

APPLICATION PROCEDURE



INFORMATIONAL CHECKLIST



APPLICATION FORM



PASTOR'S RECOMMENDATION FORM



SPOUSE'S RECOMMENDATION FORM



PERSONAL RECOMMENDATION FORM

INFORMATIONAL CHECKLIST



FILL OUT APPLICATION FORM INCLUDING:

- One recent photo of yourself (No group shots!) Photos will not be returned.
- A one-page essay in your own hand writing (not typed) on your Christian life. Include:
 - Your past and present relationship with Jesus Christ.
 - How you see your future with God.
- Your parents' signatures on the application if you are under 18 years of age.
- A \$50.00 non-refundable application fee. (\$30.00 for returning missionaries)



PASTOR'S RECOMMENDATION:

- Make sure your pastor fills out and mails the recommendation form as soon as possible.
- Your application will not be processed without it.



SPOUSE'S RECOMMENDATION:

- Make sure your spouse fills out and includes the recommendation form with your application.
- Your application will not be processed without it.



PERSONAL RECOMMENDATION:

- Make sure the person of your choice fills out and mails the recommendation form as soon as possible.
- Your application will not be processed without it.



MAIL ALL FORMS TO:

- End Time Harvest Ministries
PO Box 712
Walden, NY 12586



APPLY FOR A PASSPORT IMMEDIATELY

End Time Harvest Missions Application

PO Box 712 • Walden, NY 12586

READ CAREFULLY

All of the following items must be completed before this application will be processed:

1. Please type or print.
2. Attach a current photograph (head & shoulders only).
3. Enclose the \$50.00 non-refundable application fee. (\$30.00 for returnees)
4. The three reference forms must be completed and returned to us.
5. Please answer all questions.
6. If additional space is required, please attach an additional page.
7. If applying for position of teacher, you must include official transcripts from all colleges.

Head and Shoulders
Photo Only -- 2" x 2"

Photo Mandatory
to
Process Application

(Not returnable)

PERSONAL DATA:

Name : _____
Last First Middle Initial Maiden

Address: _____

City _____ State _____ Zip _____

Home Phone: (_____) _____ - _____ Day Phone: (_____) _____ - _____

Male Female Height: _____ feet _____ inches. Weight: _____ pounds.

Date of Birth: _____ Place of Birth: _____
Month Day Year

Social Security Number _____ - _____ - _____ Citizen of What Country: _____

Marital Status: Single Married Remarried Engaged Divorced Widowed Separated

If other than single, please give date: _____

Country you wish to be considered for becoming part of the team: _____

FAMILY DATA:

Spouse: _____ Day Phone: (____) _____ - _____
Last

First

Address: _____

City _____ State _____ Zip _____

If address is different than yours, please explain:

Children: _____ Age: _____

Last First

Children: _____ Age: _____

Children: _____ Age: _____

Children: _____ Age: _____

If address of any minor child is different than yours, please explain:

EDUCATIONAL INFORMATION:

	Name of School/Address	Dates Attended	Course of Study/Degree
High School			
Vocational			
College			
College			
Other			

EMPLOYMENT:

Begin with your current employment and give at least a 5 year history:

Name of Employer	Address of Employer	Dates Employed	Position Held

If you are not currently employed, please explain:

PERSONAL INFORMATION:

- Date you made a commitment to follow Christ. _____.
- Are you water baptized? Yes No Are you baptized in the Holy Spirit? Yes No
- Have you ever been on a End Time Harvest Missions trip before? Yes No
If yes, list country/year: _____ Year _____

If you answer yes to any of the following questions, please explain on a separate sheet of paper.

- Have you been involved with any of the following within the past year? (Check any that apply)
Alcohol Illegal Drugs A Cult or the Occult Gang-related activities
- Have you ever: Been expelled from school? Served time in a detention center or jail?
Been convicted of committing a crime?
- Have you ever been pregnant or fathered a child out of wed-lock? Yes No
- Have you been sexually active (unmarried) within the last year? Yes No
- Have you ever had: Diabetes Seizures Fainting Spells An Eating Disorder
Respiratory Problems Psychiatric Care Surgery
- Are you currently on any prescribed medications? Yes No.
- Answer the following questions in 3-5 sentences:
 - 1) Describe your relationship with your family.
 - 2) Why do you desire to go on a End Time Harvest Ministries Missions Trip?
 - 3) In what way do you feel your gifts and callings can be utilized as part of an End Time Harvest Ministries Team?
 - 4) What do you feel is your greatest strength and your greatest weakness?

SERVICE:

CHRISTIAN SERVICE: *(Check all that apply)*

Music Program Prayer Group Church Leadership Sunday School Teacher

Youth Group Drama/Performances Other: _____

CURRENT MINISTRY STATUS:

Ordained Licensed Date: _____ Credentials from: _____

COMMUNITY SERVICE: (*List activities and give dates performed*)

MILITARY SERVICE:

Branch of Service: _____ Dates: _____

Discharge: Honorable Dishonorable Other: _____

PERSONAL RECOMMENDATIONS:

Pastor's Name _____ Church Name _____

Church Address: _____ City _____ State _____ Zip _____

Church Phone: (____) _____ - _____.

