|  |  |  |
| --- | --- | --- |
| InterAct-1C | ***InterAct Ministries, Inc.***31000 SE Kelso RoadBoring, OR 97009(503) 668-5571 | ***InterAct Ministries of Canada***Box 559Crossfield, AB T0M 0S0(403) 946-5567 |
| **Ministry Application** |

If you do not understand a question, contact the human resources director (phone numbers above). This application will not be processed until all nine required sections have been submitted.

PERSONAL INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: | Enter First & Last Name | Today’s Date: | mm/dd/yyyy |
| Present Address: | Address |
| City: | City | State/Province: | ST/Prov. | Zip/Postal Code: | Zip/PC |
| Permanent Address (if different): | Alt Address |
| City: | City | State/Province: | ST/Prov | Zip/Postal Code: | Zip/PC |
|  |
| Phone: | Phone | Email: | Email |

|  |  |  |
| --- | --- | --- |
| If married, date of marriage:  | mm/dd/yyyy |  |
| Are you now, or have you ever been divorced or separated? |  [ ]  Yes | [ ]  No |
| If married, is your spouse in agreement with your desire to serve with InterAct Ministries? | [ ]  Yes |  [ ]  No |
| Are you prevented from lawfully becoming employed in Canada and/or the U.S. because of visa or immigration status? (Proof of citizenship or immigration status will be required upon employment.) | [ ]  Yes | [ ]  No |
| Have you read InterAct’s *Member Handbook,* and do you agree to abide by its policies while serving with InterAct Ministries? | [ ]  Yes | [ ]  No |
| Have you read InterAct’s *Statement of Faith,* and are you in agreement with its tenants? | [ ]  Yes | [ ]  No |

MINISTRY INTEREST

|  |
| --- |
| For which ministry position/role do you wish to be involved in? |
| Have you read the “Expanded Ministry Position Profile” or had the requirements and responsibilities of the position(s) explained to you? | [ ]  Yes | [ ]  No |
| Do you understand the position requirements?  | [ ]  Yes | [ ]  No |
| Which aspects of the position responsibilities do you feel particularly gifted/trained to perform? |
|  Enter response. |

InterAct Ministries Ministry Application Section 2

EDUCATION / TRAINING / EXPERIENCE

Complete the following for any formal training you have received since high school:

|  |  |  |  |
| --- | --- | --- | --- |
| **School Name** | **Date(s)** | **Major** | **Graduate/Degree** |
| Enter text | Enter text | Enter text | Enter text |
| Enter text | Enter text | Enter text | Enter text |
| Enter text | Enter text | Enter text | Enter text |
| Enter text | Enter text | Enter text | Enter text |

|  |  |
| --- | --- |
| Total semester hours of Bible/Bible related subjects you will have completed by the end of this school year: | Enter number |
| How were most of these hours obtained? | Select. |

List any additional training you have had that relates to the position(s) for which you are applying:

|  |
| --- |
| Enter text |

Of the books you have read in the past 12 months, list those of greatest value or interest to you:

|  |
| --- |
| Enter text |

What magazines/periodicals do you regularly read?

|  |
| --- |
| Enter text |

State briefly any special accomplishments or positions of leadership you have had in your school, job, church, or community:

|  |
| --- |
| Enter text |

List your greatest strength(s) which would enhance your effectiveness as a missionary:

|  |
| --- |
| Enter text |

List your greatest weakness(es) which might hinder your effectiveness as a missionary:

|  |
| --- |
| Enter text |

InterAct Ministries Ministry Application Section 3

MINISTRY EXPERIENCE

|  |  |
| --- | --- |
| **Home Church**: | Click to enter text. |
| Mailing Address: | Click to enter text. |
| Denomination/affiliation: | Click to enter text. |
| Pastor’s name: | Click to enter text. | Phone: | Click to enter text. |
| Pastor’s email:  | Click to enter text. |
| Are you a member?  | Select | How Long? | Enter # years. |  |

