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# Membership Application

## **Executive Director**

Mike Dunlap

## **Secretary of Ministry**

Sue Dunlap

## **Board of Directors**

Dan Hostetler – President

Dan Bishop

Scott Ferrell

Blaine Budd

Matt Near

## **Interlink Office Staff**

Elizabeth Hicks – Administrator

Andrea Denning– Office and Website Coordinator

Laurel Leedy – Relations Coordinator

**INTERLINK is a 501(c)(3) non-profit organization**

*“And this gospel of the kingdom will be preached in the whole world as a testimony to all nations, and then the end will come.” Matthew 24:14*

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## **Mission Statement**

We desire to facilitate and administer missionary funding for the purpose of sharing the Gospel of Jesus Christ worldwide.

## **Purpose Statement**

“Linking those who need to share the Gospel, with those who need to hear the Gospel”

## **Vision Statement**

INTERLINK provides services which enable others to pursue their God given vision for biblically based ministry through accountability, transparency, and integrity.

INTERLINK is committed to facilitating ministry in a manner that is honest, efficient, and effective in the field and a source of Godly service and growth for those sponsoring, doing, and receiving the work.

## **Qualifications for Membership**

### **Spiritual Commitment**

- Assurance of salvation by personal faith in Jesus Christ.
- Spiritual maturity with evidence of spiritual growth.
- Doctrinal agreement with INTERLINK’s statement of faith and a tolerant attitude on other points.
- Eagerness and ability to share the Gospel.
- Biblical knowledge and continual pursuit of Biblical truths.
- Sensitivity to God’s leading in your life.
- Involvement in a local church or body of believers.

### **Personal Qualities**

Adaptability and flexibility to changing situations. Willingness to...

- learn and serve.
- support your spouse in ministry.
- take responsibility and be sensitive to submitting to the authority of others.
- willing to disciple others as the opportunity presents.

### **Health**

General good health and emotional stability that would enable a person to serve in their chosen field.

### **Gifts and Technical Skills**

Exhibit the ability to accomplish the ministry to which you are committing yourself.

## Statement of Faith

### We believe:

- that the Scriptures of the Old and New Testaments are divinely inspired and inerrant in the original writing, and that they are of supreme and final authority in faith and life.
- in one God, eternally existing to three co-equal persons: Father, Son and Holy Spirit.
- that Jesus Christ was begotten by the Holy Spirit, born of the virgin Mary, and is true God and true man.
- that man was created in the image of God; that he sinned and thereby incurred not only physical death but also spiritual death, which is separation from God; that all human beings are born with a sinful nature and, in the case of those who reach moral responsibility, become sinners in thought, word and deed.
- in the resurrection of the crucified body of our Lord, in His ascension into heaven, and in His present ministry for us as High Priest and Advocate.
- in the personal and imminent return of our Lord and Savior, Jesus Christ.
- that Jesus Christ died as a substitutionary sacrifice for our sins and all who receive Him by faith are born again of the Holy Spirit, and thereby children of God.
- in the bodily resurrection of the just and the unjust, the everlasting blessedness of the saved, and the everlasting punishment of the lost.
- that the spiritual unity of all true believers comprise the true Church.
- in the commission of Jesus Christ to take the Gospel to every tribe, tongue, people and nation.

Do you affirm our “Statement of Faith”? (Print yes or no) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

# Application for Membership

## Personal

Name \_\_\_\_\_

Spouses Name \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Other \_\_\_\_\_

E-mail: \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birth Date \_\_\_/\_\_\_/\_\_\_ Spouse's Birth Date \_\_\_/\_\_\_/\_\_\_

Marital status: Single  Married  Separated  Divorced  Anniversary Date: \_\_\_/\_\_\_/\_\_\_

<b>Children Names</b>	<b>Birth Dates</b>	<b>Lives With You?</b>	
_____	_____	Y ___	N ___
_____	_____	Y ___	N ___
_____	_____	Y ___	N ___
_____	_____	Y ___	N ___
_____	_____	Y ___	N ___
_____	_____	Y ___	N ___
_____	_____	Y ___	N ___
_____	_____	Y ___	N ___

## Emergency Contact

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Other \_\_\_\_\_

E-mail \_\_\_\_\_

## Church and Ministry

Home Church \_\_\_\_\_ Pastor \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Member \_\_\_\_\_ How Long \_\_\_\_\_

Commissioned (through who and how long)

\_\_\_\_\_

Church Currently Attending \_\_\_\_\_ Pastor \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please list ministry activities in the church you have participated in, past or present:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Provide any short or long term ministry experience? Describe (what, where, who with, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

General comments about your Church and ministry experience:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Education**

	<b>Name</b>	<b>City, State</b>	<b>Degree</b>	<b>Year</b>
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Other	_____	_____	_____	_____
Other	_____	_____	_____	_____

**Work Experience**

Describe major work experiences that have most impacted your life in preparation for ministry:

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**Health**

Do you have health insurance? Yes  No

If so, who with? **Company** \_\_\_\_\_ **Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

Do you, or anyone dependent on you have ongoing health problems or significant health problems over the last five years? Yes  No  If so, please attach an explanation

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## Ministry Vision

Please provide with this application an outline of the special project you feel God has laid upon your heart. Include, but do not limit to yourself to:

- Specifically give the what, when, where and also the why of the project.
- Give names, addresses and organizational information about any mission groups or organizations you will be associated with.
- How did you arrive at this decision?
- What is your major goal or motivation?
- If married, have spouse express their feelings and how they see themselves relating to the project.
- How do any children, living with you or not, feel about this ministry.

