

INFORMATION SHEET

Missionary Associate and Summer/Short Term Associate

Dear Applicant:

The Assemblies of God U.S. Missions (AGUSM) provides motivation, leadership and guidance to help facilitate reaching every area of America (including Alaska, Hawaii, Puerto Rico and the Virgin Islands) and group of people with the gospel. AGUSM is also committed to the evangelization of the lost through every means possible. The departments of Chi Alpha, Chaplaincy Ministries, Intercultural Ministries, Church Planting, Youth Alive, KidCare America and Teen Challenge focus on winning the unsaved of this nation to Christ. On April 1, 1991, a new arm of ministry was added to AGUSM- Mission America Placement Service (U.S. MAPS). U.S. MAPS is committed in helping AGUSM fulfill the Great Commission.

- WHO** U.S. MAPS workers are volunteers offering their services and talents in a special field for one week to a 1- to 2-year period. They are 18 years of age or older and single, married, widowed or retired. **If married, both husband and wife are required to fill out an application and submit reference forms whether both will be working in the ministry or not.**
- WHAT** The U.S. MAPS program consists of all stateside MAPS workers, with the exception of AGWM entities, and falls under the auspices of the Assemblies of God U.S. Missions. U.S. MAPS functions as a recruitment/placement service to assist U.S. Missions and district ministries.
- WHEN** Summer Associate: 8-12 weeks.
Short Term:
Missionary Associate: 1- to 2- years.
- WHERE** U.S. MAPS workers serve in a variety of settings throughout the United States. Both national and district approved assignments and projects are handled through the U.S. MAPS program. U.S. MAPS personnel serve the college campus, Teen Challenge centers, newly planted churches, Intercultural Ministry settings, campgrounds and numerous other stateside projects.
- WHY** A variety of reasons exist for providing the Fellowship with this type of program and personnel.
 1. U.S. MAPS provides qualified personnel to assist U.S. missions projects, both national and district.
 2. U.S. MAPS gives laypersons an opportunity to utilize their God-given gifts and talents under the supervision of a credentialed minister or missionary.
 3. U.S. MAPS provides the opportunity to discover and understand God's plan and purpose for a person's life.
 4. U.S. MAPS assists stateside ministries in a supportive role of teamwork, prayer, and encouragement.
 5. U.S. MAPS aids in the repair and design of approved construction projects.
 6. U.S. MAPS promotes Mission America ministries throughout the nation and to those with whom the U.S. MAPS field personnel come in contact.
 7. U.S. MAPS aids in the spiritual development of individuals and stimulates further consideration to AGUSM involvement as a nationally appointed home missionary.

