

Membership Application

Interlink Ministries, Inc.

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Sue Dunlap

Board of Directors

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Interlink Office Staff

Elizabeth Hicks – Administrative and Payroll Manager
Andrea Denning– Ministry Assistant and Website Manager
Laurel Leedy – Relations Coordinator

INTERLINK is a [501(C)(3) non-profit organization]

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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”? _____

Signed _____

Date _____

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 enables others to pursue their God given vision for ministry. This includes Churches, other Christian organizations, individuals, long and short term independent missionaries and indigenous and national Christian workers.

We provide knowledge and assistance, which facilitate Christian sponsors in taking a proactive role in the support of these missionaries and projects. Ministries and projects of emphasis are those that present the Gospel or create the opportunity to do so in a clear and effective way. We place a high priority on work that establishes and strengthens nationally led churches.

INTERLINK is committed to facilitating ministry in a manner that is efficient and effective in the field and a source of spiritual vitality and growth for those sponsoring the work.

***“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***

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

- ⇒ 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.
- ⇒ Adaptability and flexibility to changing situations.

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.

Application for Membership

Personal

Name _____

Spouses Name _____ Maiden _____

Current Address _____

City _____ State _____ Zip _____

Telephone: Home _____ Work _____ Other _____

E-mail: _____

Permanent Address: _____

City _____ State _____ Zip _____

Social Security No. _____

Birth Date _____ Spouse's Birth Date _____

Marital status: Single ___ Married ___ Separated ___ Divorced ___ Anniversary Date _____

Children:	Names,	Birth Dates	Living With You?
_____	_____	_____	Y ___ N ___
_____	_____	_____	Y ___ N ___
_____	_____	_____	Y ___ N ___
_____	_____	_____	Y ___ N ___
_____	_____	_____	Y ___ N ___
_____	_____	_____	Y ___ N ___
_____	_____	_____	Y ___ N ___
_____	_____	_____	Y ___ N ___
_____	_____	_____	Y ___ N ___

Who do we contact in case of emergency?

Name _____ Relationship _____

Address _____ Phone _____ E-mail _____

City _____ State _____ Zip _____

Church and Ministry

Home Church _____ Pastor _____

Address _____ Phone _____

City _____ State _____ Zip _____

Member _____ How Long _____ Commissioned (through who and how long) _____

Church Currently Attending _____ Pastor _____

Address _____ Phone _____

City _____ State _____ Zip _____

Are you currently performing or have you in the past performed ministry activities in the church:

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

General comments about your Church and ministry experience:

Education

Name	City, State	Degree	Year
High School _____			
College _____			
Other _____			

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

(list three, name, address, phone & Email)

***Please have your above Personal References complete the “Evaluation of Applicant for Ministry Service” forms (pages 14 & 15 of this application). If they send evaluations to you; please submit their completed forms with this application. (Make copies as needed).**

Work Experience

Describe major work experiences that have most impacted your life:

Ministry Vision

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

Specifically give the what, when, where and how of the ministry.

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 ministry.

How do any children (living with you or not) feel about this ministry.

Prayer Support and Accountability

Have you developed a base of prayer support? Yes _____ No _____

Have you counseled with your pastor or others? Yes _____ No _____

Accountability Group(s)

Who are the 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? This group of people includes any individuals, formal organizations, mission boards, churches or missions committees you are accountable to outside of Interlink. Include names and contact information to include email if available. Also supply, with this application any printed information relating to an organization, church or mission board. Use a separate sheet of paper if needed.

Financial Needs

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

\$ _____

What do you base this projection on:

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

\$ _____

On what do you base this projection?

Total Yearly Budget \$ _____

One time cost:

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

_____ \$ _____

Do you anticipate “start up cost” such as initial housing, transportation or others? Describe.

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total One Time Expense \$ _____

Sources Of Income

All INTERLINK MINISTRIES 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 and what your responsive activities.

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
_____	_____
_____	_____
_____	_____
_____	_____
Total	_____

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 ___

Do you have a car payment? Yes ___ No ___

If yes:

If yes:

Amount owed _____

Amount owed _____

Equity _____

Year & Make _____

Please describe any other indebtedness:

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

Personal Liability

Do you have a police or felon record or are you currently involved in a law suit or legal proceeding?

Yes ___ No ___ If so please describe.

Christian Testimony

Please attach a copy of your personal testimony and that of your spouse if applicable. Include your salvation experience, your walk with the Lord and your call to ministry.

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

Full Name _____ Signature _____

Spouse _____ Signature _____

Date _____

******Please include a picture of you and your family if applicable.**

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 MINISTRIES unless otherwise directed by the applicant.

There is a 5% assessment on all ministry finances that are receipted through Interlinks 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.

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:

Spiritual Maturity =

Devotional Practice =

Consistency of testimony =

Personall witness =

Faithful in Christian work =

Humility =

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.

Thank you for your time in helping us evaluate this applicant for ministry.

***If you prefer, please send your confidential evaluation to Interlink Ministries directly:**

Mail: P.O. Box 460, Apple Creek, OH 44606 or

E-mail: interlinkfamily@aol.com or

FAX: 330-698-1910

OFFICE NOTES: