

Lazy Mountain Bible Church

Missionary Application

A. PERSONAL INFORMATION:

1. Name _____
(Last) (First) (Middle)
2. Present Mailing Address _____
3. City _____ State _____ Zip _____ Country _____
4. Home Phone _____ Daytime or Work Phone _____ Email: _____
5. Date of Birth _____
6. Married ____ Single ____ Divorced ____ Name of Spouse _____
7. Children _____ Attach Photo Here

Name(s)	Age

B. EDUCATION & EXPERIENCE:

1. High School: Graduate? Yes ____ No ____ Location: _____
2. College: How many years? _____ Degrees or certificates: _____
3. Describe Work Experience:
4. Christian Service Experience:
5. Other Qualifications:
6. List what you feel are your strengths:
7. List what you feel are possible weaknesses:

C. CHURCH CONSIDERED AS YOUR "HOME CHURCH"

1. Name _____
2. Street Address _____
3. City _____ State _____ Zip _____
4. Pastor's Name _____ Phone Number _____
5. How long have you been a member? _____

D. RELATIONSHIP TO LAZY MOUNTAIN BIBLE CHURCH

1. Circle your status:
a. CURRENT member b. PAST member c. REGULAR attendee d. OCCASSIONAL attendee e. NONE
2. If member or regular attendee, how long have you been coming to LMBC? _____ months
4. If you have never been a member or regular attendee, please describe your relationship with Lazy Mountain Bible Church:
5. All supported missionaries with Lazy Mountain Bible Church are required to agree with the following policies. After reading them thoroughly, if you are in agreement, please check each one separately:
Church Constitution ____ Teaching Position ____ Global Outreach Policy ____
Membership Covenant (need not be a member to receive support) ____

E. PLEASE WRITE A BRIEF PERSONAL TESTIMONY OF YOUR CONVERSION EXPERIENCE IN THE SPACE BELOW:

F. CURRENT OR PROPOSED MISSIONARY SERVICE

1. What is your current or proposed job description? (*What are/will be your main responsibilities or activities?*)
2. Are you now serving as a missionary? Yes ____ No ____
3. If yes, how long have you been serving? _____
4. Please check the type of missionary position: Career ____ Short-term (4+months) ____ Seasonal ____

5. Please list the dates of proposed service (from m/d/y to m/d/y): _____

6. Where is/will be the geographic location of your ministry (town or city name, state, country, region)?

7. Describe the *target* group of people you are/will be serving in terms of ethnicity, religion(s), languages(s), socioeconomic conditions, literacy, education, etc. (*Please be as specific as possible, e.g. "mothers of young children," "Muslim students from Algiers," T'boli tribal people living on XYZ island," etc. Also, if there are more than one target group, please estimate the percent of time you are or will spend with each group.*)

8. Please estimate the average percentage of time you anticipate spending **each month** (or seasonal experience) on the following activities.

_____ % Administration/Management

_____ % Church Planting

_____ % Medical/Public Health

_____ % Linguistics/Bible Translation

_____ % Discipleship/Leader Training

_____ % Development/Relief Work

_____ % Christian Education

_____ % Evangelism

_____ % Social Action

_____ % Church Nurturing

_____ % Literacy Training

_____ % Other (explain)

G. MISSION AGENCY, BOARD, OR SENDING ORGANIZATION

1. Name _____ Address _____

City _____ State _____ Zip _____

2. Name of Agency Contact Person _____

3. Work Phone _____ Fax _____

5. Why did you choose this board, agency, or organization?

Please enclose a Mission Brochure which includes a statement of faith or doctrinal statement from your organization.

H. REFERENCES

Please list the names, addresses, and phone numbers of three people who know you well and are willing to provide information about your current/potential service as a missionary. Do not include family members.

Information	Reference #1	Reference #2	Reference #3
Name			
Mail Address			
City/State/Zip			
Daytime Phone			
Relationship			

Please give any other information you think might be helpful in the evaluation of your application:

Signature

Date

Please mail this completed form to:

*Lazy Mountain Bible Church
Attn: Missions Committee
16005 E Shawn Dr
Palmer, Alaska 99645*

Lazy Mountain Bible Church

Missionary Financial Support Needs

Date (m/d/y) _____

Name	_____	_____	_____
	(Last)	(First)	(Middle)
Present Address	_____		
	(Number and Street)	(City and State)	(Zip Code) (Country)
Mission Agency/Board	_____		

The mission policy of Lazy Mountain Bible Church requires annual evaluations of all missionaries and the monthly support approved by their agency or board. Unfortunately, the budget categories and definitions usually differ among the various agencies and boards. Therefore, the following support categories are more generic and may require some separation now included in your budget. Your help in answering the following questions and budget categories is most appreciated.

Agency Approved Support Budget

Monthly Support	Amount	One-time Special	Amount
<u>Personal Living Costs</u>		• Travel to Field	_____
• Salary or Living Allowance	_____	• Shipment of Goods	_____
• Housing Allowance	_____	• Agency Admin Fee	_____
• Special Allowances (explain)	_____	• Training, Conference, Etc.	_____
• Transportation	_____	• Other ² (explain)	_____
• Other ¹ (explain)	_____	• Other ³ (explain)	_____
• Agency Administration Fee	_____		
• Benefits	_____		
• Medical Insurance	_____	TOTAL ONE-TIME COSTS	_____
• Medical Expense & Deductions	_____		
• Retirement/Annuity	_____		
TOTAL PERSONAL COSTS	_____	EXPLANATIONS & COMMENTS	
		1.	
<u>Ministry Expenses</u>			
• Work Budget	_____		
• Support Raising & Maintenance	_____		
• Ongoing Training	_____		
• Designated Projects (<i>explain</i>)	_____		
TOTAL MINISTRY EXPENSES	_____	2.	
<u>Other Expenses</u>			
• Support Attrition Allowance	_____		
• Cost of Living/and \$ Devalue Allowance	_____		
TOTAL MONTHLY COSTS	_____	3.	

Present Financial Needs

Monthly Support Needs

- A. Total Approved Monthly Costs (from previous page): \$_____/mo.
- B. How much monthly support are you receiving now (on average)? \$_____/mo.
- C. Needed Support [Difference (A minus B)]: \$_____/mo.

One-Time Special Needs

- A. Total Approved One-Time Costs (from previous page): \$_____
- B. How much One-time have you received? \$_____
- C. Needed One-time Support [Difference (A minus B)]: \$_____