PROCEDURE FOR PROCESSING 1- TO 2- YEAR APPLICANTS

THERE TO A \$25 APPLICATION PROCESSING FEE FOR 1-2 YEAR MISSIONARY ASSOCIATES

1. Upon receipt of a completed U.S. MAPS application, and enclosed reference forms, the U.S. MAPS office mails children's reference forms and the district reference form. An application usually requires 6-10 weeks for processing, from the day it is received in the U.S. MAPS office through to approval. Person filling out reference form should be provided with one of the enclosed envelopes and should send the form directly to our office.
2. When all reference forms are returned, the applicant's file is given to the U.S. MAPS Screening Committee for evaluation. After both the U.S. MAPS Screening Committee and the U.S. Missions Committee (USMC) give final approval to the applicant, a search begins for the right assignment for the approved applicant.
3. When an opening is found, a copy of the application and references are sent to the missionary/pastor to determine whether or not the applicant qualifies for the opening. Upon approval the applicant, applicant's home pastor and district office are notified of acceptance, and the approved U.S. MAPS worker is sent a pre-orientation packet, which allows he/she to begin raising monthly support.
4. **IT IS IMPERATIVE THAT YOU OBTAIN APPROVAL TO BE RELEASED TO GO TO THE FIELD FROM THE U.S. MAPS OFFICE, PRIOR TO LEAVING. THIS IS A POLICY GUIDELINE THAT IS NOT CHANGED UNLESS UNDER SPECIAL AND PRIOR APPROVED CIRCUMSTANCES.**
5. U.S. MAPS personnel raise their own monthly support. This is usually done with their home church, family, friends, and personal funds. U.S. MAPS personnel are not permitted to itinerate from church to church as career missionaries do. Faith Promise forms are made available to each U.S. MAPS volunteer at the point of tentative approval for the purpose of raising all funds mentioned.
6. An account number is assigned to Missionary Associates after USMC gives approval. Churches receive World Ministries credit, and individuals receive tax-deductible receipts for all support contributions for U.S. MAPS personnel. All funds for U.S. MAPS volunteers must be processed through their assigned account. A 5% administrative charge is placed on all offerings/pledges coming through the General Council of the Assemblies of God, and this includes U.S. MAPS accounts, along with a 5% tithe that is given to the U.S. MAPS Department to help carry out its ministry.
7. U.S. MAPS volunteers are considered to be self-employed, and moneys paid to them accumulate as taxable income.
8. Each volunteer is encouraged to carry adequate health insurance.
9. It is extremely important that the AGUSM-U.S. MAPS office be **notified immediately** upon premature termination of assignment, completion or transfer.

Please direct any further questions to the U.S. MAPS office at 1-877-346-6277 or e-mail: bmcatee@ag.org

**U.S. MAPS
1445 N. Boonville Ave.
Springfield, MO 65802
Phone: 1-877-346-6277 Fax: (417) 862-0409**

REQUIRED FORMS

There is a \$25 application fee per person for the RV Volunteers application and the Missionary/Summer Associates application. If married both husband and wife must complete the application and turn in forms for both the RV Volunteer ministry and the Missionary or Summer Associate ministries.

RV Volunteers application requires completed **application and:**

- 1—Pastor Reference form
- 2—Confidential Reference form
- 3—Background Investigation Consent form

Missionary and Summer Associate application requires a completed **application and:**

- 1—Pastor Reference form
- 2—Confidential Reference form
- 3—Background Investigation Consent form
- 4—Employer Reference form (if applicant is working)
- 5—Christian Conciliation and Arbitration Agreement form

Emergency Contacts

Name _____ Relationship _____
Telephones: H: (_____) _____ W: (_____) _____
Address _____ City _____ State _____ Zip _____

Name _____ Relationship _____
Telephones: H: (_____) _____ W: (_____) _____
Address _____ City _____ State _____ Zip _____

Finances

Can you provide your U.S. MAPS support from personal funds? _____ If not, how do you plan to raise your support?

List any financial obligations you would be responsible for while on assignment; include school bills, family support, etc.

Education

High school graduate? Yes No If no, GED? Yes No Attended college? Yes No
College(s) _____ Years completed _____ Degree _____
In addition to English, what languages do you speak? _____ How well? _____

Employment

Summarize your employment record for the last three years, beginning with present or latest position:

Occupation	Dates From/To	Reason for Leaving	Employer, City, State

For what type(s) of work are you best qualified:

- Medicine/Health Education Office Skills Computers Food Preparation
 Carpentry, etc. Mech./Electrical Graphic Arts Audio/Visual Other _____

Describe: _____

List any special skills you have that may be useful while on assignment:

- Dramatics Music Preaching Puppets Athletics Art Other _____
Describe: _____

Christian Experience and Service

Give date and place of your conversion. _____
What church do you attend? _____ Are you a member? Yes
 No _____
Denomination _____ City _____ State _____

What church responsibilities/positions have you held, such as Sunday school teacher, youth worker, etc.?

List special ministries in which you have participated, such as Teen Challenge, AIM, etc. _____

Do you use tobacco or alcoholic beverages? _____ If "yes," explain. _____

Evaluate your present spiritual relationship with the Lord. Describe the pattern of your personal devotional time.

