

Trainee Application
Global Leadership Training Center
 Master's Touch Ministries Global, Inc.

**Attach
Personal
Photo
Here**

*Unless otherwise indicated, please print **clearly** or type. Where applicable, check the appropriate box. Please write out names, etc., rather than using abbreviations.*

DATE _____

Application for: July 2017

Personal Information

Title: Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Pastor <input type="checkbox"/> Rev. <input type="checkbox"/> Dr. <input type="checkbox"/> Other. <input type="checkbox"/> Indicate _____		
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>		
Last/Family Name	First/Given Name	Middle/Maiden Name
Residence/Street Address		Phone Number Circle one: Mobile/Landline
City	State/Province Zip code	County/Country
Email address: _____		
Date of Birth (month/day/year): _____		Country of Birth: _____ Country of Citizenship: _____
Spouse's Name/Phone number (if different from above): _____		
Emergency Contact Person (other than spouse)/Relationship to You		

Family Name, Given Name	Title	Relationship to You
Location (City, State, Country) _____		
Email address: _____ Ph. _____		
How or from whom did you learn about Global Leadership Training Center?		

If more space is required, please attach an additional page. Include the section number before answering.

B. 1. Missions Experience

Do you have previous foreign missions (outside of your country of birth/residence) experience: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Total length of missions experience: Years _____ Months _____		
Country	From (Year/Month) To (Year/Month)	Which organization? Duties

B.2. If married, is your spouse a partner in mission's endeavors? Yes No

Applicant's name (Last Name, First Name) _____

Please print or type.

B.3. Contact Persons for Previous Missions Experience. Missions or organizational staff who can confirm your experience.

Organization	Headquarters/Country	Contact Person	Phone/Email

C. Recommendations

Person Completing Pastor's (not a relative) Recommendation			
Name, Title within Organization	Congregation	Street Address	
City/Province	State/Country	Zip	Phone/Email
Person Completing Colleague (not a relative) Recommendation			
Note: Someone with whom you have worked in ministry			
Name, Title within Organization	Congregation	Street Address	
City/Province	State/Country	Zip	Phone/Email

D. Languages

What language(s) including English do you speak? How fluent are you in each language?					
Language: _____					
Fluent? Can listen to college lecture, take notes, read substantial college or research materials	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Cordial conversation	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Can you interpret?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Conduct research, write report	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Voluntarily participate in class conversations	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Basic conversation/Tourist	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Can you preach in this language?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Language: _____					
Fluent? Can listen to college lecture, take notes, read substantial college or research materials	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Cordial conversation	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Can you interpret?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Conduct research, write report	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Voluntarily participate in class conversations	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Basic conversation/Tourist	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Can you preach in this language?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Language: _____					
Fluent? Can listen to college lecture, take notes, read substantial college or research materials	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Cordial conversation	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Can you interpret?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Conduct research, write report	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Voluntarily participate in class conversations	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Basic conversation/Tourist	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Can you preach in this language?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			

E. Passport

Do you have a current passport? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If applicable, attach copy of passport</i>	Country issuing Passport:
Country of Current Residence, <i>if different</i>	Have you obtained visa clearance? Yes <input type="checkbox"/> No <input type="checkbox"/>

Applicant's name (Last Name, First Name) _____

Please print or type.

F. Your Spiritual Journey

F.1. When were you Born Again? _____ Brief testimony:
F.2. When were you Spirit-filled? _____ Brief testimony:
F.3. Name of church you attend? _____ Pastor's Name _____ City/Province/Country _____ Phone _____ Email: _____ Are you a member? Yes <input type="checkbox"/> No <input type="checkbox"/> If "yes," how long? Years ____ Months ____ Are you a tither? Yes <input type="checkbox"/> No <input type="checkbox"/> If "yes," how long? Years ____ Months ____
F.4. In what areas of Bible study have you received instruction through your church, denomination, or related association, etc.?

