



Dear Applicant,

Thanks for your interest to join the Kentucky Youth Alive and Kentucky Youth Ministries Team. We are very excited to expand our team to reach and resource this generation and churches to do the same. Leaders serving the students of this generation have a large task in front of them, with the greatest responsibility to re-shape our culture. God is calling us to become world-changers.

Our desire is to create an atmosphere and opportunity for a leader to be challenged and grow spiritually, educationally, emotionally, and in his/her gifts and calling as he/she serves in ministry. We believe that, upon the completion of the MA and Internship that you will be prepared for the ministry God has for you and equipped to reach this generation.

Reaching A Generation,

Rodney Goodlett
Kentucky Youth Alive Missionary

Brian Nuegent
Kentucky Youth Ministries Director





What is Needed

- High School Diploma
- At least one year of post high school church internship, Master's Commission, or college
- Recommendation from your pastor
- Recommendation from director of present/past program (If Applicable)
- A clear demonstration of your call into ministry
- Personal vehicle

Application Checklist

- Completed application sent to Kentucky Youth Alive Office
- Pastor's Reference
- Director's Reference (if previously or presently involved in another program)
- Picture of yourself
- Application Fee \$50 (Sent in with your application)

What Will Be Accomplished

- Mentoring by experienced pastors, evangelists and missionaries from our district on a weekly basis
- Mentoring and ministry exposure with our Kentucky Youth Alive Missionary and District Youth Director on a weekly basis
- Practical ministry experience within an Assembly of God church
- One year of classes with KSOM (Kentucky School of Ministry) to advance you in your credentialing process
- Weekly training on the practical side of ministry
- The opportunity to earn credits that can be applied to other universities
- Housing at the district camp grounds or a host family
- The opportunity to work an outside job
- The opportunity to attend an AIM Trip
- The opportunity to attend National Directors Conference

Student's Responsibility

- Attend all meetings and trainings
- Keep your own calendar
(you will be expected to manage your own time and calendar as a pastor would)
- Complete all educational requirements to be advanced in credentialing with the Assemblies of God
- Cooperation with KYA and KYM Directors to accomplish all training, educational and ministry goals
- Raise a budget as a missionary the will be set for you
- Serve as you are asked to serve. Ministry is more than upfront speaking but it's also behind the scene administration task to accomplish the upfront ministry
- A willingness to be disciplined, challenged, and stretched





Kentucky Youth Alive MA & Kentucky Youth Ministries' Internship Application

Instructions

- Complete the application. (Be sure to sign and date it.)
- Ask your senior pastor and two other mature Christians to complete the reference forms and return them to the director by the designated date. Provide the reference form and a self-addressed, stamped envelope.
- Complete the *Assumption of Risk* forms.
- Return the application and the *Assumption of Risk* forms to the director.

Personal Information

Name _____ Passport No. _____
 (last, first, middle)

Current Address _____
 City _____ State _____ Zip _____
 Phone (____) _____ Birth date (m/d/y) _____ Age _____
 Birthplace _____ State _____
 Occupation _____ Work phone (____) _____
 E-mail address _____

Have you ever been convicted of or pleaded guilty to a crime? Yes No
 If yes, please explain. (Attach a separate sheet, if necessary.) _____

1. Have you ever been accused of, engaged in, or investigated for any sexual or physical offense involving a minor or adult, including but not limited to child abuse, child molestation, indecent liberties with a child, incest, sexual harassment, seduction, rape, assault, battery, murder, kidnapping, child pornography, sodomy, or sexual contact with a counselee or church member? Yes No

If YES, explain fully on a separate sheet (identify when and where each accusation was made, and how each accusation was resolved.)

2. Have you ever been convicted of, or pled guilty or "no contest" to, any criminal offense described in question above? Yes No

If YES, explain fully on a separate sheet (identify each conviction or plea of guilty, when and where each incident occurred, and the sentence received).