State reasons for making application to U.S. MAPS. _____

Service Area

Part of the USA most interested? _____ Why? _____

Would you be interested in working with:

- | | | | |
|---|--|--|---------------------------------------|
| <input type="checkbox"/> Native Americans | <input type="checkbox"/> Alaskan Natives | <input type="checkbox"/> African Americans | <input type="checkbox"/> Hispanics |
| <input type="checkbox"/> Asians | <input type="checkbox"/> Jews | <input type="checkbox"/> The Blind | <input type="checkbox"/> Deaf Culture |
| <input type="checkbox"/> Teen Challenge | <input type="checkbox"/> Summer Camps | <input type="checkbox"/> A Pioneer Church | <input type="checkbox"/> Other _____ |

Do you agree to fully cooperate with the one to whom you are assigned? Yes No

List the particular forms of missionary service to which you feel drawn. _____

Give dates you have available for a U.S. MAPS assignment. _____

Personal References

Pastor's Name _____ Telephone (_____) _____
Address _____ City _____ State _____ Zip _____

Church Board Member _____ Telephone (_____) _____
Address _____ City _____ State _____ Zip _____

Employer _____ Telephone (_____) _____
Address _____ City _____ State _____ Zip _____

May we contact this employer? Yes No

Friend(s) _____ Telephone (_____) _____
Address _____ City _____ State _____ Zip _____

Residence Director (for students and those recently out of college) _____
Telephone (_____) _____ Address _____
City _____ State _____ Zip _____

Educator's Name* _____ Telephone (_____) _____
Address _____ City _____ State _____ Zip _____

*If you have been out of school more than 5 years, give the name of another reference and indicate relationship (such as friend).

Name _____ Date _____

Applicant's Signature

Assumption of Risk

The following section **must** be completed by **all** applicants, failure to do so **will** delay processing.

Part 1 -- ASSUMPTION OF RISK

I, _____ (name of volunteer), in consideration of my acceptance as a short-term volunteer with the Mission America Placement Service (U.S. MAPS) of the Assemblies of God U.S. Missions of the General Council of the Assemblies of God, represent and agree that:

1. I am a volunteer worker and acknowledge that I am not an employee of U.S. MAPS, the Assemblies of God U.S. Missions, or the General Council of the Assemblies of God.

2. I am aware of the hazards and risks to my person and property associated with serving in a missions capacity, such hazards and risks including, but not being limited to, death or injury by accident, disease, weather conditions, inadequate medical services and supplies, criminal activity, and random acts of violence. I accept my assignment with full awareness of these risks, I voluntarily assume all risks, and any damage to my personal property. I further recognize that such risks have always been associated with missionary service. (2 Corinthians 11:23-28)

3. I attest and certify that I have no medical conditions that would prevent me from performing my duties.

4. I waive and release any and all claims for damages which I, or my heirs or successors, may have against U.S. MAPS, the Assemblies of God U.S. Missions of the General Council of the Assemblies of God, any District Council of the Assemblies of God, the local church/individuals sponsoring the U.S. MAPS trip/assignment, or any agent, employee or member of any of such organizations, arising from my death, injury, or illness, or any property damage or loss occurring during the term of my assignment or as a result of my assignment.

5. In the event that I have minor children who will accompany me on my assignment, I, acting both on my own and in their behalf as their parent or legal guardian, hereby assume all risks of death, illness, or injury that they may suffer as a result of said assignment, from those causes described above.

6. I expressly waive any defense to the enforcement of any provision of this commitment arising from a claim of lack of consideration and warrant that this commitment constitutes a legal, valid, and binding obligation upon me enforceable against me in accordance with its terms.