Applicant's name (Last Name, First Name) _____

Please print or type.

F.5. Please list your ministerial experience or area of service in your church(s).

Capacity. _____ How long? ___ Years ____ Months. Briefly describe. Your proudest contributions.
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Capacity. _____ How long? ___ Years ____ Months. Briefly describe. Your proudest contributions.

F.6. Are you involved in missions NOW? Yes No If "yes": Part time Fulltime
 Where? _____ In what capacity? How long? ___ Years ____ Months.
 Briefly tell us about your mission's experience. Include specific details: ministry type(s), site(s), membership, your role, lessons learned, etc.

Website: _____ Facebook/other social media: _____

G. Spiritual/Religious Education. Please include significant training programs and seminars:

Institution/ Program/Major or Discipline (most recent)	City, State/Province	Country
Year Completed _____ Received (check one) Diploma <input type="checkbox"/> Certificate <input type="checkbox"/> Degree <input type="checkbox"/> Major _____		
Institution/ Program/Major or Discipline(s)	City, State/Province	Country
Year Completed _____ Received (check one): Diploma <input type="checkbox"/> Certificate <input type="checkbox"/> Degree <input type="checkbox"/> Indicate Major _____		

Applicant's name (Last Name, First Name) _____

Please print or type.

Institution/ Program/Major or Discipline(s)	City, State/Province	Country
Year Completed _____		
Received (check one): Diploma <input type="checkbox"/> Certificate <input type="checkbox"/> Degree <input type="checkbox"/> Indicate Major _____		
Institution/ Program/Major or Discipline(s)	City, State/Province	Country
Year Completed _____		
Received (check one): Diploma <input type="checkbox"/> Certificate <input type="checkbox"/> Degree <input type="checkbox"/> Indicate Major _____		

H. Secular Education:

Institution/ Program/Major or Discipline	City, State/Province	Country
Year Completed _____		
Received (check one) Diploma <input type="checkbox"/> Certificate <input type="checkbox"/> Degree <input type="checkbox"/> Indicate Major _____		
Institution/ Program/Major or Discipline(s)	City, State/Province	Country
Year Completed _____		
Received (check one): Diploma <input type="checkbox"/> Certificate <input type="checkbox"/> Degree <input type="checkbox"/> Indicate Major _____		
Institution/ Program/Major or Discipline(s)		
Year Completed _____		
Received (check one): Diploma <input type="checkbox"/> Certificate <input type="checkbox"/> Degree <input type="checkbox"/> Indicate Major _____		

I. **Your Expectations.** Briefly describe how you believe GLTC will help you prepare for your next spiritual assignment in missions. Identify specific missions focus(foci) and locations for mission project implementation. *If additional sheet necessary, please add.*

J. Supporting Documents: Recommendations. Read carefully

First, please print your name on each document. This helps us update your file should they arrive separately. **Second**, completely fill out each page. **Third**, please provide a **Pastoral/Ministerial Recommendation or Character Reference** (Due within 30 days of application submission). **Fourth**, provide the Colleague Recommendation to a ministerial colleague (not a relative) for completion. **Fifth**, return each document to GLTC via email, air mail or fax (US only) *directly* ASAP. Address and contact information for GLTC appears at the bottom of this letter.

Pastoral Recommendation - Contact Information for Pastor

Applicant's name (Last Name, First Name) _____

Please print.

Pastor's Name (Family name, Given name)	
Church	
Address (city, state, province, country)	Contact. Email address, Phone number and Alternate Phone. <i>Please indicate whether phone number is mobile or landline.</i>

If there are special circumstances affecting communications, please notify us.

Ministerial Colleague Recommendation – Contact Information

Please print.

Colleague in Ministry (not a relative)	
Name (Family name, Given name)	Address (city, state, province, country)
Address (city, state, province, country)	Contact Information. Email address, Phone number and Alternate Phone

If there are special circumstances affecting communications, please notify us.