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## Prayer Support & Accountability

Have you developed a base of prayer support? Yes  No

Have you counseled with your pastor or others? Yes  No

## Advisory Team

This group of people includes any individuals, formal organizations, mission boards, churches or missions committees you are accountable to outside of Interlink. These people that will have in-depth knowledge of your ministry plans that will form your prayer counsel, be your advisors or give any manner of oversight to your ministry.

**Name**

**Relationship**

**Phone**

**Email**

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## Financial Needs

What amount, per year, do you project will be needed to meet your ministry expenses, including the cost of communicating to your donors?

\$ \_\_\_\_\_

What do you base this projection on?

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What amount, per year, do you project will be needed to meet your families personal needs?

\$ \_\_\_\_\_

On what do you base this projection?

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**Total Yearly Budget** \$ \_\_\_\_\_

## One Time Cost

What is the cost of transporting your family, goods, and equipment to and from your ministry location?

\$ \_\_\_\_\_

Do you anticipate "startup cost" such as initial housing, transportation or others? Describe.

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**Total One Time Expense** \$ \_\_\_\_\_

## Sources of Income

All INTERLINK'S missionaries live and work in dependence on God to support themselves and their individual ministries. The purpose of these questions is for us to know how that is taking place.

What are the current sources of income that will support you in ministry? Names of individual constituency are not required. Your individual supporters would collectively be a source. Other sources may be pensions, supporting Churches (listed individually) etc. If you or your spouse plan on working outside of the ministry please supply a letter of explanation.

Sources	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
	<b>Total \$</b> _____

## Personal Debt

Personal indebtedness is an important issue for all of us. Although we understand that all situations are different, it is our general policy that our members do not have outstanding debt with the exception of a mortgage and, within reason, a car payment.

Do you have a mortgage? Yes  No  If yes, amount owed \$ \_\_\_\_\_ Equity \$ \_\_\_\_\_

Do you have a car payment? Yes  No  If yes, amount owed \$ \_\_\_\_\_ Year \_\_\_\_\_

Make & Model \_\_\_\_\_

Please describe any other indebtedness:

\_\_\_\_\_  
\_\_\_\_\_

## Personal Liability

Do you have a police or felon record? Yes  No

Are you currently involved in a law suit or legal proceeding? Yes  No

If so, please describe \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Personal References**

These are people whom you have known on a personal level for a long period of time. They may or may not have direct in depth knowledge of your ministry plans. Please list three, and provide name, address, phone & Email

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*\*The "Evaluation of Applicant for Ministry Service" form is page 13 of this application. The form can be emailed to your references.*

With my signature I affirm that all statements are correct as God has given me wisdom.

Full Name \_\_\_\_\_ Signature \_\_\_\_\_

Spouse \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_

The information you have provided here is received in confidence. It will be only shared with the administrative staff and board of directors of INTERLINK unless otherwise directed by the applicant.

There is a 5% assessment on all ministry finances that are receipted through Interlink's office. We receipt donors on a weekly basis and send an end of the year gift statement to all donors. We also issue a 1099 to our missionaries at the end of each year declaring their income received.

Michael J. Dunlap, Executive Director  
INTERLINK MINISTRIES, INC.

**Notes and Additional Information**

You may use this area to supply additional information or you may attach documents. If you are referencing a particular section of the application, please note it at the beginning.

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## Evaluation of Applicant for Ministry Service

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. **Your** Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

2. How long have you know the applicant and in what capacity?

\_\_\_\_\_  
\_\_\_\_\_

3. To the best of your knowledge; has the applicant made a meaningful personal commitment to Jesus Christ? \_\_\_\_\_ (If "No" do not continue with evaluation)

*Please rate each category below as: (Excellent, above average, average, have concerns, or Not known)*

### **SPIRITUAL:**

Faithful in Christian work =

Spiritual Maturity =

Personal witness =

Consistency of testimony =

Humility =

Devotional Practice =

Please comment on any of the above: \_\_\_\_\_

### **PHYSICAL AND EMOTIONAL:**

Health =

Patience =

Emotional stability =

Please comment on any of the above: \_\_\_\_\_

### **SOCIAL:**

Consideration of others =

Friendliness =

Compassion for others =

Please comment on any of the above: \_\_\_\_\_

### **PRACTICAL:**

Initiative =

Perseverance =

Flexibility =

Dependability =

Integrity =

Please comment on any of the above: \_\_\_\_\_

4. Would you appoint the applicant to a position of responsibility in a spiritual ministry if it were your duty to choose and why?

\_\_\_\_\_  
\_\_\_\_\_

5. Please state frankly your opinion of the applicant's all-around fitness for ministry service.

\_\_\_\_\_  
\_\_\_\_\_

\*Please email your confidential evaluation to Interlink Ministries [interlinkfamily@aol.com](mailto:interlinkfamily@aol.com)

OFFICE NOTES: \_\_\_\_\_