

# APPLICATION FOR MINISTERIAL APPRENTICESHIP PROGRAM

For Stanley Heights Baptist Church MAP Candidates

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## I. INTRODUCTION

Date			
Full Name			
Marital Status (check one):	<input type="checkbox"/> Married	<input type="checkbox"/> Engaged	<input type="checkbox"/> Single
	<input type="checkbox"/> Widowed	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced
Spouse's Name:			
Permanent Address:			
Current Address: <i>(if different)</i>			
Home Phone Number:		Work Phone:	
Mobile Phone Number:		E-mail:	
Mobile Phone Number:			
Children's Name	Age	Date of Birth	

## II. HIGH SCHOOL & HIGHER EDUCATION

Dates	Name of Institution	Major/Minor	Degree	GPA

### III. FINANCIAL OBLIGATIONS

Please list your current financial obligations.

Type of Debt	Amount of Debt	Monthly Payment	How Debt will be Retired (i.e. sell and payoff with proceeds, rental of house, pay off before going to the field, etc)
House			
Car			
School Loans			
Credit Card			
Credit Card			

Your current financial obligations will not necessarily disallow you from being approved for this Ministerial Apprenticeship Program. However, it may temporarily delay your training period. Stanley Heights Baptist Church will assist in developing a financial plan to eliminate outstanding debts before a recommendation for church planting service is given.

### IV. WORK EXPERIENCE

List your last three major ministries/jobs beginning with the present.

Employer:	Dates:
Address:	
Phone:	Manager:
Duties:	
Reason for Leaving:	

Employer:	Dates:
Address:	
Phone:	Manager:
Duties:	
Reason for Leaving:	

Employer:	Dates:
Address:	
Phone:	Manager:
Duties:	
Reason for Leaving:	

**V. MINISTRY EXPERIENCE** *(Please type your answers within the text box)*

List any voluntary and/or paid ministry experiences that you have had. You may also list personal ministries to neighbors, co-workers, students, etc.

What has been your most rewarding ministry experience? Why?

What has been your most frustrating ministry experience? Why?

Describe a time in your life when you were faced with a difficult authority or boss. How did you handle it? What did you learn from that experience?

**A. EVANGELISM**

Describe any training, both formal and/or informal, which you have received in evangelism. You may use the backside of this paper, if necessary.

Describe your weekly routine for witnessing to the lost around you.

Describe the last three opportunities you have had personally to lead someone to the Lord.

## B. DISCIPLESHIP

List any experiences where you have discipled another person, noting who you discipled, how long, and what materials (if any) you used. You may use the backside of this paper, if necessary.

How do you personally disciple someone in their spiritual walk with the Lord and service for Him?

## VI. SPIRITUAL LIFE

List up 3-4 names of teachers, authors, pastors, or others who have most influenced your spiritual development, both theologically and practically. Tell briefly how each one impacted you.

Do you read the Bible regularly?

Yes

No

Do you pray daily?

Yes

No

Do you pray with others on a regular basis? With whom? How often?

Describe your regular practice of spiritual disciplines? (Personal Bible Study, Scripture Memorization, Fasting, Journaling, Worship, Intercession, Reading, Observance of the Lord's Day, Rest)

Describe a spiritually challenging situation in the last six months. How did you handle it? What did you learn from the situation? What should you have done differently, if anything? Use Scripture.

Have you ever sought out professional counseling?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, very briefly explain the issue(s).		
Have you ever sought out pastoral counseling?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever struggled with tobacco, alcohol, illegal drugs, pornography, or sexual behaviors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, briefly explain, please. We will discuss this further in the personal interview.		

Describe any formal or informal theological training you have had in the boxes below.

## VII. CHURCH BACKGROUND

Please list the churches you've attended regularly in the past ten years in chronological order beginning with the present.

Name Of Church :			Affiliation:
Are You a Member?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	How long?
Pastor's Name:			Phone:
Church's Address:			

Name Of Church :			Affiliation:
Are You a Member?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	How long?
Pastor's Name:			Phone:
Church's Address:			

Name Of Church :			Affiliation:
Are You a Member?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	How long?
Pastor's Name:			Phone:
Church's Address:			

Have you ever been under church discipline? If yes, please explain below.



## VIII. MINISTERIAL CHURCH PLANTING SERVICE

Why are you considering a church planting ministry?

What are your parents' and/or children's' attitudes toward your desire for a church planting ministry?

What range of living conditions have you experienced?

(E.g. living in a third world country, living in the inner city, living far from parents and family, etc.)

List any experiences you have had with other church planting ministries.

Missions often involves difficult circumstances. Indicate how difficult it will be for you to adapt to the following conditions. Your choices are: 1) – I will find joy in adapting in this area, 2) – I think I can adapt well here, 3) – I will need to work at it, but am confident I can adapt, 4) – I will struggle to adapt, 5) – I won't adapt in this area

- \_\_\_\_\_ Doing deputation
- \_\_\_\_\_ Limited Income and financial resources
- \_\_\_\_\_ Enduring separation from friends and loved ones
- \_\_\_\_\_ Working in an isolated community
- \_\_\_\_\_ Adjusting to a new and strange area of the country/world
- \_\_\_\_\_ Living in an urban setting
- \_\_\_\_\_ Evangelizing alone
- \_\_\_\_\_ Team members who are difficult to love
- \_\_\_\_\_ Understanding and connecting with lost people who have different world views
- \_\_\_\_\_ Taking instructions from the pastor-trainer of Stanley Heights Baptist Church
- \_\_\_\_\_ Taking instructions from other trainers of Stanley Heights Baptist Church
- \_\_\_\_\_ Learning from the pastor-trainer of Stanley Heights Baptist Church
- \_\_\_\_\_ Learning from other trainers of Stanley Heights Baptist Church
- \_\_\_\_\_ Completing the weekly responsibilities of the Missionary Apprenticeship Program

## IX. PERSONAL INTERESTS

What are your favorite forms of recreation?

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What active cultural interests (e.g. music, art, literature) and hobbies do you have?

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If you can, name a favorite book, periodical, and/or website you've read or visited in the last six months. Why is it a favorite?

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## X. MEDICAL HISTORY

When was the last time you had a complete physical?

How do you appraise your health?     Excellent     Average     Below Average

Do you have any chronic ailments or physical limitations?     Yes     No

If yes, please specify:

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## PERSONAL/FAMILY PHYSICIAN

Name of Physician:

Address:

Telephone Number:

Mobile Phone Number:

Do you have any medical insurance?     Yes     No

If yes, please supply the following information:

Name of Insurance Company:

Address:

Telephone Number:

Mobile Phone Number:

Type of Policy or Coverage:

## XI. REFERENCES

Your application is not complete until SHBC receives your references. Please send reference forms to the people you have named below, ask that they be completed and returned to SHBC as soon as possible. Thank you.

### Pastor Reference

Name (include title):		
Address:		
Phone:	Fax:	E-mail:

### Employer Reference

Name (include title):		
Address:		
Phone:	Fax:	E-mail:

### Spiritual Mentor or Church Deacon

Name (include title):		
Address:		
Phone:	Fax:	E-mail:
Is this person a professing Christian?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
May we contact this person?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### Personal Reference

Name (include title):		
Address:		
Phone:	Fax:	E-mail:

### Personal Reference

Name (include title):		
Address:		
Phone:	Fax:	E-mail:

***NOTE: Prior to any acceptance, SHBC requires a letter of recommendation from the MAP candidate's home church. Please request this from your local church.***

## **XII. Signature**

I affirm that, insofar as I am aware, the information on this application is accurate and complete as of this date.

Signature:		Date:	
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After you have completed and signed this application, please send it to the following address:

**Pastor Brent Baughman  
Stanley Heights Baptist Church  
1512 McBrien Road  
East Ridge, Tennessee 37412-1419.**

If you have questions about the application, or if you have comments which you need to add to this application, you may email us at the address above or write your comments below.

### **XIII. BIOGRAPHICAL SKETCH**

Write a 1-2 page biographical sketch of your life. Include your personal testimony emphasizing other events in your life which have contributed to making you the person you are today, such as your relationship to your parents.

#### **XIV. MINISTRY BURDEN, VISION, & GOALS**

Please, be both broad (big-picture) and precise. We want our training to be personal and useful. There may be things you include on this page that we need to know in order to be more helpful to you and your future church planting ministry. Thank you for all the time you are taking to fill out this application form. We trust it will be time well spent for all involved, but especially for you.