Your Commitment

I, _____, certify that I am committed to
Applicant's name. Please print.

GLTC training. Further, I am committed to spreading the Holy Word of God to those who do not know Jesus Christ; to ministering until all are reached; to furthering the will of God to generations without respect of person and to improving the human condition. I affirm that I have provided true and accurate information in this application. I certify that I give permission for GLTC to confirm any part of this application by communication with the listed party (parties).

Applicant's Signature _____ Date _____
Your typed signature is not acceptable. (month/day/year)

Applicant's name (Last Name, First Name) _____

Global Leadership Training Center-Online Master's Touch Ministries Global, Inc.

Confidential Financial Information for Applicants

Applicants must demonstrate the ability to meet the projected budget for participation in the twelve-month apprenticeship. Where additional support is provided by another party, that responsible party must also sign and indicate the amount of funds he or she is investing in this training. See the projected budget in the cover letter including admissions instructions.

Please print or type.

Date: _____
Month/Date/Year

Name of Applicant _____
Family Name/Surname First/Given Name Title

Mailing Address _____
Number and Street

Number and Street

Town or Country Province

Country Postal Code

Country of Birth: _____ Country of Citizenship: _____

Amount of support, in U.S. dollars, you will contribute from all sources (personal, church, organization, etc.) toward the budgeted costs: USD\$ ____ (required)

Your Signature _____
Your typed signature is acceptable.

◆ *If there are special circumstances, a personal letter explaining these circumstances must be submitted with the initial application.*

Return the completed form directly to Global Leadership Training Center.
This application or admissions application procedures may be updated.

Applicant's name (Last Name, First Name) _____

Pastor's Recommendation
Global Leadership Training Center Mentorship Program
Master's Touch Ministries Global, Inc.

Please print or type.

For (Name of Applicant) _____

Applicant: Please print. Family Name, Given Name

To the Applicant: *Please read before distributing this form.*

This agreement and recommendations are to be completed by your Pastor and returned by him/her *directly* to Global Leadership Training Center. An immediate family member of the applicant **should not** complete this form. *If your Senior Pastor, Bishop, etc. is an immediate family member*, please ask that his or her assistant also sign this document. If a person other than your Pastor (or Associate Pastor) completes this form, an explanation should be provided. Provide the Pastor with all pages of the Pastor's Recommendation.

I understand that this confidential statement is being submitted with the understanding that its contents will not be shared with me. I waive the right to see the confidential statement submitted.

Applicant's Signature (Your typed name is acceptable)

Date (MM/DD/YYYY)

Please print or type.

Pastor's Name _____
Given Name Family Name

Title (check one) Pastor <input type="checkbox"/> Rev. <input type="checkbox"/> Dr. <input type="checkbox"/> Other: _____			
Name of Congregation			
Complete Street Address Home <input type="checkbox"/> Church <input type="checkbox"/>		Phone, Email	
City	State/Province	Zip/Country	Alternate Phone

To the Pastor or Lay Leader:

Each applicant to the Global Leadership Training Center (GLTC) mentorship program must have his or her pastor submit a recommendation and a ministerial colleague recommendation. Serious consideration is given to your comments. We request a candid evaluation and will hold your comments in strict confidence.

Thank you for your time and assistance.

Applicant's name (Last Name, First Name) _____

Pastor's Recommendation for _____

Page 2 of 2

How long have you know the applicant? __ Years __ Months
How well do you know the applicant? By name <input type="checkbox"/> By sight <input type="checkbox"/> Casually, very few contacts <input type="checkbox"/> Fairly well, frequent personal contacts <input type="checkbox"/> Very close pastoral relationship, numerous contacts <input type="checkbox"/>
To your knowledge, has the applicant made a meaningful personal commitment to Jesus Christ? Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/> If No or Not Sure, please comment:

How do you rate this person in each of the following areas? *Check the appropriate response.*