|  |  |
| --- | --- |
| **Present Church** attending (if different): | Click to enter text. |
| Mailing Address: | Click to enter text. |
| Denomination/affiliation: | Click to enter text. |
| Pastor’s name: | Click to enter text. | Phone: | Click to enter text. |
| Pastor’s email: | Click to enter text. |

|  |
| --- |
| List all ministry activities or groups in which you now participate:  |
| Click to enter text. |

|  |
| --- |
| List the ministry activities or groups in which you have participated in the past (please give dates): |
| Click to enter text. |

|  |  |
| --- | --- |
| What is your spiritual gift(s)? | Click to enter text. |
| How do you know this? | Click to enter text. |
| How are you exercising this gift(s) now? | Click to enter text. |

|  |
| --- |
| Do you have a sense of divine calling to the type of work for which you are applying? Please explain. |
| Click to enter text. |

InterAct Ministries Ministry Application Section 4

MISSIONS-RELATED SKILLS/UNDERSTANDING

Missionary life often involves:

1. isolation from other Christians.
2. separation from loved ones.
3. managing on a limited income.
4. adjusting to new and strange environments.
5. enduring intense spiritual battles with the Enemy.

|  |
| --- |
| Which of these do you expect to be most difficult for you and/or your family? Why? |
| Click to enter text. |

|  |
| --- |
| State briefly your understanding of an “indigenous church.” |
| Click to enter text. |

|  |
| --- |
| State briefly your understanding of what “church planting” is: |
| Click to enter text. |

|  |
| --- |
| What experience, exposure or training have you had in living and/or communicating in a culture other than your own?  |
| Click to enter text. |

|  |  |  |
| --- | --- | --- |
| Which word(s) best describe that experience? | Choose an item. | Explain your choice: |
| Click to enter text. |

InterAct Ministries Ministry Application Section 5

CONFIDENTIAL PAGE

We realize the questions below are very personal and sensitive. However, our experience supports the significance of evaluating these issues and their impact upon your emotional and spiritual life. We appreciate your honesty and candor in answering. If you find it difficult to answer in writing, we are willing to talk with you on the phone about it. If, for whatever reason(s), you do not wish to answer any of these questions, you may withdraw your application and no further questions will be asked.

This page is treated with special confidence and will not become a part of your permanent file.

|  |  |  |
| --- | --- | --- |
| 1a. Have you had a relationship in the past three years which would not be considered above reproach? This would include, but is not limited to, sexual intercourse or other intimate sexual contact outside marriage. |  |  |
| 1b. If so, when was the last occurrence of involvement in this kind of relationship? (mm/yyyy) |
| 1c. What was the extent of physical involvement? (Please be specific.) : Click or tap to enter text. |
|  |
| 2a. Have you ever had a homosexual experience or struggled with homosexual desires? |  |  |
| 2b. If yes, please explain: Click or tap to enter text. |
|  |
| 3a. If married, and an answer above was positive, have you discussed it with your spouse? |  |  |
| 3b. How has this affected your relationship with him/her? Click or tap to enter text. |
|  |
| 4a. Have you ever been involved in the occult or satanic activities? |  |  |
| 4b. If yes, please explain: Click or tap to enter text. |
|  |
| 5a. Are you presently the subject of any formal church discipline? |  |  |
| 5b. If yes, please explain: Click or tap to enter text. |
|  |

InterAct Ministries Ministry Application Section 6

PERSONAL TESTIMONY

In the area below, please write a short account of how and when you came to the Lord. Please include events leading up to the event and subsequent spiritual growth including significant milestones, water baptism and ministry experiences. You may draft your responses in a separate document and then copy & paste. The response area will expand.

|  |
| --- |
| Enter personal testimony here. |

InterAct Ministries Ministry Application Section 7

BIOGRAPHICAL SKETCH

In the area below please write a short account of your “growing up years,” including your childhood home situation and your relationships with your parent(s) and siblings. Also discuss any significant accomplishments/ events or trials/obstacles you have experienced in your life. You may draft your response in a separate document and then copy & paste. The response area will expand.

|  |
| --- |
| Enter biographical sketch here. |

InterAct Ministries Ministry Application Section 8

PERSONAL DOCTRINAL POSITION

In the sections below, please state in your own words your views on each of the stated points of doctrine. Do not quote from creeds or textbooks. You may draft your responses in a separate document and then copy & paste. The response area will expand.

|  |
| --- |
| **Who is God and what is the Godhead? What are some of God’s attributes?** |
| Enter Response |

|  |
| --- |
| **Who is Jesus Christ? What is the nature of his relationship to the Godhead? What do you believe about His deity, virgin birth, sinless life, substitutionary death, resurrection, ascension, and return?** |
| Enter Response |

|  |
| --- |
| **Who is the Holy Spirit? What is the nature of his relationship to the Godhead? What does the Holy Spirit do?** |
| Enter Response |

|  |
| --- |
| **Where did mankind come from? What was he like in his original created state? How did mankind fall into sin, and how does that affect the rest of mankind?** |
| Enter Response |

|  |
| --- |
| **What is salvation? How was/is salvation accomplished?** |
| Enter Response |

|  |
| --- |
| **What is justification? How can a person be justified before God?** |
| Enter Response |

|  |
| --- |
| **What is sanctification? How does sanctification take place? How does it differ from justification?** |
| Enter Response |

|  |
| --- |
| **Is a true believer eternally secure in Christ? Can a person who has truly been brought into a state of being “born again” and made a “new creature in Christ” ever cease to be in those states?** |
| Enter Response |

|  |
| --- |
| **What is your understanding of apostasy? Can a true believer apostatize? How might you reconcile the doctrines of apostasy and eternal security?** |
| Enter Response |

|  |
| --- |
| **What should characterize the daily walk of the believer?** |
| Enter Response |

|  |
| --- |
| **What are the “gifts of the Spirit?” What is your view of the “sign gifts” (such as divine healing, tongues, miracles, etc.)? Do these gifts continue today? Are they required for salvation?** |
| Enter Response |

|  |
| --- |
| **What is sin? Where did sin come from? Who does sin affect? Is it possible for a believer in this life to attain sinless perfection?** |
| Enter Response |

|  |
| --- |
| **Who is Satan? What are his works and what are some ways he goes about them? Are there limitations to his powers? What is his final destiny?** |
| Enter Response |

|  |
| --- |
| **What is heaven? Who goes to heaven? Is the heaven where believers go now when they die eternal?** |
| Enter Response |

|  |
| --- |
| **What is hell? Who goes to hell? What eternal condition awaits those who are in hell?** |
| Enter Response |

|  |
| --- |
| **What are your beliefs concerning the return of Christ? Is it possible to predict when Christ will return?** |
| Enter Response |

|  |
| --- |
| **What is the Bible? Who wrote it? How was it written? How accurate is it?** |
| Enter Response |

|  |
| --- |
| **What is the Church? What is the Church’s mission? What functions does it carry out?** |
| Enter Response |

|  |
| --- |
| **What is Christian baptism? What does it signify? Who are the recipients of baptism?** |
| Enter Response |

|  |
| --- |
| **What is Communion/The Lord’s Supper? What does it signify? Who should/shouldn’t partake of it?** |
| Enter Response |

|  |
| --- |
| **Do you hold, as essential, any other doctrines that might be considered atypical among protestant evangelicals?** |
| Enter Response |

InterAct Ministries Ministry Application Section 9

REFERENCES

Obtaining honest evaluations from references is critical to the accuracy and integrity of the application process. However, some references, fearing the applicant could access his/her reference file, hesitate being open and honest in their responses.

