



**Mission Service Corps:** serve a minimum of 20 hours per week in a continuous mission position for two years or longer.

**M.O.S.T.:** serve in a missionary or mission support role for a minimum of 20 hours per week for the duration of an assignment from three (3) weeks to two (2) years, renewable.

**Submitting this application indicates your agreement to the above time criteria if approved and placed.**

This application **must** be completed electronically and e-mailed as an attachment, including a JPEG file picture to **ministries@kybaptist.org**. If you have any questions, call 1-866-489-3530.

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/PROVINCE	ZIP/POSTAL CODE	
E-MAIL ADDRESS (1)		E-MAIL ADDRESS (2)		GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
RACE/ETHNICITY (OPTIONAL)	<input type="checkbox"/> White non-Hispanic (Anglo) <input type="checkbox"/> Black (African/African American)	<input type="checkbox"/> Hispanic <input type="checkbox"/> Native Amer./1 <sup>st</sup> Nations	<input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander	<input type="checkbox"/> French Canadian <input type="checkbox"/> Middle Eastern	<input type="checkbox"/> Other - Specify
LANGUAGES SPOKEN FLUENTLY OTHER THAN ENGLISH					
1.            2.            3.            4.					
U.S. OR CANADIAN CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO		IF NO, COUNTRY OF CITIZENSHIP		STATUS OF IMMIGRATION/RESIDENCY	
MARITAL STATUS (check all that apply)					
<input type="checkbox"/> SINGLE	<input type="checkbox"/> ENGAGED EXPECTED MARRIAGE DATE	<input type="checkbox"/> MARRIED DATE	<input type="checkbox"/> WIDOWED	<b>NAMB USE ONLY</b> SP Qual. <input type="checkbox"/> Yes <input type="checkbox"/> No Meets Rationale <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> DIVORCED DATE OF DIVORCE (M/D/Y)	<input type="checkbox"/> DIVORCED MORE THAN ONCE? <input type="checkbox"/>	<input type="checkbox"/> REMARRIED DATE OF REMARRIAGE (M/D/Y)			
SPOUSE AND FAMILY INFORMATION					
SPOUSE NAME: LAST      FIRST      MI			SPOUSE'S PREFERRED NAME		
HAS SPOUSE APPLIED? <input type="checkbox"/> YES <input type="checkbox"/> NO		DEPENDENT CHILDREN LIVING WITH YOU (GOING WITH YOU IF YOU RELOCATE) <input type="checkbox"/> YES <input type="checkbox"/> NO      HOW MANY?      AGE RANGE      TO			
FINANCIAL STATUS (check all that apply)			INSURANCE INFORMATION		
<input type="checkbox"/> I will be raising my financial support <input type="checkbox"/> Please send me information about Support Development training.  <input type="checkbox"/> I will provide all my own financial support  <input type="checkbox"/> I will be working as a Tentmaker (bivocational)			Medical and Life Insurance is not provided by the North American Mission Board. However, it is highly recommended that MSC missionaries maintain adequate insurance coverage. Access to group Medical and Life policies for approved MSC missionaries is available through Guidestone Financial Resources of the SBC. <b>NOTE: If applied for beyond 31 days following placement, full medical underwriting is required.</b>  <input type="checkbox"/> Yes, please send me insurance information. <input type="checkbox"/> No, I do not need insurance information.		
CHURCH MEMBERSHIP					
CHURCH NAME		PASTOR'S NAME		NAME OF LOCAL ASSOCIATION	
ADDRESS			NAME OF STATE/CANADIAN CONVENTION		
CITY		STATE/PROVINCE		ZIP/POSTAL	
			<b>For NAMB Office Use Only</b>		
PHONE NUMBER			ID Number		MSC - MCC Date
E-MAIL ADDRESS			Consultant No.		

## 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					
HOURS PRESENTLY ENROLLED (IF CURRENT STUDENT)			PLANS FOR FURTHER STUDY			

LIST ANY SPECIALIZED TRAINING OR SKILLS (i.e. Teaching ESOL, Literacy, Crisis Counseling, etc.)

