

Application for: **Intern**

**God’s Appalachian Partnership, INC.**

This application ***must*** be completed and mailed or e-mailed as an attachment, including a JPEG file picture to john.morris@gapky.org. If you have any questions call John Morris, the Executive Director, at 606-377-0332.

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| **PERSONAL INFORMATION** | | | | | | | | | | | | | | | | | | | |
| NAME: LAST | | FIRST | | | | | | MIDDLE | | SOCIAL SECURITY NUMBER | | | | | | | DATE (M/D/Y) | | |
| PREFERRED NAME | | BIRTHDATE (M/D/Y) | | | | | | HOME PHONE | | | WORK PHONE | | | CELL PHONE | | | | | |
| RESIDENCE ADDRESS | | | | | CITY | | | | | | STATE | | | | ZIP/POSTAL CODE | | | | |
| E-MAIL ADDRESS (1) | | | | | | E-MAIL ADDRESS (2) | | | | | | | | | | | | |
| LANGUAGES SPOKEN FLUENTLY OTHER THAN ENGLISH  1.  2.  3.  4. | | | | | | | | | | | | | | | | | | | |
| U.S. CITIZEN  YES  NO | | IF NO, COUNTRY OF CITIZENSHIP | | | | | | | | | | STATUS OF IMMIGRATION/RESIDENCY | | | | | | | |
| **MARITAL STATUS** (check all that apply) | | | | | | | | | | | | | | | | | | | |
| SINGLE | ENGAGED  EXPECTED MARRIAGE DATE | | | | | | MARRIED  DATE | | | | | WIDOWED | | | | **GAP USE ONLY**  SP Qual.  Yes No  Meets Rationale  Yes  No | | | |
| DIVORCED  DATE OF DIVORCE (M/D/Y) | | | | | | | REMARRIED  DATE OF REMARRIAGE (M/D/Y) | | | | | | | | |
| **SPOUSE AND FAMILY INFORMATION** | | | | | | | | | | | | | | | | | | | |
| SPOUSE NAME: LAST FIRST MI | | | | | | | | | | | | SPOUSE’S PREFERRED NAME | | | | | | | |
| HAS SPOUSE APPLIED?  YES NO | | | | | DEPENDENTS LIVING WITH YOU (& MOVING WITH YOU IF YOU RELOCATE)  HOW MANY?  AGE RANGE  TO | | | | | | | | | | | | | | |
| **FINANCIAL STATUS** (check all that apply) | | | | | | | | | | | | | | | | | |  | |
| I will be raising my financial support  I will provide all my own financial support  I will be working as a Tentmaker (bivocational) | | | | | | | | | | | | | | | | | |  | |
| **CHURCH MEMBERSHIP** | | | | | | | | | | | | | | | | | | | |
| CHURCH NAME | | | | PASTOR’S NAME | | | | | | NAME OF LOCAL ASSOCIATION | | | | | | | | | |
| ADDRESS | | | | | | | | | | NAME OF STATE/CANADIAN CONVENTION | | | | | | | | | |
| CITY | | | STATE/PROVINCE ZIP/POSTAL | | | | | | **For Office Use Only** | | | | | | | | | | |
| PHONE NUMBER | | | | | | | | | Background Ck | | | | References Returned | | | | | | |
| E-MAIL ADDRESS | | | | | | | | | Credit Ck | | | | Approval. | | | | | | |