7. I expressly agree that this assumption of risk and indemnity agreement is intended to be as broad and inclusive as permitted by law. I further state that **I HAVE CAREFULLY READ THE FOREGOING ASSUMPTION OF RISK AND UNDERSTAND ITS CONTENTS, AND I VOLUNTARILY SIGN THIS RELEASE AS MY OWN FREE ACT.**

SIGNATURES

Date: _____

Legible Signature

Address

Legible Signature of Spouse
(if they will accompany you on your assignment)

Address

IMPORTANT: Please have two witnesses observe your signature(s) and have them sign below. They must be at least 18 and should not be relatives.

Witness

Address

Witness

Address

The following section **must** be completed by **all** applicants, failure to do so **will** delay processing. (All information within this section **shall** remain **confidential**). If possible the references in the following section should be from someone who has observed your children/youth work, i.e. children's pastor, youth pastor, day-care center, etc.

Application for Children's/Youth Work (Copyright 1994 Church Law & Tax Report)

This application is to be completed by all applicants for any position (volunteer or compensated) involving the supervision or custody of minors. This is not an employment application form. Persons seeking U.S. MAPS assignment will be required to complete an application in addition to this screening form. This form is being used to help the missionary/pastor/institution and U.S. MAPS provide a safe and secure environment for those children and youth who participate in our programs and use our facilities.

Personal

Date: _____

Name: _____
Last First Middle

Identity must be confirmed with a state driver's license or other photographic identification.

Present address: _____
Number Street City State

Zip

Telephone: (____) _____

What type of children/youth work do you prefer? _____

On what date would you be available? _____

Minimum length of commitment: _____

Have you ever been convicted of or pleaded guilty to a crime? Yes___ No___. If yes, please explain (attach a separate page, if necessary): _____

Were you a victim of abuse or molestation while a minor? Yes___ No___. If you prefer, you may refuse to answer this question, or you may discuss your answer in confidence with the senior pastor/missionary etc. Answering yes or leaving the question unanswered will not automatically disqualify an applicant for children's or youth work.

Do you have a current driver's license? Yes___ No___. If yes, please list your driver's license number: _____

Church History and Prior Youth Work

Name of church of which you are a member: _____

List (name and address) other churches you have attended regularly during the past five years: _____

List all previous church work involving youth (list each church's name and address, type of work performed, and dates): _____

List all previous non-church work involving youth (list each organization's name and address, type of work performed, and dates): _____

List any gifts, callings, training, education, or other factors that have prepared you for children/youth work:

Personal References

Name: _____ Name: _____

Address: _____ Address: _____

City/State/Zip _____ City/State/Zip _____

Telephone: _____ Telephone: _____

Applicant's Statement - Read Carefully!

In consideration of the receipt and evaluation of this application by the missionary/pastor/institution and U.S. MAPS, I agree and represent that:

- The information contained in this application is correct to the best of my knowledge.
- I authorize any references, schools, current or former employers, current or former supervisors, or any other person or organization, whether or not identified in this applicant, to give you any information (including opinions) regarding my character and fitness for a U.S. MAPS assignment. **I hereby release any individual, employer, church, reference, or any other person or organization, including record custodians, both collectively and individually, and whether identified in this application or not, from any all CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS**
- Should my application be accepted, I agree to be bound by the bylaws and policies of Mission America Placement Service (U.S. MAPS) and to refrain from any conduct in violation of U.S. MAPS teachings, doctrines, and policies. I further agree the U.S. MAPS Screening Committee and U.S. Missions Committee shall have the sole authority to determine whether specific conduct violates U.S. MAPS teachings, doctrines and policies.

I HAVE READ AND UNDERSTAND THE ABOVE PROVISIONS AND AGREE TO THEM.

I (check one) *wave* *do not wave* any right I may have to inspect any information provided about me by any person or organization identified by me in this application.

 Applicant's Signature _____ Date _____

Witness _____ Date _____

Thank you for completing this application form and for your interest in U.S. MAPS.