3. Have you ever been convicted of, or pled guilty or "no contest" to, any criminal offense not mentioned in question one Yes No

If YES, explain fully on a separate sheet (identify each conviction or plea of guilty, when & where each incident occurred, & sentence received).

4. Do you use any tobacco products? Yes No

5. Do you use alcoholic beverages? Yes No

6. Do you use any illegal nonprescription drugs or prescription drugs illegally? Yes No





7. Do you engage in sexual activity with anyone other than your spouse if married? Yes No

8. Do you struggle with homosexual tendencies and issues? Yes No

9. Do you have any objections to a police check on your background? Yes No

Social Security Number _____ Driver's License Number _____

Family Information

Marital Status: Single Engaged Divorced (If divorced please attach a separate paper with an explanation)
 Married Spouse's name: _____

(last, first)

Do you have children? _____ If so, how many and what's their ages? _____

Does your family support your decision to participate with this MA appointment? _____

Educational Information

1. How many years of schooling have you completed? _____

School name, city, and dates attended: _____

2. Please list courses that may be beneficial toward your credentialing _____

3. If you speak a foreign language, how many and which one(s)? _____

How fluent? _____

4. Please list any awards, honors, and achievements _____

5. Special skills, abilities, or musical talents _____

Health Information

1. Are you in good physical health? (List all health issues) Yes No If no, explain. _____

2. Do you have any physical handicaps? Yes No If yes, explain. _____

3. Do you have any known allergies? Yes No If yes, explain. _____

4. Are you currently taking medications? Yes No If yes, please list. _____

5. Do you have a history of mental health issues? Yes No If yes, please list. _____





Spiritual Information, Church History and Prior Youth Work

1. Please check all that apply to you personally:

- Conversion (Date _____) Water baptism (Date _____)
- Baptism in the Holy Spirit (Date _____)

2. Church name and address (include city and state) where you attend.

Phone Number _____ Denomination _____

Pastor's Name _____ Youth Pastor's Name _____

How Long Have You Been Attending _____

Are you a member? Yes No

3. Please describe your involvement in your local church. _____

4. Church name(s) and address(es) (include city and state) you have attended regularly during the past five years:

5. List all previous church work involving youth (list each church's name and city/state), type of work performed, and dates. (Attach additional sheets, if necessary.) _____

Missions Experience Information

1. Why do you want to participate in the MA/Internship Position? _____

2. How did you learn about the MA/Internship Position? _____

3. Have you ever participated in missions? Yes No

4. If yes, how, what, and when did you participate? _____

Financial Information

1. Do you have any debt? Yes No If yes, how much and list. _____

2. Do you have a personal vehicle that's dependable? Yes No

3. Do you have medical insurance? Yes No If yes, who's your provider? _____

4. Are you willing to raise support for you budget as a missionary? Yes No _____





Employment Information

- 1. Are you currently employed? Yes No If yes, with who? _____

- 2. Have you been fired or dismissed from by any employer? Yes No If yes, why? _____

- 3. List all employers including place of employment, dates employed, and supervisor from the past three years _____

Emergency Contact

Emergency Contact #1

Name _____ Relation _____
 Home Phone _____ Cell _____
 Address _____
 City _____ State _____ Zip _____

Emergency Contact #2

Name _____ Relation _____
 Home Phone _____ Cell _____
 Address _____
 City _____ State _____ Zip _____

