Date: \_\_\_\_\_ Experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe what you are currently doing to connect with the unchurched: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe 3 experiences of working as part of a team and the roles you played in the team dynamics:

- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How do you handle difficult people and situations? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your small group experience? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In your opinion, was your small group experience successful?  Yes  No

What would you have done differently? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you participated in foreign missions ministry of any kind?  Yes  No

Briefly describe your role and experience: \_\_\_\_\_  
\_\_\_\_\_

What do you plan to do for income while your church is being established? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Prayer Shield**

Do you have a prayer shield currently?  Yes  No

List 5 people and their phone numbers who are praying for you on a regular basis.

- Name \_\_\_\_\_ Phone \_\_\_\_\_
- Name \_\_\_\_\_ Phone \_\_\_\_\_
- Name \_\_\_\_\_ Phone \_\_\_\_\_
- Name \_\_\_\_\_ Phone \_\_\_\_\_
- Name \_\_\_\_\_ Phone \_\_\_\_\_

### **Skills and Talents**

Please list 5 skills and talents that you and others observe that you possess or exhibit.

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Ministry**

Please attach a copy of your vision & Mission statement, your goals, objectives & strategies.

Name of Sponsoring Network and/or Sponsoring Organization \_\_\_\_\_

Address \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone # \_\_\_\_\_

E-mail address \_\_\_\_\_ Fax # \_\_\_\_\_

Your position within this group \_\_\_\_\_

How long have you been in full-time ministry? \_\_\_\_\_

What is the length of your ministry commitment? \_\_\_\_\_

**Financial**

Please attach a copy of your itemized budget.

What is your total monthly budget ? \_\_\_\_\_

Are you responsible for raising all of your support? \_\_\_\_\_

If no, explain the source of other funds and percentages of total need: \_\_\_\_\_

Do you have any outstanding financial obligations or debts? (e.g.: home, auto, loans, credit cards, etc.) \_\_\_\_\_

If yes, what is the total monthly financial obligation? \_\_\_\_\_

Name of network or sponsoring organization where your funds should be sent \_\_\_\_\_

Address \_\_\_\_\_

Tax Id # \_\_\_\_\_ Contact person: \_\_\_\_\_

What led you to seek support from New Life? \_\_\_\_\_

\_\_\_\_\_

What are your special ministry needs? \_\_\_\_\_

## Passport Information

Please list Name EXACTLY as it appears on the passports.

Your Name \_\_\_\_\_ Passport # \_\_\_\_\_

Agency Issuing Passport \_\_\_\_\_ Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

Spouses Name \_\_\_\_\_ Passport # \_\_\_\_\_

Agency Issuing Passport \_\_\_\_\_ Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Passport # \_\_\_\_\_

Agency Issuing Passport \_\_\_\_\_ Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Passport # \_\_\_\_\_

Agency Issuing Passport \_\_\_\_\_ Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Passport # \_\_\_\_\_

Agency Issuing Passport \_\_\_\_\_ Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Passport # \_\_\_\_\_

Agency Issuing Passport \_\_\_\_\_ Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

# New Life Ministries International Church Multiplication Center

## RECOMMENDATION

Date \_\_\_\_\_

Applicant's Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

The above named is applying for admission to the Church Multiplication Center. Serious consideration will be given to your comments. We appreciate your assistance in this matter and will keep any information you supply in strict confidence. Thank you.

1. How long have you known the applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_

2. How well do you know him/her? (Check one)

Very well, pastoral relationship

Fairly well, numerous personal contacts

Casually, few personal contacts

By name/sight

3. To what extent is the applicant engaged in the activities of your church? (Check one)

Enthusiastic, deeply involved

Cooperative, usually willing to help

Seldom participates, although regular attends

Attends irregularly, shows little interest

4. How would you describe the applicant's calling and passion concerning ministry? \_\_\_\_\_

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5. What position do you see this person fulfilling? \_\_\_\_\_

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6. What is the applicant's background and experience in ministry? \_\_\_\_\_

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7. If the applicant is married, how would you define the couples marital relationship? \_\_\_\_\_

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8. Additional comments: \_\_\_\_\_

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9. How would you describe the applicant's influence on his/her peers?  Positive  Neutral  Negative

