

General Health: Excellent Good Fair Poor

List any physical or health problems:

List any prescribed medication you are currently taking:

In event of emergency, name(s) of nearest relative(s):

Name	Relationship	Phone	
Address	City	State	Zip

Are you a native English speaker? Yes No If no, please explain:

Are you proficient in any of the following languages?

Portuguese Japanese Spanish Chinese Dialect Other (Specify):

Language 1 _____ Fluent Conversational Basic Elementary

Language 2 _____ Fluent Conversational Basic Elementary

Educational Background (List all schools attended beyond high school):

<u>School</u>	<u>Major</u>	<u>Minor</u>	<u>Dates of Attendance</u>	<u>Degree</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(List any additional schools on a separate page)

List below any additional specialized training/certifications:

Employment Background

Present Employment

Position

Dates of Employment

Employer Name and Address

Type of Business

Your Responsibilities

How much time off will your current employer allow you to take? _____

Please list other significant employment experience:
(Include position, company, dates, responsibilities)

Financial Background

List the outstanding debts and financial obligations to which you are currently subject.

Auto Home Mortgage Other (Please explain all current obligations):

Do you have anyone who is financially dependent on you? Yes No (If yes, please explain)

Church Background

Present Church: _____ Years Attended: _____

Address: _____

Phone Number: () _____ Denomination: _____

Pastor's Name: _____

Are you a member? Yes No If yes, how long? _____

Have you been baptized? Yes No If yes, when and where were you baptized?
If no, please explain.

Previous Church(es):

<u>Church</u>	<u>Address</u>	<u>Denomination</u>	<u>Dates</u>
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Ministry Experience

Please list your Christian service involvements in the last 5 years:
(Include your church/group served, position, duties, and dates)

Describe a recent experience where you have engaged in sharing your faith:

Ministry Skills & Spiritual Gifts Inventory

What exceptional talents or abilities do you have? (examples: play a musical instrument; athletic skills; cooking)

What skills will enable you to make a contribution to cross-cultural ministry?

What spiritual gifts do you possess? Have they been affirmed by others in ministry?

What ministry(ies) would you be interested in doing on the mission field? What ministries would you rather not do? Why?

Spiritual Autobiography

Please attach a one-page testimony of your conversion experience and subsequent growth in Christ.

Spiritual Life

How would you describe your devotional/prayer life at this time?

Are you in a regular Bible Study, small group, or discipling relationship? Yes No
Please explain.

When faced with challenging and stressful situations (emotionally or relationally), how do you respond/react?

What are the strongest areas in your spiritual life?

What areas of your spiritual life would you like to see more growth?

How has God indicated His leading for you in pursuing this missions ministry opportunity? Please explain:

If under 25 years of age, what are your parents' attitude towards you serving in missions?

Interests

What are your special interests and leisure activities?

What books have you read recently and/or what periodicals do you read regularly?

References

Reference Forms and return envelopes are provided by JEMS. The forms are to be sent directly to JEMS by the person making the referral.

Requirements: 2 month term or less = 3 References; 1 year or more = 5 References

1. Pastor

Name: _____ Title: _____

Church Name: _____ Denomination: _____

Church Address: _____
Street and Number City State Zip

Church Phone Number () _____

2. Lay Leader (someone who has direct knowledge of your ministry experience) or Missions Chair:

Name: _____ Position (Title): _____

Home Address: _____
Street and Number City State Zip

Home Phone Number () _____

3. Employer/Supervisor or Personal

Name: _____ Position (Title): _____

Business or Home Address: _____
Street and Number City State Zip

Business or Home Phone Number () _____

***For mission assignments of one year or more, include two more personal references.**

4. Personal

Name: _____ Relationship: _____

Business or Home Address: _____
Street and Number City State Zip

Business or Home Phone Number () _____

5. Personal

Name: _____ Relationship: _____

Business or Home Address: _____
Street and Number City State Zip

Business or Home Phone Number () _____

JEMS Statement of Faith

We, the Japanese Evangelical Missionary Society believe . . .

1. That the Bible is God's Word, written to men divinely and uniquely inspired by the Holy Spirit, and that it is the supreme and final authority in all matters of faith and conduct.
2. In one God, eternally existing in three Persons: Father, Son and Holy Spirit.
3. In Jesus Christ, the world's only Savior; in His preexistence, virgin birth, sinless life, vicarious death, burial and bodily resurrection and personal return.
4. In the Holy Spirit as a Person, indwelling and empowering the believer, convicting the unsaved and presenting the claims of Christ.
5. That sinful man is lost and can be redeemed only by the death and shed blood of Christ upon the cross through the regeneration of the Holy Spirit.
6. In the resurrection of the dead, the believer to life everlasting and the unbeliever to eternal condemnation.
7. That the Church, the Body of Christ, is comprised of all who have accepted the redemption provided by Christ.

Do you fully agree with the JEMS' Statement of Faith? Yes No

If your views differ or if you have any comments on any section of the Statement, please specify:

I acknowledge that all statements on this application are true to the best of my knowledge:

Signed: _____

Date: _____

In order to complete the application process, please submit the following:

- Application
- Application Fee (\$20, payable to "JEMS", write SA mission app. on memo line)
- Photo
- Spiritual Autobiography
- Additional Attachments (e.g. "Married and Engaged Appendix Form")
- Have References send their evaluations directly to JEMS

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MARRIED AND ENGAGED APPENDIX FORM

Applicant Name: _____

Marital Status: Married Engaged Date of Marriage: _____

Will your spouse/fiancé(e) accompany you on this mission project? Yes No

If the answer is "Yes," please answer the following:

How does your partner feel about the opportunity of serving cross-culturally?

Does your partner have an equal sense of God's calling to this ministry? Please explain.

What expectations do you have in serving cross-culturally with your partner?

What concerns do you have in serving cross-culturally with your partner?

If the answer is "No," please answer the following question:

Are you and your partner in agreement regarding this period of separation? Yes No
Please explain.

Please list your children, if any, including their name, age, and birthdate.

Will your children be accompanying you on this mission project? Yes No

The issue of children serving with parents on the field will be addressed in a separate interview.

Signature of applicant: _____ Date: _____