Signature _____

Print name _____

Date _____





PERSONAL EVALUATION PAST/PRESENT

PLEASE MARK AN X FOR PAST AND A O FOR PRESENT

EXPLANATION OR COMMENT

<input type="checkbox"/> ABORTION	_____
<input type="checkbox"/> ABORTION GUILT	_____
<input type="checkbox"/> ABUSE	_____
<input type="checkbox"/> ANGER/TEMPER	_____
<input type="checkbox"/> ANXIETY	_____
<input type="checkbox"/> BAD DRIVING RECORD	_____
<input type="checkbox"/> BITTERNESS	_____
<input type="checkbox"/> COMPLAINING	_____
<input type="checkbox"/> DEPRESSION	_____
<input type="checkbox"/> DOUBTS ABOUT SALVATION	_____
<input type="checkbox"/> EATING DISORDER	_____
<input type="checkbox"/> EXTREME BODY PIERCING/CUTTING	_____
<input type="checkbox"/> FAMILY PROBLEMS	_____
<input type="checkbox"/> FEARFULNESS	_____
<input type="checkbox"/> HOMOSEXUAL LIFESTYLE	_____
<input type="checkbox"/> INSOMNIA	_____
<input type="checkbox"/> INABILITY TO CONCENTRATE	_____
<input type="checkbox"/> LEGAL PROBLEMS	_____
<input type="checkbox"/> LYING PROBLEMS	_____
<input type="checkbox"/> LEARNING DISABILITIES	_____
<input type="checkbox"/> MONEY MISMANAGEMENT	_____
<input type="checkbox"/> NIGHT TERROR	_____
<input type="checkbox"/> NERVOUS DISORDER	_____
<input type="checkbox"/> PORNOGRAPHY	_____
<input type="checkbox"/> PROBLEMS WITH RELATIONSHIPS	_____
<input type="checkbox"/> PROBLEM WITH PARENTS	_____
<input type="checkbox"/> READING COMPREHENSION	_____
<input type="checkbox"/> SADNESS	_____
<input type="checkbox"/> SEXUAL FANTASIES AND PRESSURES	_____
<input type="checkbox"/> SEXUALLY PROMISCUOUS LIFESTYLE	_____
<input type="checkbox"/> SUICIDE ATTEMPTS	_____
<input type="checkbox"/> THEFT	_____
<input type="checkbox"/> THOUGHTS OF SUICIDE	_____
<input type="checkbox"/> TROUBLE MAKING DECISIONS	_____
<input type="checkbox"/> USE ALCOHOL/DRUGS/TOBACCO	_____
<input type="checkbox"/> UNSTABLE JOB RECORD	_____
<input type="checkbox"/> WITCHCRAFT/OCCULT	_____

PLEASE CHECK AREAS THAT BEST DESCRIBE YOU:

- | | | |
|--------------------------------------|--|---|
| <input type="checkbox"/> FUN | <input type="checkbox"/> USER | <input type="checkbox"/> COMPLAINER |
| <input type="checkbox"/> QUIET | <input type="checkbox"/> INTROVERT | <input type="checkbox"/> LEADER |
| <input type="checkbox"/> FEARFUL | <input type="checkbox"/> LONER | <input type="checkbox"/> ENJOYS NEW TASKS |
| <input type="checkbox"/> VISIONARY | <input type="checkbox"/> LAZY | <input type="checkbox"/> MAKES FRIENDS |
| <input type="checkbox"/> LOVING | <input type="checkbox"/> OUTSPOKEN | <input type="checkbox"/> INTELLECTUAL |
| <input type="checkbox"/> FOLLOWER | <input type="checkbox"/> CONSERVATIVE | <input type="checkbox"/> DOESN'T MAKE FRIENDS |
| <input type="checkbox"/> HARD WORKER | <input type="checkbox"/> DEPRESSED | <input type="checkbox"/> DISLIKES NEW OPPORTUNITIES |
| <input type="checkbox"/> EXTROVERT | <input type="checkbox"/> EXCITING | <input type="checkbox"/> CARING |
| <input type="checkbox"/> ANGRY | <input type="checkbox"/> ACHIEVER | |
| <input type="checkbox"/> RADICAL | <input type="checkbox"/> SERVANT-HEARTED | |





MINISTRY

WHAT IS YOUR PHILOSOPHY OF MINISTRY?

WHAT ARE YOUR MINISTRY STRENGTHS/GIFTINGS?

