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Project Application

Interlink Ministries, Inc.

PO Box 460 • Apple Creek, Ohio 44606

Executive Director

Mike Dunlap

Secretary of Ministry

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Interlink Office Staff

Elizabeth Hicks – Administrator

Andrea Denning– Ministry Assistant and Website Manager

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 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.

Coordinator Qualifications

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 Project

Personal

Name _____ Spouses Name _____

Current Address _____

City _____ State _____ Zip _____

Telephone: Home _____ Work _____ Other _____

E-mail Address _____ Social Security # _____ - _____ - _____

Birth Date ___/___/___ Spouse's Birth Date ___/___/___

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

Children Names	Birth Dates	Lives With You?	
_____	_____	Y ___	N ___
_____	_____	Y ___	N ___
_____	_____	Y ___	N ___
_____	_____	Y ___	N ___
_____	_____	Y ___	N ___

Emergency Contact

Name _____ Relationship _____

Address _____ City _____

State _____ Zip _____ Phone _____ Other _____

E-mail _____

Church

Home Church _____ Pastor _____

Address _____ City _____

State _____ Zip _____ Phone _____ Member _____ How Long _____

Financial Plan

Please provide a financial plan to sustain this project:

Financial Plan:

- What are the initial financial needs for this project?
- How do you plan to financially provide support for this project?
- What is your projected support needs for the first year?
- Do you have enough initial funds to start this project?
- Do you have liability coverage for you and this project?

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 mission committee's you are accountable to outside of Interlink. These are people who will have an 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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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.

Name	Phone	Email
_____	_____	_____
_____	_____	_____

**Please have your above Personal References complete the "Evaluation of Applicant for Ministry Service" form (pages 8 of this application), and return it to our office by email.*

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 MINISTRIES unless otherwise directed by the applicant.

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

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 return form to: interlinkfamily@aol.com

OFFICE NOTES: _____