

NTNI

≡ SERVING OTHERS ≡

SERVING CHRIST

MINISTRY APPLICATION

Making Disciples of All Nations

And the things that you have heard from me among many witnesses,
commit these to faithful men who will be able to teach others also.

2 Timothy 2:2

Nation to Nation International
P.O. Box 225
Carl Junction, Missouri 64834

Phone: (417) 623-4580
Toll free: (877) 838-9032
Fax: (417) 222-3277
E-mail: admin@ntni.org
Web Site: <http://ntni.org>

Nation to Nation International is recognized by the government of the United States of America as a 501(c)(3) not for profit organization. Our sole purpose is to further the knowledge of Jesus Christ throughout the world. We accept the Bible as God's infallible Word to His children. The missionaries we serve are carefully chosen because each of us affects the others. With this in mind, we ask you to fill out this application carefully. Couples fill out joint application but complete **MINISTRY INFORMATION** (Pages 2 & 3) and **SPIRITUAL INFORMATION** (Pages 4 & 5) separately.

If accepted as an NTNI Missionary, you will be required to submit a Proposed Annual Budget and have three months of your proposed expenses on hand before your departure to your country of ministry.

Please include the following:

- ✂ A recent photograph. A snapshot is acceptable. We may publish or display this picture. Married couples may submit pictures taken together.

- ✂ Copies of any letters of recommendation you may have.

On the last page of the Application you will be asked to give the name, daytime phone, address and email of the following persons. We will contact them about your character, work habits and how you deal with others.

- ✂ Your Pastor or a minister who knows you and your ministry background

- ✂ Your employer

- ✂ A friend

Please note: Application does not insure acceptance. Your application for affiliation with Nation to Nation International will be considered when all recommendations are returned. You must also have an appointment with one of the officers of the ministry. If you are not coming to the Tulsa/Springfield area, this can be arranged by phone. You will be notified of acceptance or non-acceptance by phone or letter. We will process your application as soon as possible.

You may add additional pages if necessary to complete questions. Please note the page and question being continued.

APPLICATION CHECKLIST

- Are all pages complete?

- Have I included a recent photograph?

- Have I included copies of any letters of recommendation?

Please type or print legibly
(Married Couples, please fill Ministry Information and Spiritual Information separately)

PERSONAL INFORMATION

Family Name _____

List all family members accompanying you to the field beginning with the head of the home (use additional sheet if necessary):

<u>Name</u>	<u>Nickname</u>	<u>Relationship</u>	<u>Date of Birth</u>	<u>Soc Sec Number</u>	<u>Passport ?</u>
_____	_____	Applicant	_____	_____	Yes/No
_____	_____	Spouse	_____	_____	Yes/No
_____	_____	_____	_____	_____	Yes/No
_____	_____	_____	_____	_____	Yes/No
_____	_____	_____	_____	_____	Yes/No
_____	_____	_____	_____	_____	Yes/No

Present Address _____

City _____ State _____ Zip _____

Phone (____) _____ Best time to contact: _____ E-mail _____

Other Phone (____) _____ Best time to contact: _____

Permanent Address: _____

City _____ State _____ Zip _____

Phone (____) _____ Best time to contact: _____ E-mail _____

Country of Citizenship: Applicant _____ Spouse _____

Family Name _____

MINISTRY INFORMATION (Applicant)

Briefly explain the specific type of ministry you are called to (teaching, children, youth, helps, etc.)

Are you going short or long term? _____ What is your expected length of stay? _____

To which country, area of the world, or people group do you feel called? _____

What contacts have you made in the country of ministry? _____

Have you been accepted to work with a particular ministry? _____

(If so, please add a letter of invitation or acceptance.)

Name, address and phone number of ministry contact _____

Have you visited the country where you will be living? _____

Give purpose, overview of activities, date and length of time in country: _____

Please explain any preparations you have made to move to this country/be involved in this ministry

Visa: Applied for _____ Received _____

In what other countries have you ministered _____

What other preparations have you made for this ministry time?

Family Name _____

MINISTRY INFORMATION (Spouse)

Briefly explain the specific type of ministry you are called to (teaching, children, youth, helps, etc.)

Are you going short or long term? _____ What is your expected length of stay? _____

To which country, area of the world, or people group do you feel called? _____

What contacts have you made in the country of ministry? _____

Have you been accepted to work with a particular ministry? _____

(If so, please add a letter of invitation or acceptance.)

Name, address and phone number of ministry contact _____

Have you visited the country where you will be living? _____

Give purpose, overview of activities, date and length of time in country: _____

Please explain any preparations you have made to move to this country/be involved in this ministry

Visa: Applied for _____ Received _____

In what other countries have you ministered _____

What other preparations have you made or this ministry time?

Family Name _____

SPIRITUAL INFORMATION (Applicant)

When were you Born Again? _____ Are you Spirit Filled Y/N When _____

Home Church Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

How long have you regularly attended this church? _____

If less than two years, where did you attend previously and for how long? _____

Church Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

In what areas of ministry have you been involved?

<u>Area</u>	<u>Responsibilities</u>	<u>Dates of Involvement</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Who do you consider your Pastor/Spiritual Advisor?

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

It is not necessary to be either licensed or ordained to be a part of NTNI, but we would like to know if you are: Licensed _____ Ordained _____ Date _____ Expiration _____

Name of Organization _____

Contact Person _____

Address _____

City _____ State _____ Zip _____

Briefly relate your testimony _____

Family Name _____

SPIRITUAL INFORMATION (Spouse)

When were you Born Again? _____ Are you Spirit Filled Y/N When _____

Home Church Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

How long have you regularly attended this church? _____

If less than two years, where did you attend previously and for how long? _____

Church Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

In what areas of ministry have you been involved?

<u>Area</u>	<u>Responsibilities</u>	<u>Dates of Involvement</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Who do you consider your Pastor/Spiritual Advisor?

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

It is not necessary to be either licensed or ordained to be a part of NTNI, but we would like to know if you are: Licensed _____ Ordained _____ Date _____ Expiration _____

Name of Organization _____

Contact Person _____

Address _____

City _____ State _____ Zip _____

Briefly relate your testimony _____

Family Name _____

EDUCATIONAL BACKGROUND (Applicant)

List schools (beyond High School) and Training Centers you have attended. List most recent first. Please include Biblical and secular plus any seminars/workshops that you feel well be helpful for you while you are on the field.

<u>School</u>	<u>Program/Major</u>	<u>Length of School</u>	<u>Graduation</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EDUCATIONAL BACKGROUND (Spouse)

<u>School</u>	<u>Program/Major</u>	<u>Length of School</u>	<u>Graduation</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

WORK INFORMATION (Applicant)

Present or most recent employer _____
Address _____

City _____ State _____ Zip _____

Your position and duties: _____

Name of immediate supervisor _____

May we contact them? Yes _____ No _____ If no, please explain: _____

List positions and responsibilities held in the last five years (list most recent first).

Family Name _____

WORK INFORMATION (Spouse)

Present or most recent employer _____
Address _____

City _____ State _____ Zip _____

Your position and duties: _____

Name of immediate supervisor _____

May we contact them? Yes _____ No _____ If no, please explain: _____

List positions and responsibilities held in the last five years (list most recent first).

ADDITIONAL QUESTIONS

What NTNI services do you need? _____

What questions or concerns do you have? _____

Do you have any outstanding bills? _____

(While having bills will not deny you acceptance to NTNI, it is important that we know since we will be handling your finances)

How did you hear about NTNI? _____

RECOMMENDATIONS

Before your application can be processed, we must receive the following recommendations. Please fill in the appropriate information for each individual.

Pastoral Recommendation

Name: _____ Day Phone: (____) _____ E-mail _____

Address: _____ City _____ State _____ Zip _____

Employer/Supervisor (Personal Recommendation)

Name: _____ Day Phone: (____) _____ E-mail _____

Address: _____ City _____ State _____ Zip _____

Friend (Personal Recommendation)

Name: _____ Day Phone: (____) _____ E-mail _____

Address: _____ City _____ State _____ Zip _____

I certify that the statements and answers given are true to the best of my knowledge. I understand that application does not assure acceptance. Until accepted as a Nation to Nation International associate, I will not use their name or mailing address.

Applicant Signature

Date

Spouse Signature

Date

FOR OFFICE USE ONLY

Dates Received: Application _____

Recommendations: Pastoral _____

Personal _____

Personal _____

Interview Comments _____

Date: _____

Interviewer Signature _____

Determination: _____

Reason if denied: _____