## EMPLOYMENT EXPERIENCE

**LAST 3 EMPLOYED SECULAR AND/OR CHURCH POSITIONS**

FROM	TO	POSITION (TYPE OF WORK)	ORGANIZATION/COMPANY	LOCATION (CITY/STATE)
RETIRED: <input type="checkbox"/> YES <input type="checkbox"/> 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

## MISSION SERVICE CORPS: Ministry Opportunity Examples

Please use one or more of the following, if possible, in the "Ministry Preference" section below.

BSM/Collegiate Evangelism	Discipleship	Mission Coordination	Resort & Leisure Ministry
Chaplaincy	Evangelism/Outreach	Multihousing Ministry	Teacher (certified)
Children's Ministry/Outreach	Internationals (incl. students)	Music/Worship – Church Planting	Volunteer Mobilization (recruitment)
Community Ministry	Language/Ethnic Outreach	Music/Arts Evangelism/Outreach	Women's Evangelism
Church Planter	Literacy	Pastor	Youth Ministry/Evangelism
Church Planting Team	Medical/Healthcare Ministry	Prison Ministry	Other (Specify)
Church Strengtheners	Minister of Missions	Recreation/Sports Outreach	

## MSC MINISTRY PREFERENCE(S)

(See List Above)


## PLACEMENT AVAILABILITY

DATE AVAILABLE (M/D/Y)	<b>GEOGRAPHIC PREFERENCE</b> <input type="checkbox"/> LOCAL ONLY <input type="checkbox"/> NORTHEAST <input type="checkbox"/> MIDWEST <input type="checkbox"/> PACIFIC WEST <input type="checkbox"/> MY STATE ONLY <input type="checkbox"/> MID-ATLANTIC <input type="checkbox"/> SOUTHWEST <input type="checkbox"/> CANADA <input type="checkbox"/> SPECIFIC STATE <input type="checkbox"/> SOUTHEAST <input type="checkbox"/> MOUNTAIN STATES <input type="checkbox"/> OPEN TO ANYWHERE			
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Is this application in response to a specific ministry request?  YES  NO

- If yes, please indicate specific ministry:
- Location (City, State/Province):
- Name of ministry leader/supervisor:

## BELIEF AND PRACTICE STATEMENT

(Do not exceed space provided)

1. **Briefly describe your conversion experience** – Include age, place, circumstances of your conversion and when you were baptized:

2. **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:

3. Do you believe that the Bible is inerrant, "truth without any mixture of error"?	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
4. Do you believe that the miracles and historical events in the bible actually occurred?	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
5. 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?	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
6. Do you recognize immersion of believers as the scriptural mode of baptism?	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
7. Are you an active member, in good standing, of a cooperating Southern Baptist Church?	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
8. Do you give regularly to support your church financially and encourage participation in the Cooperative Program, Annie Armstrong and Lottie Moon Mission Offerings?	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
9. Are you actively involved in personal, verbal witnessing?	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
10. Upon approval and placement as a Mission Service Corps missionary, will you covenant to carry out your ministry in accordance with and not contrary to the current Baptist Faith & Message? <div style="text-align: center;"> <input type="checkbox"/> <b>YES</b>    <input type="checkbox"/> <b>NO</b> </div>		
11. Do you use tobacco products? (Use of tobacco is inappropriate for missionaries)	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
12. Do you engage in public or private glossolalia (speaking in tongues)?	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
13. Have you ever been convicted of a felony?	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
14. Have you consumed alcohol as a beverage in the last twelve (12) months?	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
15. Is there anything in your lifestyle that could be an embarrassment to the mission cause (e.g. illegal use of drugs, pornography)?	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>