To obtain objective responses from your references, we encourage you to sign the waiver below. This is not required, but we feel it is in your best interest. References will be informed whether you have waived your right to examine your references.

|  |
| --- |
| ***Waiver of Right to Access Reference Files****In recognition of my right to do otherwise, I hereby voluntarily waive any right or privilege, provided by law or otherwise, to inspect or challenge the content and comments expressed in my letters/forms of recommendation. It is understood that the contents and comments expressed in all letters/forms of recommendation will remain confidential between the writer and InterAct Ministries.* |
| Signature: | Enter First & Last Name for Signature | Date: | Select |
|  |
| It is InterAct’s policy to ask references if they know others who could serve as references. Will you  |
| permit us to do this? |[ ]  Yes |[ ]  No |

**EMPLOYMENT REFERENCES**

|  |  |  |  |
| --- | --- | --- | --- |
| **Most Recent** Employer: | Click to enter text. | Phone: | Click to enter |
| Mailing Address: | Click to enter text. |
| Length of Employment: From: | (mm/yyyy) | To: | (mm/yyyy) |
| Job Title/Description: | Click to enter text. |
| Supervisor’s Email: | Click to enter text. |
| Reason for Leaving: | Click to enter text. |
| May we contact this employer? |[ ]  Yes |[ ]  No |
| If No, state reason: | Click to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Second Most Recent** Employer: | Click to enter text. | Phone: | Click to enter |
| Mailing Address: | Click to enter text. |
| Length of Employment: From: | (mm/yyyy) | To: | (mm/yyyy) |
| Job Title/Description: | Click enter to text. |
| Supervisor’s Email: | Click enter to text. |
| Reason for Leaving: | Click to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Third Most Recent** Employer: | Click to enter text. | Phone: | Click to enter |
| Mailing Address: | Click to enter text. |
| Length of Employment: From: | (mm/yyyy) | To: | (mm/yyyy) |
| Job Title/Description: | Click to enter text. |
| Supervisor’s Email: | Click to enter text. |
| Reason for Leaving: | Click to enter text. |

Scroll to Continue to Personal References

**PERSONAL REFERENCES**

Please list six persons who can act as personal references. You may include one relative, but please not a parent or sibling. Do not include your pastor (he will be contacted separately). Please give complete addresses; **e-mail addresses are preferred** (it speeds up the process).

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Reference 1 | Relationship | Click to enter text. |
| Mailing Address: | Click to enter text. |
| City: | City | State/Province: | ST/Prov. | Zip/Postal: | Zip/PC |
| Phone: | Phone | Email: | Email |

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Reference 2 | Relationship | Click to enter text. |
| Mailing Address: | Click to enter text. |
| City: | City | State/Province: | ST/Prov. | Zip/Postal: | Zip/PC |
| Phone: | Phone | Email: | Email |

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Reference 3 | Relationship | Click to enter text. |
| Mailing Address: | Click to enter text. |
| City: | City | State/Province: | ST/Prov. | Zip/Postal: | Zip/PC |
| Phone: | Phone | Email: | Email |

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Reference 4 | Relationship | Click to enter text. |
| Mailing Address: | Click to enter text. |
| City: | City | State/Province: | ST/Prov. | Zip/Postal: | Zip/PC |
| Phone: | Phone | Email: | Email |

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Reference 5 | Relationship | Click to enter text. |
| Mailing Address: | Click to enter text. |
| City: | City | State/Province: | ST/Prov. | Zip/Postal: | Zip/PC |
| Phone: | Phone | Email: | Email |

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Reference 6 | Relationship | Click to enter text. |
| Mailing Address: | Click to enter text. |
| City: | City | State/Province: | ST/Prov. | Zip/Postal: | Zip/PC |
| Phone: | Phone | Email: | Email |

|  |
| --- |
| The information in this application is true and complete to the best of my knowledge. I understand that any misrepresentation or omission may be grounds for rejection or dismissal. |
| Signature: | Enter First & Last Name for Signature. | Date: | (mm/dd/yyyy) |

InterAct Ministries Ministry Application Section 10

FINAL SIGNATURE

Before submitting this Ministry Application, please review and verify you have completed all 9 sections.

As a reminder, both husband and wife are required to complete individual applications.

|  |
| --- |
| The information in this application is true and complete to the best of my knowledge. I understand that any misrepresentation or omission may be grounds for rejection or dismissal. |
| Signature: | Enter First & Last Name for Signature. | Date: | (mm/dd/yyyy) |

Email completed form as a file attachment to *hr@interactministries.org*