It is the missionary/pastor/institution's responsibility to determine that this form complies with all current and applicable local, state, and federal laws, and reflects any future changes in those laws. Accordingly, this form should not be used or relied upon without the approval of a local attorney following a full legal analysis of all the circumstances. This form is used with the understanding that the *Church Law & Tax Report* assumes no liability for reliance on this form.

Additional copies of this form are available from *Church Law & Tax Report*, P.O. Box 1098, Matthews, NC 28106.

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BACKGROUND INVESTIGATION CONSENT
ASSEMBLIES OF GOD U.S. MISSIONS

I, _____ hereby authorize Assemblies of God U.S. Missions and/or its agents to make an independent investigation of my background, references, character, past employment, education, credit history, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for U.S. Missions status now and, if applicable, during the tenure of my ministry with Assemblies of God U.S. Missions.

I release Assemblies of God U.S. Missions and/or its agents and any person or entity which provides information pursuant to this authorization from any and all liabilities, claims or lawsuits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

_____ Full Name (Printed)

_____ Maiden Name or Other Names Used

_____ Date of Birth _____ Social Security Number _____ Driver's License Number _____ State of License

Please list below all residences where you have lived in the past 5 years. If necessary, use an attached sheet to complete this request.

Current Residence:	Previous Residence:
_____	_____
_____	_____
_____	_____
Years of residence: _____	Years of residence: _____

Previous Residence:	Previous Residence:	_____
_____	_____	_____
_____	_____	_____
Years of residence: _____	Years of residence: _____	

_____ Signature _____ Date

*Please use back side if needed for additional residences.

CHRISTIAN CONCILIATION AND ARBITRATION AGREEMENT
ASSEMBLIES OF GOD U.S. MISSIONS

In consideration of the following terms and provisions, and other valuable consideration the receipt of which I acknowledge, the undersigned parties hereby agree as follows:

They accept the Bible as the inspired word of God. They believe that God desires that they resolved their dispute with one another within the Church and that they be reconciled in their relationships in accordance with the principles stated in 1 Corinthians 6:1-8, Matthew 5:23-24, and Matthew 18: 15-20.

Accordingly, the undersigned parties hereby agree that, if any dispute or controversy arises between them and is not resolved in private meetings between the parties pursuant to Matthew 5:23-24 and 18:15, then the dispute or controversy will be settled by biblically based mediation and, if necessary, legally binding arbitration, in accordance with the *Rules of Procedure for Christian Conciliation* (Rules) of the Institute for Christian Conciliation, a division of Peacemaker Ministries (rules available at www.HisPeace.org). The undersigned parties agree that these methods shall be the sole remedy for any dispute or controversy between them and, to the full extent permitted by applicable law, expressly waive their right to file a lawsuit in any civil court against one another for such disputes, except to enforce arbitration decision, or to enforce this dispute resolution agreement. Any mediated settlement agreement, or arbitrated decision hereunder shall be final and binding, and fully enforceable according to its terms in any court of competent jurisdiction.

Signature

Date

Spouse Signature

Date

Witness: _____

Address _____

Witness: _____

Address: _____

CONFIDENTIAL REFERENCE

Please Print

APPLICANT'S NAME	
CURRENT ADDRESS	
PHONE NUMBER	

This reference is to help evaluate a person's ability to effectively serve as a Summer Associate (8-12 weeks) or a 1-2 year Missionary Associate with the Assemblies of God missionary personnel through Mission America Placement Service (U.S. MAPS). U.S. MAPS assignments require a person to be mature, flexible, and able to handle challenges in ministry. Applicants should be of good physical, mental, emotional, and spiritual health.

This form should be filled out by the applicant's friends and/or a church board member. If you are related to the applicant, please pass this form on to one of your associates or youth pastors. It is important that you know this person well enough to make a good decision as to whether this applicant is suitable for this type of assignment. When completing this form we ask you to be candid and as detailed as possible. Your comments are deeply appreciated and will be held in strict confidence.

