Dear Potential Mission Service Corps Missionary,

Thank you for your interest in Montana Missions. We are a choice mission field where there is a growing prayer movement based on Jesus' command in Luke 10:2b to **"pray for laborers."** It is our belief that if Jesus commanded us to ask the Master for workers, then you may be an answer to our prayers.

We want to explore the opportunity of partnering with you in reducing lostness and conquering darkness in one of the most strategic places in the world. To help us be good stewards and to know how to respond, as a first step please take a few moments to share your responses to the following questions for the possibility of becoming partners in the harvest.

Reasons for these questions:

As God sends us more and more laborers and missional leaders, we believe that our role is to do our best to help each potential missionary find an opportunity to answer God's call in an environment or group that fits the way God has designed for you.

The questions may assist you in exploring the direction the Holy Spirit has for your life and your responses will help us understand where you are and how God has worked and shaped His calling on your life.

These questions are the starting point; more will come on our journey together.

1. Please share your personal testimony with us.

2. Describe your calling from God. Why do you want to fulfill that calling?

3. Share with us the ministry context you have enjoyed the most or in which you have felt most effective in the past.

4. Paint the following picture: If God were to give you the desires of your heart (we believe that God wants this for you) in terms of ministry or a place of ministry, what would it look like?

5. Looking back on your life and ministry, how do you think God has prepared you for Montana?

6. Are you willing to be bi-vocational or raise your own support? If yes, do you have networks or partnerships to assist with financial support?

7. Where is your spouse and family in this process? What seems to be their biggest questions?

We look forward to receiving your response and perhaps begin a journey that will make you part of our missional team as we pray for awakening in the West that begins here in Montana. Thank you for your interest. May the Holy Spirit direct your path and, if He leads, come and join us in the harvest across Montana.

Stan Bricker
Montana Southern Baptist Convention
Mission Service Corps Coordinator
1130 Cerise Road
Billings, MT 59101
406- 252-7537 *office*
406-839-7876 *cell*
sbricker@mtsbc.org

NORTH AMERICAN MISSION BOARD

Application for
Mission Service Corps &
M.O.S.T.(Missions on Short Term)

☐ ***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 **mtsbc.org**.

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 ☐ MALE ☐ FEMALE		

RACE/ETHNICITY (OPTIONAL): ☐ White non-Hispanic (Anglo) ☐ Black (African/African American) ☐ Hispanic ☐ Native Amer./1st Nations ☐ Asian ☐ Pacific Islander ☐ French Canadian ☐ Middle Eastern ☐ Other - Specify

LANGUAGES SPOKEN FLUENTLY OTHER THAN ENGLISH
1. 2. 3. 4.

U.S. OR CANADIAN 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
☐ DIVORCED DATE OF DIVORCE (M/D/Y)	**DIVORCED MORE THAN ONCE?** ☐	☐ REMARRIED DATE OF REMARRIAGE (M/D/Y)	

NAMB USE ONLY
SP Qual. ☐ Yes ☐ No
Meets Rationale ☐ Yes ☐ No

SPOUSE AND FAMILY INFORMATION

SPOUSE NAME: LAST FIRST MI	SPOUSE'S PREFERRED NAME
HAS SPOUSE APPLIED? ☐ YES ☐ NO	DEPENDENT CHILDREN LIVING WITH YOU **(GOING WITH YOU IF YOU RELOCATE)** ☐ YES ☐ NO HOW MANY? AGE RANGE TO

FINANCIAL STATUS (check all that apply)

☐ I will be raising my financial support
☐ Please send me information about Support Development training.

☐ I will provide all my own financial support

☐ I will be working as a Tentmaker (bivocational)

INSURANCE INFORMATION

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. ***NOTE: If applied for beyond 31 days following placement, full medical underwriting is required.***

☐ Yes, please send me insurance information.
☐ 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	
PHONE NUMBER		
E-MAIL ADDRESS		

For NAMB Office Use Only	
ID Number	MSC - MCC Date
	Consultant No.