Second Recommendation--Name: _____

Address: _____ City _____ State _____ Zip _____

Phone: (____) _____ - _____.

ESSAY:

On a separate sheet of paper, please write a one-page essay on your Christian life, including a description of your past and present relationship with Jesus Christ and how you see your future in God.

SIGNATURE:

The information I have given End Time Harvest Ministries, Inc. is accurate and true to the best of my knowledge. I also give End Time Harvest Ministries, Inc. the right to use my picture, voice, and/or testimony in any form of promotional or advertising materials.

Signed: _____ Date: _____

Parent Signature _____ Date: _____

(If under 18 years of age)

End Time Harvest Missions Application
PASTORAL RECOMMENDATION

APPLICANT'S SECTION

Applicant: Please fill in all information in this box.

Applicant's Name: _____ Applicant's Phone: (____) _____ - _____

Applicant's Social Security No.: _____ - _____ - _____ Applicant's Age: _____

PASTOR'S SECTION

DIRECTIONS: Pastor, please complete the recommendation, place it in your letterhead envelope and mail to:
End Time Harvest Ministries, Inc. PO Box 712, Walden, NY 12586

Pastor's Name: _____ Pastor's Phone: (____) _____

Pastor's Title: _____

Church Name: _____

Church Address: _____ City: _____ State _____ Zip _____

PLEASE READ BEFORE FILLING OUT THIS RECOMMENDATION:

Serious consideration will be given to your evaluation of the applicant's character and fitness for short-term missions. Your responses will be held in strict confidence. If you have any questions, please call (540) 576-5007 to speak with a missions representative.

- How long have you known the applicant? _____
- How well do you know him/her? By Face/Name Casually Fairly Well Very Well

WHICH OF THE FOLLOWING BEST DESCRIBES THE APPLICANT?

E = Excellent AA = Above Average A = Average P = Poor U = Unknown

Spiritual Maturity _____ Spiritual Life _____ Passion for Souls _____ Response to Authority _____

Servanthood _____ Dependability _____ Accountability _____ Financial Accountability _____

Adaptability _____ Perseverance _____ Emotional Stability _____ Spiritual Influence on Peers _____

Personal Appearance _____ Overall Attitude _____ Health _____

O = Often S = Sometimes R = Rarely N = Never

Procrastinates _____ Critical _____ Irritable _____ Depressed _____ Frequent mood swings _____

Argumentative _____ Domineering _____ Rebellious _____

- Does the applicant demonstrate a personal commitment to Jesus Christ? Yes No
- Is the applicant active in his/her church? Yes No

- **To what extent is the applicant engaged in church activities:**
 - Attends regularly, enthusiastically and deeply involved
 - Attends regularly, cooperative and willing to help
 - Attends regularly, seldom participates in activities
 - Attends irregularly, with minimal participation
 - Attends irregularly, no participation
 - Unknown

- **In what form of Christian service has the applicant been a participant?** _____

- **To your knowledge, has the applicant used tobacco, alcohol, or illegal drugs in the last year?** Yes No

- **To your knowledge, has the applicant's interest in missions been influenced by a desire to escape a difficult situation, such as family problems, financial struggles, or a troubled romance?** Yes No

- **Are you aware of any mental or emotional illness or instability in the applicant?** Yes No

- **Have you ever had reason to question the applicant's morals?** Yes No

- **Do you have any reason to lack confidence in the applicant?** Yes No

- **Is there anything about the applicant's life, past or present, which should be called to our attention?**

- **What would you consider to be the applicant's greatest strength? and the greatest weakness?**

We would appreciate any additional comments you might have concerning the applicant. Please use this space.

Based on the above information, the applicant is:

- Strongly Recommended
 Recommended
 Recommended with Reservation
 Not Recommended at the Present Time

Signature _____ Date _____

End Time Harvest Missions Application
PERSONAL RECOMMENDATION

APPLICANT'S SECTION

Applicant: Please fill in all information in this box.

Applicant's Name: _____ Applicant's Phone: (____) _____ - _____

Applicant's Social Security No.: _____ - _____ - _____ Applicant's Age: _____

RECOMMENDING PERSON'S SECTION

DIRECTIONS: Please complete the your recommendation, place it in your envelope and mail to:
End Time Harvest Ministries, Inc. PO Box 712, Walden, NY 12586

Name: _____ Phone: (____) _____

Address: _____

City: _____ State _____ Zip _____

PLEASE READ BEFORE FILLING OUT THIS RECOMMENDATION:

Serious consideration will be given to your evaluation of the applicant's character and fitness for short-term missions. Your responses will be held in strict confidence. If you have any questions, please call (540) 576-5007 to speak with a missions representative.

- How long have you known the applicant? _____
- How well do you know him/her? By Face/Name Casually Fairly Well Very Well

WHICH OF THE FOLLOWING BEST DESCRIBES THE APPLICANT?