The U.S. MAPS office must receive this reference form before the applicant's file can be processed. Please complete both sides of the reference form and return in the provided envelope. Thank you for taking the time to help us with this process.

**Please mark each item with an X. (1=Excellent 2=Good 3=Average 4=Questionable)
After each section please comment on any outstanding strengths or problems. PLEASE PRINT!**

How long have you known the applicant and under what circumstances? _____

PHYSICAL	1	2	3	4	?
1) Health					
2) Energy/stamina					
3) Hygiene and attire					
Comments:					

EMOTIONAL	1	2	3	4	?
1) Emotional stability					
2) Temperament					
3) Resistance to depression					
4) Reaction to new situations					
Comments:					

TEAM	1	2	3	4	?
1) Group loyalty					
2) Respect for authority					
3) Responsible					
4) Resourceful					
Comments:					

SOCIAL	1	2	3	4	?
1) Consideration of others					
2) Friendly					
3) Trust					

5) Conduct with the opposite sex					
6) Conduct with the same sex					
7) Attitude toward other races					
8) Honesty					
Comments:					

INTELLECTUAL	1	2	3	4	?
1) Leadership ability					
2) Ability to complete tasks					
3) Self-discipline					
4) Study habits					
5) Clarity of speech					
6) Teachable					
Comments:					

SPIRITUAL	1	2	3	4	?
1) Spiritual maturity					
2) Consistency of testimony					
3) Devotional life					
4) Burden for souls					
5) Involvement in Christian service					
6) Church attendance					
Comments:					

Is there any reason why this applicant should not work with children or adults? Circle: **Y** or **N**
If yes, please explain on a separate sheet of paper and attach to this form.

How would you rate the applicant's ability to serve effectively in ministry?

Please circle: **1=Excellent 2= Good 3=Average 4=Questionable**

Frankly state your opinion of the applicant's fitness for Christian service and vocational potential. Please add any information or comments you feel could aid our screening committee in the processing of this applicant. Please write additional comments on a separate sheet of paper if more space is needed.

YOUR NAME:	DATE:
ADDRESS:	
PHONE NUMBER:	E-MAIL ADDRESS:
CHURCH NAME:	CHURCH AFFILIATION:

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CONFIDENTIAL REFERENCE

Please Print

APPLICANT'S NAME	
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How long have you known the applicant and under what circumstances? _____

PHYSICAL	1	2	3	4	?
1) Health					
2) Energy/stamina					
3) Hygiene and attire					
Comments:					

EMOTIONAL	1	2	3	4	?
1) Emotional stability					
2) Temperament					
3) Resistance to depression					
4) Reaction to new situations					
Comments:					

TEAM	1	2	3	4	?
1) Group loyalty					
2) Respect for authority					
3) Responsible					
4) Resourceful					
Comments:					

SOCIAL	1	2	3	4	?
1) Consideration of others					
2) Friendly					
3) Trust					

5) Conduct with the opposite sex					
6) Conduct with the same sex					
7) Attitude toward other races					
8) Honesty					
Comments:					

INTELLECTUAL	1	2	3	4	?
1) Leadership ability					
2) Ability to complete tasks					
3) Self-discipline					
4) Study habits					
5) Clarity of speech					
6) Teachable					
Comments:					

SPIRITUAL	1	2	3	4	?
1) Spiritual maturity					
2) Consistency of testimony					
3) Devotional life					
4) Burden for souls					
5) Involvement in Christian service					
6) Church attendance					
Comments:					

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YOUR NAME:	DATE:
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CHURCH NAME:	CHURCH AFFILIATION:

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EMPLOYER REFERENCE

Please Print

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1) Health					
2) Energy/stamina					
3) Hygiene and attire					
Comments:					

EMOTIONAL	1	2	3	4	?
1) Emotional stability					
2) Temperament					
3) Resistance to depression					
4) Reaction to new situations					
Comments:					