	Excellent	Good	Needs Improvement	Poor	No Opportunity to Observe
Ministerial Leadership. Identify area(s)					
Lay Leadership					
Christian Commitment					
Responsibility					
Initiative					
Cooperativeness					
Physical Appearance					
Integrity and Honesty					
Emotional Stability					
Servant Leadership					

To your knowledge, does the applicant: Smoke? Yes <input type="checkbox"/> No <input type="checkbox"/> Drink alcoholic beverages? Yes <input type="checkbox"/> No <input type="checkbox"/> Use illegal drugs? Yes <input type="checkbox"/> No <input type="checkbox"/> Comments:
Does this applicant have any personality traits that impair his or her relationship with others? Yes <input type="checkbox"/> No <input type="checkbox"/> Comments:

Please share any additional information that may help us in evaluating this application. This may include recent experiences/incidents in the applicant's life, personality appraisal, etc. *Attach an additional sheet, if needed.*

Applicant's name (Last Name, First Name) _____

Ministerial Colleague Recommendation
Global Leadership Training Center Mentorship Program
Master's Touch Ministries Global, Inc.

Please print or type.

For (Name of Applicant) _____

Applicant: Please print. Family Name, Given Name

To the Applicant: *Please read before distributing this form.*

This recommendation is to be completed by a colleague with whom you have worked in missions, ministry, or similar service. The named colleague should return the completed recommendation *directly* to Global Leadership Training Center. An immediate family member of the applicant **should not** complete this form. *Provide your colleague with all pages of the Colleague 's Recommendation.*

You understand that this confidential statement is being submitted with the understanding that its contents will not be shared with me. You waive the right to see the confidential statement submitted.

Colleague's Name _____

Family Name, Given Name

Please print or type.

Title (check one) Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Rev. <input type="checkbox"/> Dr. <input type="checkbox"/> Other: _____			
Complete Street Address Home <input type="checkbox"/> Business <input type="checkbox"/>		Phone, Email	
City	State/Province	Zip/Country	Alternate Phone

Applicant's Signature

Date

To the Colleague Making this Recommendation:

Each applicant for admission to the Global Leadership Training Center mentorship program must submit a recommendation from someone who has worked with him or her in the mission field, ministry, or a similar service. Be assured that serious consideration will be given to your comments. Therefore, we ask that you carefully and candidly complete the form. Your comments will be held in strict confidence.

Please return the complete form (3 pages) directly to Global Leadership Training Center. Contact information appears below.

Thank you for your time and assistance.

Ministerial Colleague's Recommendation for _____

How long have you known this person? ____ Years ____ Months
What has your association with this person been? <i>Please describe.</i>
How familiar are you with his or her spiritual life? Very familiar <input type="checkbox"/> Familiar <input type="checkbox"/> Not familiar <input type="checkbox"/>
How familiar are you with his or her social life? Very familiar <input type="checkbox"/> Familiar <input type="checkbox"/> Not familiar <input type="checkbox"/>
How does the applicant respond to those in authority?
What are this person's special abilities in ministry and/or missions?
What are this person's <i>strengths</i> in ministry and/or missions?

<p>What are this person's <i>weaknesses</i> in ministry and/or missions?</p>
<p>In your opinion, is this person willing to practice the self-discipline necessary to be a faithful missionary and volunteer? Yes <input type="checkbox"/> No <input type="checkbox"/> Please comment, regardless of your response.</p>

Please evaluate your colleague's skills in the areas below. *Check the appropriate box.*

	Excellent	Good	Needs Improvement	Poor	No Opportunity to Observe
Self-Discipline					
Responsibility					
Acceptance by Others					
Cooperativeness					
Willingness to Learn					
Passion for Christ					
Passion to Serve Others					
Teaching Ability					
Ministerial Leadership					
Servant Leadership					
Cooperative Team Member					

Please use additional sheet if needed.

Your Name (Please print) _____

Signature (Handwritten) _____ Date _____