EDUCATION & TRAINING
INCLUDING ANY VOCATIONAL, BIBLE OR MINISTRY TRAINING

DATE ATTENDED FROM	DATE ATTENDED TO	NAME OF SCHOOL	LOCATION	MINOR/MAJOR OR COURSE(S)	DEGREE OR HRS. CREDIT	DATE GRADUATED

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: ☐ 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

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 Strengthener	Minister of Missions	Recreation/Sports Outreach	

MSC MINISTRY PREFERENCE(S)
(See List Above)

PLACEMENT AVAILABILITY

DATE AVAILABLE (M/D/Y)	**GEOGRAPHIC PREFERENCE**			
	☐ LOCAL ONLY	☐ NORTHEAST	☐ MIDWEST	☐ PACIFIC WEST
	☐ MY STATE ONLY	☐ MID-ATLANTIC	☐ SOUTHWEST	☐ CANADA
	☐ SPECIFIC STATE	☐ SOUTHEAST	☐ MOUNTAIN STATES	☐ OPEN TO ANYWHERE

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 – I**nclude 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"?	☐ **Yes**	☐ **No**
4. Do you believe that the miracles and historical events in the bible actually occurred?	☐ **Yes**	☐ **No**
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?	☐ **Yes**	☐ **No**
6. Do you recognize immersion of believers as the scriptural mode of baptism?	☐ **Yes**	☐ **No**
7. Are you an active member, in good standing, of a cooperating Southern Baptist Church?	☐ **Yes**	☐ **No**
8. 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**
9. Are you actively involved in personal, verbal witnessing?	☐ **Yes**	☐ **No**
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? ☐ **YES** ☐ **NO**		
11. Do you use tobacco products? (Use of tobacco is inappropriate for missionaries)	☐ **Yes**	☐ **No**
12. Do you engage in public or private glossolalia (speaking in tongues)?	☐ **Yes**	☐ **No**
13. Have you ever been convicted of a felony?	☐ **Yes**	☐ **No**
14. Have you consumed alcohol as a beverage in the last twelve (12) months?	☐ **Yes**	☐ **No**
15. 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:

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, Current Pastor's Name **(ADOM if applicant is the pastor/pastor's wife)** ☐ **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		

PERMANENT CONTACT PERSON

(Someone not living with you who will know how to contact you)

Name		
Mailing Address		
City	ST/Prov.	ZIP/Postal
Telephone		
E-mail Address		

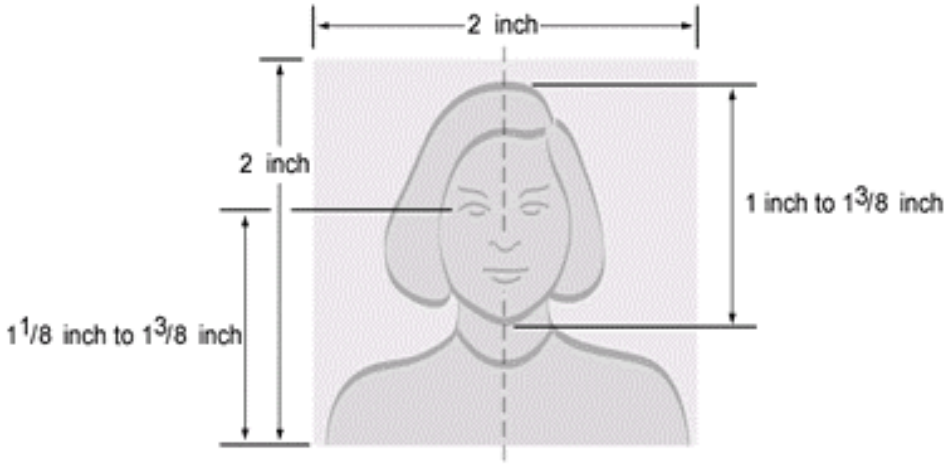
LIABILITY RELEASE

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, 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 _____