**If you replied "YES" to questions 13 - 15, please give an explanation below:**

<b>REFERENCES</b>		
Other church pastoral staff member may be used if pastor does not know the applicant personally. <u>All references must have an e-mail address.</u>		
1. Current Pastor's Name (ADOM if applicant is the pastor/pastor's wife) <input type="checkbox"/> Check if other than current pastor		
Mailing Address		
City	ST/Prov.	ZIP/Postal
Telephone		
E-mail Address		
2. Reference Name		
Mailing Address		
City	ST/Prov.	ZIP/Postal
Telephone		
E-mail Address		
3. Reference Name		
Mailing Address		
City	ST/Prov.	ZIP/Postal
Telephone		
E-mail Address		

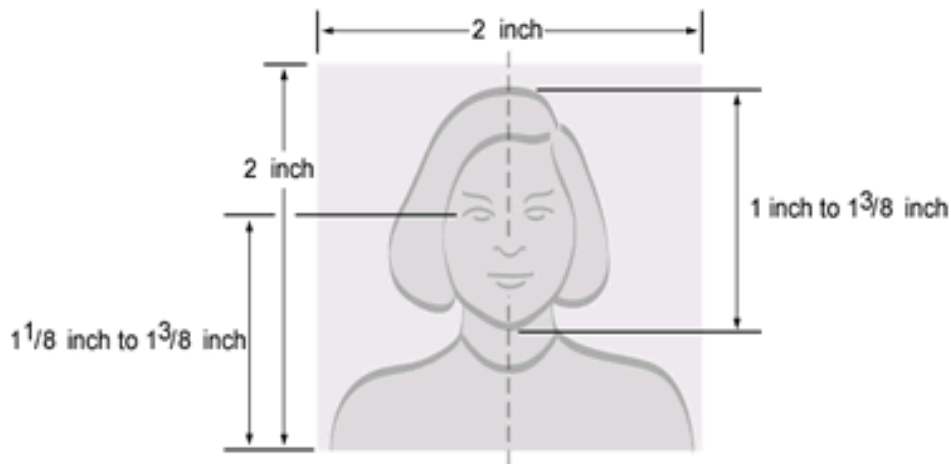
<b>PERMANENT CONTACT PERSON</b>		
(Someone not living with you who will know how to contact you)		
Name		
Mailing Address		
City	ST/Prov.	ZIP/Postal
Telephone		
E-mail Address		

### LIABILITY RELEASE

If I accept placement with Mission Service Corps (MSC) or M.O.S.T., 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 admission to MSC, and for other good or valuable consideration, in behalf of myself, my heirs, executors, administrators, and assigns, I hereby release the North American Mission Board, SBC and its related entities, and state or Canadian convention, 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 \_\_\_\_\_ Date \_\_\_\_\_  
 (In completing this form electronically, typing your full legal name – first, middle, last - above will constitute your legal signature.)

### Attach 2x2 Passport Type Photograph (Required)



Picture must be individual, current, head and shoulders, high resolution photo with plain background. If submitting digital photo electronically, it must meet these same requirements and be a JPEG file no larger than 2mb.



*NORTH AMERICAN  
MISSION BOARD*

*NORTH AMERICAN MISSION BOARD, SBC*  
4200 North Point Parkway  
Alpharetta, Georgia 30022-4176  
(800) 462-8657 ext. 6473  
E-mail: MSC@namb.net

**MISSION SERVICE CORPS APPLICATION  
BACKGROUND CHECK AUTHORIZATION  
RELEASE OF LIABILITY**

I, \_\_\_\_\_, Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_, do hereby authorize the North American Mission Board, SBC, to conduct a criminal background investigation.

I release, indemnify and forever hold harmless the North American Mission Board, SBC, their agents or assigns, from any and all claims 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 original. Further, if any county or state/province requires a notarized copy of this document before a background check can be completed; such notarized copy must then be provided by the applicant.

(NOTE: If applicant is a Canadian citizen or resident, further documentation will be required to complete the background check process. They will be contacted and this documentation will be sent to them.)

Please indicate the county and state in which you reside: County \_\_\_\_\_  
State/Province \_\_\_\_\_

X \_\_\_\_\_

**Signature Required**

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

Date \_\_\_\_\_