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New Life Ministries International Church Multiplication Center

APPLICATION FOR CHURCH PLANTER

PERSONAL INFORMATION

Name _____
Last First Middle Maiden Name (if applicable)

Present Address _____
Number and Street or P.O. Box

City State Zip Country (if not U.S.)

Permanent Address _____
 Check Box if same as above Number and Street or P.O. Box

City State Zip Country (if not U.S.)

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.

- _____
- _____
- _____
- _____
- _____

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 regularly attends

Attends irregularly, shows little interest

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

5. What position do you see this person fulfilling? _____

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

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

8. Additional comments: _____

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