TEAM	1	2	3	4	?
1) Group loyalty					
2) Respect for authority					
3) Responsible					
4) Resourceful					
Comments:					

SOCIAL	1	2	3	4	?
1) Consideration of others					
2) Friendly					
3) Tact					
4) Family Relations					
5) Conduct with the opposite sex					

7) Attitude toward other races					
8) Honesty					
Comments:					

INTELLECTUAL	1	2	3	4	?
1) Leadership ability					
2) Ability to complete tasks					
3) Self-discipline					
4) Study habits					
5) Clarity of speech					
6) Teachable					
Comments:					

SPIRITUAL	1	2	3	4	?
1) Spiritual maturity					
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CHURCH NAME:	CHURCH AFFILIATION:

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PASTOR REFERENCE

Please Print

APPLICANT'S NAME	
CURRENT ADDRESS	
PHONE NUMBER	

This reference is to help evaluate a person's ability to effectively serve as a Summer Associate (8-12 weeks) or a 1-2 year Missionary Associate with the Assemblies of God missionary personnel through Mission America Placement Service (U.S. MAPS). U.S. MAPS assignments require a person to be mature, flexible, and able to handle challenges in ministry. Applicants should be of good physical, mental, emotional, and spiritual health.

This form should be filled out by the applicant's senior pastor. If you are related to the applicant, please pass this form on to one of your associates or youth pastors. It is important that you know this person well enough to make a good decision as to whether this applicant is suitable for this type of assignment. When completing this form we ask you to be candid and as detailed as possible. Your comments are deeply appreciated and will be held in strict confidence.

The U.S. MAPS office must receive this reference form before the applicant's file can be processed. Please complete both sides of the reference form and return in the provided envelope. Thank you for taking the time to help us with this process.

Please mark each item with an X. (1=Excellent 2=Good 3=Average 4=Questionable)
After each section please comment on any outstanding strengths or problems. PLEASE PRINT!

How long have you known the applicant and under what circumstances? _____

PHYSICAL	1	2	3	4	?
1) Health					
2) Energy/stamina					
3) Hygiene and attire					
Comments:					

EMOTIONAL	1	2	3	4	?
1) Emotional stability					
2) Temperament					
3) Resistance to depression					
4) Reaction to new situations					
Comments:					

TEAM	1	2	3	4	?
1) Group loyalty					
2) Respect for authority					
3) Responsible					
4) Resourceful					
Comments:					

SOCIAL	1	2	3	4	?
1) Consideration of others					
2) Friendly					
3) Trust					

5) Conduct with the opposite sex					
6) Conduct with the same sex					
7) Attitude toward other races					
8) Honesty					
Comments:					

INTELLECTUAL	1	2	3	4	?
1) Leadership ability					
2) Ability to complete tasks					
3) Self-discipline					
4) Study habits					
5) Clarity of speech					
6) Teachable					
Comments:					

SPIRITUAL	1	2	3	4	?
1) Spiritual maturity					
2) Consistency of testimony					
3) Devotional life					
4) Burden for souls					
5) Involvement in Christian service					
6) Church attendance					
Comments:					

Is there any reason why this applicant should not work with children or adults? Circle: **Y** or **N**
If yes, please explain on a separate sheet of paper and attach to this form.

How would you rate the applicant's ability to serve effectively in ministry?

Please circle: **1=Excellent 2= Good 3=Average 4=Questionable**

Frankly state your opinion of the applicant's fitness for Christian service and vocational potential. Please add any information or comments you feel could aid our screening committee in the processing of this applicant. Please write additional comments on a separate sheet of paper if more space is needed.

YOUR NAME:	DATE:
ADDRESS:	
PHONE NUMBER:	E-MAIL ADDRESS:
CHURCH NAME:	CHURCH AFFILIATION:

U.S. MAPS
1445 N. Boonville Ave.
Springfield, MO 65802
Phone: 1-877-346-6277 Fax: (417) 862-0409