



# Living Hope Ministries

## Missionary Staff Application

Date of Application: \_\_\_\_\_

If married or engaged, both individuals must complete a separate application. Please type or print all responses.

Mr. /Mrs. /Miss/ Ms. \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ Work/School Phone \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Email \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Social Security Number \_\_\_\_\_

***If the above is not your permanent address and phone, please list below:***

Address \_\_\_\_\_ Home phone \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_

Please add me to Living Hope's  Email distribution list  Mailing list  No thanks

Do you have a legal right to work in the United States? YES NO

If you are not a U.S. citizen, please give Visa classification and number \_\_\_\_\_

I have prayerfully considered Living Hope Ministries and I am responding to God's call for me to proceed with this application process. YES NO

The staff position I am applying for is: \_\_\_\_\_  
 Full Time Part time Volunteer

What person or ministry has been the most influential in your decision to apply with Living Hope Ministries?

### Ministry Interests & Skills

Is there a specific gift or skill that God has called you to use in ministry?

***Please circle those gifts and vocational skills listed below that you have an intermediate or above level of skill:***

- |                      |                                  |                   |
|----------------------|----------------------------------|-------------------|
| Accounting/Finance   | Journalism                       | Public Relations  |
| Administration       | Language(s) (Other than English) | Secretarial       |
| Art                  | _____fluent?                     | Sound Engineering |
| Bookkeeping          | _____fluent?                     | -Recording        |
| Bus Driving          | Legal:                           | -Live             |
| Carpentry            | Mechanical                       | Electrical        |
| Computer Programming | Media Skills                     | Video Production  |
| Construction         | Medical:                         | Web Development   |
| Cooking              | Musical                          | Other _____       |
| Data Processing      | Photography                      | _____             |
| Drama                | Plumbing                         | _____             |

**Church Affiliation:**

Name of Church \_\_\_\_\_  
Name of Pastor \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

**Education:**

	Name	City/State	Major	Degree/Diploma		Years
High School	_____	_____	_____	YES	NO	_____
College	_____	_____	_____	YES	NO	_____
Graduate	_____	_____	_____	YES	NO	_____
Vocational	_____	_____	_____	YES	NO	_____

Please share achievements, awards, and/or honors for which you have received recognition:

\_\_\_\_\_  
\_\_\_\_\_

**Employment**

(Please list most recent first)

Employer \_\_\_\_\_ Dates Employed \_\_\_/\_\_\_ to \_\_\_/\_\_\_  
Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Job Title \_\_\_\_\_ Type of work \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

Employer \_\_\_\_\_ Dates Employed \_\_\_/\_\_\_ to \_\_\_/\_\_\_  
Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Job Title \_\_\_\_\_ Type of work \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

Employer \_\_\_\_\_ Dates Employed \_\_\_/\_\_\_ to \_\_\_/\_\_\_  
Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Job Title \_\_\_\_\_ Type of work \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

Please list any professional or community organizations or activities that you have been involved in including dates of membership and offices held: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Personal Information

## Marital Status (circle)

### Single

**Engaged**      Projected date of marriage: \_\_\_\_\_

Has fiancé applied with Living Hope Ministries?      YES    NO

Fiancé's Name: \_\_\_\_\_

**Married**      Marriage date \_\_\_\_\_

Has spouse applied with Living Hope Ministries?      YES    NO

Spouse's Name: \_\_\_\_\_

Wife's maiden name: \_\_\_\_\_

**Divorced/Separated/Marriage Annulled**    Date : \_\_\_\_\_

Please explain grounds for divorce/separation/annulment: \_\_\_\_\_

List children and/or dependents:

Name	Relation	Date of birth	Dependent	
_____	_____	_____	YES	NO
_____	_____	_____	YES	NO
_____	_____	_____	YES	NO
_____	_____	_____	YES	NO

Will you be responsible for parents or other dependents besides your spouse and children?      YES    NO

Are your children and/or dependents in good health? If not, please explain: \_\_\_\_\_

Are you serving in the military?      YES    NO

If yes, to what extent is your involvement? \_\_\_\_\_

What are your beliefs about alcohol? \_\_\_\_\_

What are your beliefs regarding smoking? \_\_\_\_\_

Have you ever used narcotics, hallucinogens or any other drugs not prescribed to you by a physician?      YES    NO

If yes, what type/when? \_\_\_\_\_

What are your beliefs about homosexuality? \_\_\_\_\_

What are your beliefs regarding abortion? \_\_\_\_\_

Have you ever been convicted of a felony?      YES    NO

If yes, please explain & give dates \_\_\_\_\_

Have you ever knowingly been involved or exposed to satanic rituals or occult activities? YES NO