WHAT ARE YOUR MINISTRY WEAKNESSES?

HOW DO YOU FEEL ABOUT SERVING IN A SMALL CHURCH?

WHAT IS YOUR DEFINITION OF A SERVANT?





MINISTRY EVALUATION

WHAT TYPE OF CHURCH SERVICE DO YOU ENJOY?

DO YOU ENJOY BEING ABLE TO HAVE FREEDOM IN YOUR SERVICE & WHAT DOES THAT MEAN TO YOU?

HOW WELL DO YOU MINISTER AT THE ALTAR?

HOW DO YOU FEEL ABOUT DISCIPLESHIP?

HOW MUCH TIME DO YOU SPEND WITH JESUS DAILY?

DO YOU ENJOY POURING INTO OTHERS' LIVES?

WHAT DO YOU FEEL YOU NEED TO GET OUT OF YOUR MA/INTERNSHIP POSITION?

WHAT DO YOU FEEL YOU CAN CONTRIBUTE TO THE MA/INTERNSHIP POSITION?

ARE YOU WILLING TO TRAVEL, STAY UP LATE, WORK HARD, AND STAY FOCUSED? YES ___ NO ___

ARE YOU WILLING TO BE ACCOUNTABLE IN ALL AREAS OF YOUR LIFE? YES ___ NO ___

ARE YOU WILLING TO OBEY ALL GUIDELINES AND COME UNDER AUTHORITY? YES ___ NO ___

HOW DO YOU FEEL ABOUT TEENAGERS?

WHAT DO YOU FEEL IS THE GREATEST STRUGGLE TEENS FACE TODAY?

HOW DO YOU FEEL THIS GENERATION OF TEENS ARE BEST REACHED?





LIST ANY TECHNICAL SKILLS YOU HAVE: (i.e. COMPUTERS, VIDEO, ETC.)

WHAT KIND OF RELATIONSHIP DO YOU HAVE WITH YOUR PASTOR?

DO YOU KNOW HOW TO RUN YOUR OWN SCHEDULE? YES _____ NO _____

Reference Information

(Please fill out each section completely. The references cannot be relatives.)

Senior pastor _____
Youth pastor _____
Church name _____
Address _____
City _____ State _____ Zip _____
Church E-mail address _____
How long have you known your pastors? _____ Church phone (____) _____

Mature Christian _____ Years acquainted _____
Address _____
City _____ State _____ Zip _____

Mature Christian _____ Years acquainted _____
Address _____
City _____ State _____ Zip _____

Director's Reference _____ Years acquainted _____
Address _____
City _____ State _____ Zip _____

I certify that all the above information is true and I have answered each question completely and honestly.

Signature _____
Print name _____
Date _____

Thank you for completing this application form and for your interest in working in a missionary position.





Release of Reference from Liability and Waiver of Right to Inspect

In consideration of the receipt and evaluation of my application for the MA/Internship with Kentucky Youth Alive and Kentucky Youth Ministries of the Kentucky District Council of the Assemblies of God, I agree and represent that:

I authorize any references, schools, current or former employers, current or former supervisors, or any other person or organization, whether or not identified by this applicant, to give you any information (including opinions) regarding my character and fitness for serving as a missionary's associate with Kentucky Youth Alive and Kentucky Youth Ministries for the Kentucky Assemblies of God. I hereby release any individual, employer, church, reference, or any other person or organization, including the record custodians, both collectively and individually, and whether identified in this application or not, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply with this authorization. I further state I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding release, which I have read and understand.

I (check one):

Waive

Do not waive any right that I may have to inspect any information provided about me by any person or organization described above.

