

IMPACT MINISTRIES INTERNATIONAL

Application for a Staff or Intern Position

GENERAL:

Name _____

Current Street Address _____ Apt # _____

City _____ State _____ Zip _____

Home Phone () _____ Work Phone () _____

Permanent Address (if different from above) Street _____ Apt # _____

City _____ State _____ Zip _____

Home Phone () _____ Work Phone () _____

Cell Phone (____) _____ Date of Birth (m/d/y) _____

E-mail Address: _____

FAMILY:

Marital Status _____ Date of Marriage _____

Spouse's Name _____

Children's Names and dates of birth _____

If not married, do you have specific plans for marriage? _____

Father's name and address _____

Mother's name and address (if different) _____

CHRISTIAN FAITH:

Please give the date and place of your baptism (immersion) _____

Briefly describe your relationship with Jesus Christ _____

What is the name of the church that you attend? _____

Your minister's name and phone _____ () _____

Are you a member? _____ Do you attend regularly? _____

How are you serving others in your church? _____

Have you been ordained? _____ By whom? _____

EMPLOYMENT:

Present Employer _____

What is your job? _____

How long have you been with this employer? _____

How long do you plan on working for this employer? _____

FINANCES:

Are you in debt? _____ How much is your debt? _____

What is the reason for your debt? _____

What are your plans to liquidate your indebtedness? _____

Have you been through a financial planning seminar or program? _____

If so which one? _____

Have you ever raised financial support? _____

If so, for what? _____

EDUCATION:

High School	City and State	Year Graduated

College	Years Attended	Year Graduated	Major

Graduate School	Years Attended	Year Graduated	Major

Special Training	Kind	Years

Languages Studied? _____

MINISTRY:

Have you been on any mission trips?

Where	When	What Organization

Have you been involved in a campus ministry?

Where	When	What Organization

PERSONAL EVALUATION:

Please complete the following statements.

My teaching /discipling ability is _____

My greatest anxiety is _____

My contribution to a ministry team would be _____

I think that some of my strengths are _____

I think that some of my weaknesses are _____

I want to be in ministry because _____

Of all the spiritual disciplines (i.e. prayer, Bible study, memorization, etc.) I believe that I am the strongest in _____

I believe that God has gifted me in _____

The idea of asking people to financially support me so that I can do ministry makes me feel

When it comes to ministry, I am most out of my comfort zone when it comes to _____

REFERENCES:

Each applicant is to provide the names and addresses of four references. Please include a minister as one of your references.

1. Name _____ Phone () _____
Address _____
Occupation _____
2. Name _____ Phone () _____
Address _____
Occupation _____
3. Name _____ Phone () _____
Address _____
Occupation _____
4. Name _____ Phone () _____
Address _____
Occupation _____

Your signature on this application indicated that you waive the right to the information contained in the Personal Reference Forms we receive from your references.

STAFF EXPECTATIONS:

Do you agree to work in harmony with Impact's Core Values and with Impact's Definition of Success? _____

Do you agree with Impact's Doctrinal Statement? _____

Signature _____ Date _____

Please note: If accepted, assessment & training may be required before doing ministry with Impact. Depending on the time and place of the training, there will be expenses associated with this.

MATERIALS TO BE RETURNED:

Send this application along with:

- _____ a completed personal reference form on you filled out by you
- _____ the medical history form
- _____ a drawing by you of a person (no stick figures), a house, and a tree on three separate sheets of paper in pencil
- _____ a photo of yourself or of your family if married
- _____ a short Narrative of where you see God leading you in your life
- _____ the screening procedure form

to:

**Dean Trune
4642 Arrowhead Road
Okemos, MI 48864-2062**

IMPACT MINISTRIES INTERNATIONAL

MEDICAL HISTORY FORM

Medical Conditions Requiring Treatment or Follow-up:

Surgeries _____

Psychological (including outpatient therapy) _____

Hospitalizations _____

Medications _____

Allergies (including drugs) _____

Habits:

Is there any current activity? If "Yes", explain. If "No", leave blank.

Tobacco _____

Alcohol _____

Drugs _____

Physical Disciplines:

Exercise _____

Sleep _____

Immunizations:

Up-to-date immunizations _____

Active Health Problems:

If current problems, list and explain. If none, leave blank.

Heart _____

Respiratory _____

High Blood Pressure _____

Stomach _____

Head _____

Back _____

Neck _____

Joints _____

Seizures _____

Fainting Spells _____

Sleeping Disorder _____

Other _____

Screening Procedure for Employees and Volunteers Working with Children

1. Have you at any time ever:

been arrested for any reason?	yes	no
been convicted of, or pleaded no contest to, any crime?	yes	no
engaged in any child molestation, exploitation, or abuse?	yes	no
been accused of any child molestation, exploitation, or abuse?	yes	no

2. Are you aware of:

having any traits or tendencies that could pose any threat to children?	yes	no
any reason why you should not work with children?	yes	no
ever being sexually abused as a child	yes	no

If the answer to any of these questions is "yes," please explain in detail:

I recognize that the organization to which this application is being submitted is relying on the information contained herein. Accordingly, I attest that all the information that I have provided is absolutely true and correct.

I agree to abide by all the policies and procedures of the organization, and to protect the health and safety of the children or youth at all times.

Printed Name: _____

Signature: _____ **Date:** _____

**IMPACT MINISTRIES INTERNATIONAL
PERSONAL REFERENCE FORM**

Thank you for helping Impact Ministries International and this applicant in this important process. The applicant has waived his/her right to view this reference from you. We appreciate your honesty and promptness.

Your Name _____ Daytime Phone () _____

Applicant's Name _____

1. How long have you known the applicant? _____

2. In what relationship? _____

3. What do you consider the applicant's outstanding strengths?

4. What do you consider the applicant's primary weakness?

Listed below are a number of personal characteristics, each represented by four boxes. Please make a check in the box that you feel best describes the applicant. Feel free to make any comments.

Characteristic	Poor	Fair	Good	Excellent	Comments
Health					
Appearance					
Spiritual Maturity					
Spiritual Stability					
Intellectual Capacity					
Resolving Conflict					
Patient with Others					
Patient with Self					
Leadership Ability					
Follows Instructions					
Responds to Authority					
Creative					
Responsible					
Perseverance					

Characteristic	Poor	Fair	Good	Excellent	Comments
Integrity					
Dependable					
Adaptable					
Flexible					
Does More Than Asked					
Ability to Teach					
Ability to Work on a Team					
Evangelistic					
Biblical Knowledge					

Please check one of the following statements.

_____ I strongly recommend that this applicant be invited to serve with Impact Ministries International.

_____ I recommend that this applicant be invited to serve with Impact Ministries International.

_____ I recommend, with some reservations, that this applicant be invited to serve with Impact Ministries International. Please explain: _____

_____ I do not recommend that this applicant be invited to serve with Impact Ministries International. Please explain: _____

How would you react if you found that this applicant was coming to work for you?

Please make any additional comments you think would be helpful in evaluating this applicant.

Date _____ Signature _____

Position or Vocation _____

Please complete and return this form at your earliest convenience to:

Dean Trune
4642 Arrowhead Road
Okemos, MI 48864-2062

Again, your honesty and promptness are greatly appreciated. Thank you!

For more information, questions, or comments call Dean Trune at 517-349-7783.