If yes, please explain: \_\_\_\_\_

**Please circle any of the following activities which you have participated in:**

***Occult***

- |                      |                                   |                           |
|----------------------|-----------------------------------|---------------------------|
| Amateur Hypnosis     | Fortune Telling                   | Rod & Pendulum (drowsing) |
| Astral Projection    | Ghosts                            | Speaking in a trance      |
| Astrology            | Healing Magnetism                 | Table Lifting             |
| Automatic Writing    | Incubi & Succubi (sexual spirits) | Tarot Cards               |
| Black or White Magic | Magic Charming                    | Telepathy                 |
| Blood Pacts          | Materialization                   | Visionary Dreams          |
| Clairsentience       | Mental Suggestion                 | Other _____               |
| Clairvoyance         | Ouija Board                       |                           |
| Fetishism            | Palm Reading                      |                           |

***Cult***

- |                           |                       |                          |
|---------------------------|-----------------------|--------------------------|
| Children of God           | New Age               | Unity                    |
| Christian Science         | Scientology           | World Wide Church of God |
| Church of the Living Word | Swedenborgianism      | (HW Armstrong)           |
| Jehovah's Witnesses       | The Way International |                          |
| Masons                    | Unification Church    |                          |
| Mormonism                 | Unitarism             |                          |

***Other Religions***

- |               |                                  |                           |
|---------------|----------------------------------|---------------------------|
| Bahaism       | Islam                            | Silva Mind Control        |
| Black Muslim  | Rosicrucianism                   | Theosophical Society      |
| Eckankar      | Roy Masters                      | Transcendental Meditation |
| Father Divine | Science of Creative Intelligence | Yoga                      |
| Hare Krishna  | Science of Mind                  | Zen Buddhism              |
| Hinduism      |                                  |                           |

**Health**

Do you have any physical condition(s) which may limit your ability to perform the ministry for which you have applied?

YES NO

If yes please explain: \_\_\_\_\_

Do you have any chronic illness or allergies? YES NO

If yes please explain: \_\_\_\_\_

Are you presently taking any prescribed medications? YES NO

If yes, why, and are there any side effects? \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Have you ever struggled with an eating disorder? YES NO

If yes, please explain and give dates: \_\_\_\_\_

**Financial Information** (To be filled out only for full-time positions, not part time or volunteer positions)

Do you have any indebtedness? YES NO If yes please list below, use additional paper if needed.

Description	Total	Monthly
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Personal Testimony

Please share when you became a Christian (date and circumstances, if possible), how Jesus Christ has changed your life, and how you feel God is working in your life presently.

- |                                      |                                                                       |
|--------------------------------------|-----------------------------------------------------------------------|
| A. Point at which you met Jesus      | D. What struggles are you facing?                                     |
| B. How has that changed your life?   | E. In which areas do you desire to grow?                              |
| C. How is God stretching your faith? | F. Why do you believe that God is calling you to work at Living Hope? |

Please use a separate sheet of paper.