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

Applicant's Full Name _____

Applicant's Signature _____

Date _____

Witness Full Name _____

Witness Signature _____

Notary Public _____ (print)

_____ (signature)

My commission expires _____





Assumption of Risk

I, _____ (name of volunteer), in consideration of my acceptance as a Missionary's Associate Position of Kentucky Youth Alive and Kentucky Youth Ministries of the Kentucky District Council of the Assemblies of God, represent and agree that: 1. I am a self-employed worker and acknowledge that I am not an employee of Kentucky Youth Alive and Kentucky Youth Ministries of the Kentucky District 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 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, and, subject to the my own insurance policy I purchase, I voluntarily assume all risks of death, injury, illness, and damage to myself or any member of my family associated with such risks, and any damage to my personal property. I further recognize such risks have always been associated with missionary service. 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 Kentucky Youth Alive and Kentucky Youth Ministries of the Kentucky District Council of the Assemblies of God or any agent or employee or anyone associated with 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 behalf and in their behalf as their parent and legal guardian, and subject to the insurance policy I provide, do 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 of my own, free act.**

Initial _____ date _____

Notary Public _____ (print)

_____ (signature)

My commission expires _____





MA Pastoral Recommendation

This section is to be completed by the applicant (please print):

Name _____
Address _____
City _____ State _____ Zip _____
Home phone () _____

This section is to be completed by the person who is referring the leader:

Pastors Information (To be filled out by pastor)

Name _____ Position _____
Church _____ Phone Number _____
Tenure at church _____ Signature: _____ Date: _____

Dear Pastor,

Thank you for taking the time to fill out this recommendation. We want you to know that we will lean heavily on your recommendation of the applicant. Those who are accepted as missionary associate will be working independently in ministry positions and we must be sure they are ready for this level of ministry. Your recommendation will be kept confidential and we ask that you are honest with us about any reservations concerning this candidate.

How long have you known the applicant? _____

How well do you know the applicant? ___Extremely well ___Casually ___Fairly well ___By name and sight only

In your observation and association with the applicant, would you characterize their involvement as:
___Heavily involved in ministry ___Consistently involved in ministry
___Occasionally involved in ministry ___Scarcely involved in ministry

Would you please rate the applicant's ministry maturity?
___Very mature ___Mature
___Needs lots of guidance ___Unable to operate in ministry

Areas of maturity _____

Areas of immaturity _____

Do you feel this applicant is ready to step into a lead role in ministry? Yes ___ No ___

Do you recognize a call by God on the applicant for full-time ministry? Yes ___ No ___

Please circle the applicant's areas of gifting

Speaking prayer carpentry secretarial singing medical administrative youth ministry
artistic evangelism drama worship teaching discipleship encouragement sound technician
hospitality children's work

Please circle the areas that best describe the applicant:

Teachable dependable motivated peaceful nervous critical domineering lacking humor
disciplined flexible humorous perfectionist patient prejudiced easily offended committed
enthusiastic stable dependent negative fearful good listener understanding anxious
lacking confidence easily discouraged easily embarrassed servant-hearted wise moody





Please assess the applicant's characteristics in the following areas by circling one option under each heading:

Ability to Work With Others

- Frequently causes friction
- Usually cooperative
- Works well with others

Intelligence

- Challenged in learning new things
- Average ability to comprehend
- Above average ability to think for him/herself
- Brilliant and exceptional thinker

Physical Condition

- Frequently limited
- Below average
- Fairly healthy
- Good health
- Above average

Christian Experience

- Not very deep
- Sharp peaks and deep valleys
- Genuine, but not aggressive
- Genuine and growing
- Thriving and passionate

Servanthood

- Reluctant to serve
- Will serve with proper motivation
- Usually willing to serve
- Aggressively looking for chance to serve

Willingness to Deeply Change

- Not teachable or motivated to change
- Content where they are at
- Willing to receive correction and rebuke
- Seeks out those who will sharpen them

Relationships

- Avoided by others
- Often misunderstood
- Tolerated by others
- Liked by others
- Respected by others

Leadership Ability

- Avoids opportunity to lead
- Has ability, but chooses to hold back
- Tries to lead but not very mature
- Has good leadership skills
- Exceptional ability to lead

Productivity

- Starts things, but rarely finishes
- Meets minimum requirements
- Reliable to fulfill expectations
- Takes initiative to go beyond

Do you recommend the applicant be accepted as a ministry apprentice?