E = Excellent AA = Above Average A = Average P = Poor U = Unknown

Spiritual Maturity _____ Spiritual Life _____ Passion for Souls _____ Response to Authority _____

Servanthood _____ Dependability _____ Accountability _____ Financial Accountability _____

Adaptability _____ Perseverance _____ Emotional Stability _____ Spiritual Influence on Peers _____

Personal Appearance _____ Overall Attitude _____ Health _____

O = Often S = Sometimes R = Rarely N = Never

Procrastinates _____ Critical _____ Irritable _____ Depressed _____ Frequent mood swings _____

Argumentative _____ Domineering _____ Rebellious _____

- Does the applicant demonstrate a personal commitment to Jesus Christ? Yes No
- Is the applicant active in his/her church? Yes No
- To what extent is the applicant engaged in church activities:
 Attends regularly, enthusiastically and deeply involved

- Attends regularly, cooperative and willing to help
- Attends regularly, seldom participates in activities
- Attends irregularly, with minimal participation
- Attends irregularly, no participation
- Unknown

• In what form of Christian service has the applicant been a participant? _____

• To your knowledge, has the applicant used tobacco, alcohol, or illegal drugs in the last year? Yes No

• To your knowledge, has the applicant's interest in missions been influenced by a desire to escape a difficult situation, such as family problems, financial struggles, or a troubled romance? Yes No

• Are you aware of any mental or emotional illness or instability in the applicant? Yes No

• Have you ever had reason to question the applicant's morals? Yes No

• Do you have any reason to lack confidence in the applicant? Yes No

• Is there anything about the applicant's life, past or present, which should be called to our attention?

• What would you consider to be the applicant's greatest strength? and the greatest weakness?

We would appreciate any additional comments you might have concerning the applicant. Please use this space.

Based on the above information, the applicant is:

Strongly Recommended Recommended Recommended with Reservation

Not Recommended at the Present Time

Signature _____ Date _____

End Time Harvest Missions Application
SPOUSE'S RECOMMENDATION

APPLICANT'S SECTION

Applicant: Please fill in all information in this box.

Applicant's Name: _____ Applicant's Phone: (____) _____ - _____

Applicant's Social Security No.: _____ - _____ - _____ Applicant's Age: _____

SPOUSE'S SECTION

DIRECTIONS: Please complete the recommendation, and include it with your spouse's application.

Name: _____ Phone: (____) _____

Address: _____

City: _____ State ____ Zip _____

PLEASE READ BEFORE FILLING OUT THIS RECOMMENDATION:

Because "the two are one flesh," your feelings about your spouse going on a missions trip are important. We must have this form completed and accompanying your spouse's application before we consider your spouse for a short-term missions trip. If you have any questions, please call (540) 576-5007 to speak with a missions representative.

Please use the back side of this page to answer the following questions and to place your signature and date:

- *What is your personal commitment to the Lord Jesus Christ?*
- *How does your life reflect your personal commitment?*
- *Please give a brief account of your Christian witness.*
- *If your spouse is applying to go on a mission's trip without you, are you in agreement or disagreement? And why?*

Financial Procedures

- All tax-deductible donations are to be made out to End Time Harvest Ministries.
- Your name is **NOT** to be on the check.
- When mailing in a payment, include with it a DONATION COUPON, listing all the checks you are mailing along with the amount given and the name of the donor.
The DONATION COUPON will be the only way to ensure that the funds you send go into your account.
- **Please mail your donations and donation coupon to:**
End Time Harvest Ministries, Inc.
PO Box 712
Walden, NY, 12586
- Please make copies of your DONATION COUPON for your own records before mailing it to us.
DONATION COUPONS FOLLOW THIS PAGE.

Financial Policies

Please inform your sponsors of the following:

1. To get a tax deduction, they must make their checks payable to End Time Harvest Ministries.

Your donor will receive a letter signed by the Secretary/Treasurer of End Time Harvest Ministries for their use in claiming the tax deductions.

2. Donors are NOT to place your name anywhere on the check.

The IRS stipulates that in order to receive a tax deduction for a contribution, the donor must release control of how the money will be used. Money cannot be designated to a person, otherwise, you will be required to pay income tax on the amount. For this same reason, the money cannot be transferred to another missionary if the original fund raiser does not go--it is required to go into the general expenditures of the End Time Harvest Ministries Account to be expended in the missions work.

3. They need to be aware of End Time Harvest Ministries' refund policy for the Missions Ministry:

If the fund raiser does not go on a trip, the money remaining, after the deduction of any airline tickets already purchased and administrative fees, can be held over for one year to be used for another End Time Harvest Missions trip. Contributions are NOT refundable, due to the IRS stipulations mentioned above.

4. An accounting of your donated funds will be established within the End Time Harvest Ministries. You will be given a complete accounting of income and expenditures on your behalf before your departure. You may also request such at any time.

DONATION COUPONS

DONOR NAME	CHECK #	AMOUNT
1)		
2)		
3)		
4)		
5)		
6)		
7)		
TOTAL MAILED IN THIS PAYMENT:		

DONOR NAME	CHECK #	AMOUNT
1)		
2)		
3)		
4)		
5)		
6)		
7)		
TOTAL MAILED IN THIS PAYMENT:		