GAP APP/2015

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| **EDUCATION & TRAINING**  **INCLUDING ANY VOCATIONAL, BIBLE OR MINISTRY TRAINING** | | | | | | | | | | | | |
| DATE ATTENDED | | | | | NAME OF SCHOOL | LOCATION | | MINOR/MAJOR  OR COURSE(S) | | DEGREE OR  HRS. CREDIT | | DATE GRADUATED |
| FROM | | TO | | |
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| HOURS PRESENTLY ENROLLED (IF CURRENT STUDENT) | | | | | | PLANS FOR FURTHER STUDY | | | | | | |
| LIST ANY SPECIALIZED TRAINING OR SKILLS (i.e. Teaching ESOL, Literacy, Crisis Counseling, etc.) | | | | | | | | | | | | |
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| **EMPLOYMENT EXPERIENCE**  **LAST 3 EMPLOYED SECULAR AND/OR CHURCH POSITIONS** | | | | | | | | | | | | |
| FROM | TO | | POSITION (TYPE OF WORK) | | | | ORGANIZATION/COMPANY | | | | LOCATION (CITY/STATE) | |
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|  |  | |  | | | |  | | | |  | |
| RETIRED:  YES  NO | | | POSITION AT RETIREMENT | | | | RETIRED FROM: (COMPANY OR ORGANIZATION) | | | | DATE RETIRED | |
| **RECENT VOLUNTEER MINISTRY EXPERIENCE**  **(IN CHURCHES, ASSOCIATIONS, MINISTRIES, ETC.)** | | | | | | | | | | | | |
| FROM | TO | | | POSITION AND DUTIES | | | | | CHURCH/MINISTRY NAME AND LOCATION | | | |
|  |  | | |  | | | | |  | | | |
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| **GAP’S PURPOSE** | | | | | | | | | | | | |
| The purpose of God's Appalachian Partnership, Inc. (GAP) is to meet the spiritual and physical needs of people in Appalachia by:   1. Meeting the person on the level of spiritual need so that they will grow into the person God created them to be and share that with others. 2. Meeting the physical needs through food, clothing, housing and other areas essential to wellness in an effort to promote personal responsibility. 3. Meeting the personal development need through special training which enhances their economic potential of the indiviual and the community as a whole. | | | | | | | | | | | | |

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| **MINISTRY PREFERENCE(S)**  **(See GAP's Purpose Above)** |
| Based upon GAP's purpose statement and your knowledge of the ministry, please describe in detail your ministry preference related to the work of GAP. Anwer the following questions - List your spiritual gifts and how you believe they can best be used at GAP. In what aspects of the ministry do you feel called? etc. Click here to enter text. |
|  |

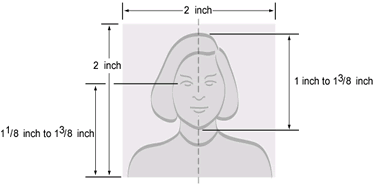
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| **BELIEF AND PRACTICE STATEMENT**  **(Do not exceed space provided)** | | |
| 1. **Briefly describe your conversion experience – I**nclude age, place, circumstances of your conversion and when you were baptized: | | |
| 1. **Describe your call by God to missionary service** - Include when you were called, how you were called, and what you did when you received the call: | | |
| 1. Do you believe that the Bible is inerrant, “truth without any mixture of error”? | **Yes** | **No** |
| 1. Do you believe that the miracles and historical events in the bible actually occurred? | **Yes** | **No** |
| 1. Do you believe that Jesus Christ is the virgin-born Son of God who died for our sins, rose bodily from the grave and is coming again? | **Yes** | **No** |
| 1. Do you recognize immersion of believers as the scriptural mode of baptism? | **Yes** | **No** |
| 1. Are you an active member, in good standing, of a cooperating Southern Baptist Church? | **Yes** | **No** |
| 1. Do you give regularly to support your church financially and encourage participation in the Cooperative Program, Annie Armstrong and Lottie Moon Mission Offerings? | **Yes** | **No** |
| 1. Are you actively involved in personal, verbal witnessing? | **Yes** | **No** |
| 1. Upon approval and placement as a Missionary, will you covenant to carry out your ministry in accordance with and not contrary to the current Baptist Faith & Message and the attached Missionary Code of Conduct?   **YES**  **NO** | | |
| 1. Do you use tobacco products? (Use of tobacco is inappropriate for missionaries) | **Yes** | **No** |
| 1. Do you engage in public or private glossolalia (speaking in tongues)? | **Yes** | **No** |
| 1. Have you ever been convicted of a felony? | **Yes** | **No** |
| 1. Have you consumed alcohol as a beverage in the last twelve (12) months? | **Yes** | **No** |
| 1. Is there anything in your lifestyle that could be an embarrassment to the mission cause (e.g. illegal use of drugs, pornography)? | **Yes** | **No** |
| **If you replied “YES” to questions 13 - 15, please give an explanation below:** | | |

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| **REFERENCES**  **Other church pastoral staff member may be used if pastor does not know the applicant personally.**  ***All references must have an e-mail address.*** | | |
| 1, Pastor’s Name **(A DOM if applicant is the pastor/pastor’s wife)**  **Check if other than current pastor** | | |
| Mailing Address | | |
| City | State | Zip Code |
| Telephone | | |
| E-mail Address | | |
| 2. Reference Name | | |
| Mailing Address | | |
| City | State | Zipcode |
| Telephone | | |
| E-mail Address | | |
| 3. Reference Name | | |
| Mailing Address | | |
| City | State | Zipcode |
| Telephone | | |
| E-mail Address | | |

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| **PERMANENT CONTACT PERSON**  **(Someone NOT living with you who will know how to contact you)** | | | |
| Name | | | |
| Mailing Address | | | |
| City | State | Zipcode | |
| Telephone | | | |
| E-mail Address | | | |
|  | | | |
| **LIABILITY RELEASE** | | | |
| If I accept placement as a KY Missionary, I wish to make it clear that I will not expect any organization with which I may work or be associated to be responsible or liable to me for any loss or damage to my property, any personal injury or illness; or any other injuries or damage I may suffer, and in consideration of my service as a KY Missionary, and for other good or valuable consideration, in behalf of myself, my heirs, executors, administrators, and assigns, I hereby release the Kentucky Baptist Convention, and its related entities, local association, and local church or other place of Christian ministry, and any employee of the foregoing organizations, from any and all such claims and demands. | | | |
| Signed  **(In completing this form electronically, typing your full legal name – first, middle, last - above will constitute your legal signature.)** | | | Date |

**Submit a digital photo electronically. It must be a JPEG file no larger than 2MB.**

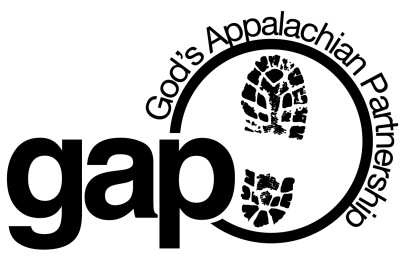
**(Required)**



GAP Missionary Conduct Pledge

**Picture must be individual, current, head and shoulders, high resolution photo with plain background.**

* I will conduct myself in a way that reflects positively on Christ and God’s Appalachian Partnership.
* I will maintain my spiritual health through Bible study, prayer and worship.
* I will be a tithing member and in good standing in a Bible-believing church.
* I will exercise prudence, spiritual discernment and Christ-like caution concerning responses to and time spent with the opposite sex.
* I will not show affection that could be questioned.
* I will abstain from the use and/or consumption of tobacco, illegal drugs and alcoholic beverages.
* I will abstain from viewing pornography.
* I will maintain financial integrity.



**God’s Appalachian Partnership, INC.**

P.O. Box 704

McDowell, KY 41647

606-377-0332 (Office) 606-377-6164 (Fax)

Email:john.morris@gapky.org

**God’s Appalachian Partnership, INC.**

**Staff Application**

**Background/Credit Check Authorization**

**Release of Liability**

I, **,** Date of Birth  Social Security Number  do hereby authorize God’s Appalachian Partnership, INC. to conduct a criminal brackground investigation and credit history check.

I release, indemnify and forever hold harmless God’s Appalchian Partnership, INC., their agents or assigns, from any and all clains and/or liabilities that may arise as a result of these investigations. Further, I release, indemnify and forever hold harmless any person, corporation, company, institution, or individual and their agents and assigns who may act upon authority of this release.

I authorize and certify that a photocopy or electronic facsimile of this Release shall serve with the same authority as the orginial. Further, if any county or state requires a notarized copy of this document before a background check and/or credit check can be completed; such notarized copy must then be provided by the applicant.

Pleae indicate the county and state in which you reside: County:

State:

X

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**SIGNATURE REQUIRED**

**(In completing this form electrically, typing your full legal name – first, middle, last – above will constitute your legal signature.)**

Date: