

SONS of THUNDER

Missions Application

*PO Box 7 Damascus MD, 20872
12815 Prices Distillery Rd
Clarksburg, MD 20871
301-253-4939 ~ Fax: 301-414-0460
www.sons-of-thunder.org ~ sthunder@erols.com*

Mission Statement

To care for the needs of Africa, spiritually and physically, through the enabling of the Holy Spirit.

Application Process

Thank you for taking the time to complete this application. We want you to know that the following information will be kept confidential and only shared with the appropriate parties as deemed necessary.

General Information

Name: (Mr. / Mrs. / Ms.) _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

DOB: _____ / _____ / _____ Home Phone: _____ Work Phone: _____

E-mail: _____

Employer: _____

Employer Address: _____

Occupation/Title: _____ Employer Phone: _____

Part Time: _____

Full Time: _____

Marital Status

Single: _____

Married: _____

Divorced: _____

Widowed: _____

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Education

Please describe your educational background including knowledge of trades, degree(s) obtained and/or other relevant information.

Personal

Please write a brief testimony, including when, and how you became a Christian?

Please briefly write out significant events in your life that have impacted you spiritually.

Describe a major way in which you have grown in your spiritual walk since you became a Christian.

How would you describe your spiritual walk now?

What accountability to your spiritual walk do you have?

What do you do when you have a conflict with someone?

Are there any special issues or concerns happening in your life right now that would have an impact in your commitment and involvement in this mission trip (i.e. relationships, other commitments, etc.)?

Are you in good health? (List any medications you are using and explain, as well as physical limitations.)

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Legal/Lifestyle Concerns

Please answer the following questions. Any special concerns can be discussed individually with the *SONS of THUNDER* Mission Board.

Are you using illegal drugs? YES _____ NO _____

Have you ever gone through treatment for alcohol use?
(Please explain.) YES _____ NO _____

What are your personal convictions concerning your usage of tobacco and alcohol products?

Have you ever been arrested and/or convicted of a crime?
(If yes, please explain.) YES _____ NO _____

Are you willing to be fingerprinted for Criminal Conviction clearing? YES _____ NO _____

Church History

Are you currently attending a local church? YES _____ NO _____

Are you currently supporting your local church with your tithe? YES _____ NO _____

How long have you attended your present home church?

Please list any ministries you are involved in at your local church.

What other ministry/church experiences have you been involved in?

What spiritual gifts do you feel you have and how would you like to use them in this ministry?

Pastoral Reference

PASTOR: Please complete the recommendation, place it in your letterhead envelope, seal the envelope and send to *Sons of Thunder PO Box 7 Damascus, MD 20872* without returning to the applicant. Serious consideration will be given to your evaluation of the applicant's character. We need to know as much as possible about our applicants to make fair appraisals of their qualifications. Your responses will be held in strict confidence. If you have any questions please call *Sons of Thunder* at 301-253-4939 or email questions to Sthunder@erols.com.

Pastor's Name: _____ Church Name: _____
 Church Address: _____
 City: _____ State: _____ Zip: _____ Phone: _____

How long have you known the applicant? _____

How well do you know the applicant? ___ Very Well ___ Fairly Well ___ Casually
 ___ By face/name

How long has the applicant attended your church? _____

To your knowledge, has the applicant had a salvation experience? ___ Yes ___ No
 Is the applicant active and show commitment to their church body? ___ 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

WHICH OF THE FOLLOWING BEST DESCRIBES THE APPLICANT?

(Please check one)

SKILLS	EXCELLENT	ABOVE AVERAGE	AVERAGE	FAIR	POOR
Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Servant Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spiritual Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Response to Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spiritual Influence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHARACTER	OFTEN	SOMETIMES	RARELY	NEVER	UNKNOWN
Procrastinates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irritable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Argumentative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domineering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rebellious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	LEADERSHIP	EXPERIENCED	SOME EXPERIENCE	NO EXPERIENCE	
	Leads small groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Public Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Accountability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Personal Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Based on the above information, the applicant _____ is:

(Applicant's Name)

___ Strongly Recommended ___ Recommended ___ Recommended with Reservation ___ Not Recommended

Signature

Date