

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:

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

- Name _____ Address _____
City _____ State _____ Zip _____
- Name of Agency Contact Person _____
- Work Phone _____ Fax _____
- 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>		<ul style="list-style-type: none"> • Travel to Field _____ • Shipment of Goods _____ • Agency Admin Fee _____ • Training, Conference, Etc. _____ • Other² (explain) _____ • Other³ (explain) _____ 	
<ul style="list-style-type: none"> • Salary or Living Allowance _____ • Housing Allowance _____ • Special Allowances (explain) _____ • Transportation _____ • Other¹ (explain) _____ • Agency Administration Fee _____ • Benefits _____ <ul style="list-style-type: none"> • Medical Insurance _____ • Medical Expense & Deductions _____ • Retirement/Annuity _____ 		TOTAL ONE-TIME COSTS	_____
TOTAL PERSONAL COSTS	_____	EXPLANATIONS & COMMENTS	
<u>Ministry Expenses</u>		1.	
<ul style="list-style-type: none"> • Work Budget _____ • Support Raising & Maintenance _____ • Ongoing Training _____ • Designated Projects (<i>explain</i>) _____ 		2.	
TOTAL MINISTRY EXPENSES	_____		
<u>Other Expenses</u>			
<ul style="list-style-type: none"> • 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)]: \$_____