## Living Hope Ministries' Doctrinal Statement of Faith (please read carefully)

1. We believe the Scriptures, both Old and New Testaments (Luke 24:27, 44), to be the inspired Word of God (II Timothy 3:16), without error in the original writings (Matthew 5:18; John 17:17; II Peter 1:19-21), the complete revelation of His will for the salvation of men, and the Divine and final authority for Christian faith and life (Romans 15:4; I Thessalonians 2:13).
2. We believe in one God (Matthew 28:19, Mark 12:29), Creator of all things (Genesis 1:1, 26, 27; 2:7, 21, 22), infinitely perfect (Psalm 18:30), and eternally (Deuteronomy 33:27) existing in three persons, Father, Son, and Holy Spirit (II Corinthians 13:14).
3. We believe that Jesus Christ is true God and true man (John 1:1, 14; Hebrews 4:15) having been conceived of the Holy Spirit (Matthew 1:18), and born of the Virgin Mary (Matthew 1:23). He died on the cross a sacrifice for our sins according to the Scriptures (I Corinthians 15:3; I Peter 2:24). Further, He arose bodily from the dead (I Corinthians 15:4), ascended into heaven (Acts 1:9), where at the right hand of the Majesty on High, He is now our High Priest and Advocate (Romans 8:34; I John 2:1).
4. We believe that the ministry of the Holy Spirit is to glorify the Lord Jesus Christ (John 16:13-14), and during this age to convict men (John 16:8), regenerate the believing sinner (John 3:5; Titus 3:5), indwell (I Corinthians 3:16; 6:19), guide, instruct, and empower the believer for godly living and service (John 16:13; 15:16; Ephesians 5:18-21).
5. We believe that man was created in the image of God (Genesis 1:26), but fell into sin (Genesis 2:16-17; 3:1-12), and is therefore lost (Ephesians 2:1-3), and only through regeneration by the Holy Spirit can salvation and spiritual life be obtained (John 3:5; Titus 3:5).
6. We believe that the shed blood of Jesus Christ and His resurrection provide the only ground for justification and salvation for all who believe (Romans 3:24; II Corinthians 5:21; Ephesians 2:8-9; Hebrews 9:22), and only such as receive Jesus Christ are born of the Holy Spirit, and they become children of God (John 1:12; 3:16; Acts 16:31).
7. We believe that water baptism (Matthew 28:19; Acts 10:47-48; 18:7-8; Romans 6:1-4) and the Lord's Supper (Luke 22:19-20; I Corinthians 11:23-43) are ordinances to be observed by the Church during the present age. They are, however, not to be regarded as means of salvation (Ephesians 2:8-9).
8. We believe that the True Church (Matthew 16:16-18; Acts 2:42) is composed of all such persons who through saving faith in Jesus Christ have been regenerated by the Holy Spirit (John 1:12; 3:5; Titus 3:5) and are united together (I Corinthians 12:12-27; Ephesians 4:1-6; Hebrews 10:24-25) in the body of Christ of which He is the head (Colossians 1:18).
9. We believe that only those who have their faith in Jesus Christ for salvation are members of the true and invisible Church (I Corinthians 12:12-13).
10. We believe in the bodily resurrection of the dead (John 5:28-29) of the believer to everlasting blessedness and joy with the Lord (Luke 14:14), and of the unbeliever to judgment and everlasting conscious punishment (Revelation 20:11-15; Luke 16:19-26).

## Declaration

The information in this application is correct to the best of my knowledge. I authorize any references or churches listed in the application to give you any information that they may have regarding my character and fitness for mentoring children and youth. I release all such references from any liability for furnishing such evaluations to you, provided they do so in good faith and without malice.

I pledge to become a prayer partner and acknowledge God's call on my life to become a co-laborer in Christ with Living Hope Ministries. I have read, agree with and support Living Hope Ministries' Statement of Faith. As a staff member of Living Hope Ministries, I understand that I will be responsible to raise the necessary funds for my involvement.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

# Living Hope Ministries References

1. Pastor

Name \_\_\_\_\_ Length of Acquaintance \_\_\_\_\_  
Address \_\_\_\_\_ Phone: \_\_\_\_\_  
City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

2. Person Presently Discipling You

Name \_\_\_\_\_ Length of Acquaintance \_\_\_\_\_  
Address \_\_\_\_\_ Phone: \_\_\_\_\_  
City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

3. Living Hope Ministries staff member

Name \_\_\_\_\_ Length of Acquaintance \_\_\_\_\_  
Address \_\_\_\_\_ Phone: \_\_\_\_\_  
City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

4. Past or Present Employer

Name \_\_\_\_\_ Length of Acquaintance \_\_\_\_\_  
Address \_\_\_\_\_ Phone: \_\_\_\_\_  
City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

5. Peer/Friend

Name \_\_\_\_\_ Length of Acquaintance \_\_\_\_\_  
Address \_\_\_\_\_ Phone: \_\_\_\_\_  
City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

6. Relative

Name \_\_\_\_\_ Length of Acquaintance \_\_\_\_\_  
Address \_\_\_\_\_ Phone: \_\_\_\_\_  
City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

## Emergency Contact

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone: \_\_\_\_\_  
City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

**Background Check**

Because we take very seriously our legal and moral responsibility to provide a positive and wholesome environment for all of our staff, constituents, and visitors, we seek to maintain a staff of blameless character and testimony. Therefore, as part of our background check on applicants, we consult law enforcement agencies. In order to proceed with a criminal check, we need the following information:

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Full Name (First, Middle, Last) \_\_\_\_\_ Sex \_\_\_\_\_  
Maiden, Alias, or Former names used: \_\_\_\_\_

***Automobile Information***

Driver's License # \_\_\_\_\_  
Automobile Insurance Company \_\_\_\_\_  
Policy Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

***Social Security # (optional)*** \_\_\_\_\_

***Previous addresses of the past ten years:***

Address \_\_\_\_\_ Dates \_\_\_\_\_

**Living Hope Ministries has my permission to do a background check on me.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please return your completed application to*

***Living Hope Ministries  
1737 Adams ST NE  
Minneapolis, MN 55413***

***Email: [info@livinghopempls.org](mailto:info@livinghopempls.org)***

***Fax: 612-781-4191***

