

LAZY MOUNTAIN BIBLE CHURCH CAREER MISSIONARY APPLICATION

Date: _____

A. PERSONAL INFORMATION:

1. Name: _____
(Last) (First) (Middle)

2. Present Mailing Address: _____

3. Date of Birth: _____ Home Phone: _____ Cell Phone: _____

4. Email: _____

5. Married _____ Single _____ Divorced _____ Name of Spouse _____

6. Children Attach Photo

NAME	AGE

B. MISSION AGENCY, BOARD, OR SENDING ORGANIZATION

1. Name: _____

2. Address: _____

3. Name of Agency Contact Person: _____

4. Work Phone: _____

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

5. Why did you choose this board, agency, or organization? *(continue on a new page if necessary)*

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C. CURRENT OR PROPOSED MISSIONARY SERVICE

1. What is your current or proposed job description? (What are/will be your main responsibilities or activities? Continue on a new page if needed)

2. Are you now serving as a missionary? Yes___No ___ If yes how long have you been serving?_____

3. List the date of you plan to begin your work as a missionary: _____

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

5. 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 is more than one target group, please estimate the percent of time you are or will spend with each group (continue on a new page if needed).

6. Please estimate the average percentage of time you anticipate spending each month 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) |

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

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E. EDUCATION & EXPERIENCE:

1. High School: Graduate? Yes ____ No ____ Location: _____
City State

2. College: How many years? _____ Name _____

Location: _____
Address City State Zip

(for the following, continue on another page if necessary)

3. List degrees or certificates:

4. Describe Work Experience:

5. Christian Service Experience:

6. Other Qualifications:

7. List what you feel are your strengths:

8. List what you feel are possible weaknesses:

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F. CHURCH CONSIDERED AS YOUR "HOME CHURCH"

- 1. Name: _____
- 2. Street Address: _____
- 3. City: _____ State: _____ Zip: _____
- 4. Pastor's Name: _____ Phone Number: _____
- 5. Are you a member? Yes ___ No ___ How long have you been attending? _____

G. RELATIONSHIP TO LAZY MOUNTAIN BIBLE CHURCH

- 1. CURRENT member ___ PAST member ___ REGULAR attendee ___ OCCASIONAL attendee ___ NONE ___
- 2. If member or regular attendee, how long have you been coming to LMBC? _____ Years
- 3. If you have *never* been a member or regular attendee, please describe your relationship with Lazy Mountain Bible Church:

- 4. All supported missionaries with Lazy Mountain Bible Church are required to agree with the following policies which can be found at the LMBC Website under 'Missions'. After reading them thoroughly, if you are in agreement please check each one separately:

LMBC Church Constitution ___ LMBC Teaching Policy ___ LMBC Membership Covenant ___
 LMBC Missions Policies and Practices ___
(need not be a member to receive support)

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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.***

	Reference #1	Reference #2	Reference #3
Name			
Mail Address			
City State Zip			
Phone Number			
Relationship			

Other than financial support, is there any other way we may be of assistance?

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

Signature _____ Date _____

MISSIONARY FINANCIAL SUPPORT NEEDS

Date _____

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 Costs	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 (explain)	_____		
TOTAL MINISTRY EXPENSES	_____	2.	
<u>Other Expenses</u>			
• Support Attrition Allowance	_____		
• Cost of Living/and \$ Devalue Allowance	_____		
TOTAL MONTHLY COSTS	_____	3.	

Name: _____

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 Costs

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

Other Sources of Income:

Please Mail this form to:

Lazy Mountain Bible Church
Attn: Missions Committee
PO Box #836
Palmer, Alaska 99645

Or email to LMBC at office@lzymtn.com