____ Yes, without reservation ____ Yes, with some reservations ____ No

Please add any explanation of the above responses that you feel will benefit us

Signature _____ Date _____

Please mail to:
Kentucky Youth Alive
PO Box 959
Crestwood, KY 40014





MA Mature Christian Reference

This section is to be completed by the applicant (please print):

Name _____
Address _____
City _____ State _____ Zip _____
Home phone () _____

This section is to be completed by the person who is referring the leader:

Information (To be filled out by individual)

Church _____ Phone Number _____
Signature: _____ Date: _____

Thank you for taking the time to fill out this recommendation. We want you to know that we will lean heavily on your recommendation of the applicant. Those who are accepted as missionary associate will be working independently in ministry positions and we must be sure they are ready for this level of ministry. Your recommendation will be kept confidential and we ask that you are honest with us about any reservations concerning this candidate.

How long have you known the applicant? _____

How well do you know the applicant? ___Extremely well ___Casually ___Fairly well ___By name and sight only

In your observation and association with the applicant, would you characterize their involvement as:

- ___ Heavily involved in ministry
- ___ Consistently involved in ministry
- ___ Occasionally involved in ministry
- ___ Scarcely involved in ministry

Would you please rate the applicant's ministry maturity?

- ___ Very mature
- ___ Mature
- ___ Needs lots of guidance
- ___ Unable to operate in ministry

Areas of maturity _____

Areas of immaturity _____

Do you feel this applicant is ready to step into a lead role in ministry? Yes _____ No _____

Do you recognize a call by God on the applicant for full-time ministry? Yes _____ No _____

Please circle the applicant's areas of gifting

- | | | | | | | | |
|-------------|-----------------|-----------|-------------|----------|--------------|----------------|------------------|
| Speaking | prayer | carpentry | secretarial | singing | medical | administrative | youth ministry |
| artistic | evangelism | drama | worship | teaching | discipleship | encouragement | sound technician |
| hospitality | children's work | | | | | | |

Please circle the areas that best describe the applicant:

- | | | | | | | | |
|--------------------|--------------------|--------------------|-----------------|---------|---------------|-----------------|---------------|
| Teachable | dependable | motivated | peaceful | nervous | critical | domineering | lacking humor |
| disciplined | flexible | humorous | perfectionist | patient | prejudiced | easily offended | committed |
| enthusiastic | stable | dependent | negative | fearful | good listener | understanding | anxious |
| lacking confidence | easily discouraged | easily embarrassed | servant-hearted | wise | moody | | |





Please assess the applicant's characteristics in the following areas by circling one option under each heading:

Ability to Work With Others

- Frequently causes friction
- Usually cooperative
- Works well with others

Intelligence

- Challenged in learning new things
- Average ability to comprehend
- Above average ability to think for him/herself
- Brilliant and exceptional thinker

Physical Condition

- Frequently limited
- Below average
- Fairly healthy
- Good health
- Above average

Christian Experience

- Not very deep
- Sharp peaks and deep valleys
- Genuine, but not aggressive
- Genuine and growing
- Thriving and passionate

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- Yes, without reservation
- Yes, with some reservations
- No

Please add any explanation of the above responses that you feel will benefit us

Signature _____ Date _____

Please mail to:
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PO Box 959
Crestwood, KY 40014





MA Mature Christian Reference

This section is to be completed by the applicant (please print):

Name _____
Address _____
City _____ State _____ Zip _____
Home phone () _____

This section is to be completed by the person who is referring the leader:

Information (To be filled out by individual)

Church _____ Phone Number _____
Signature: _____ Date: _____

Thank you for taking the time to fill out this recommendation. We want you to know that we will lean heavily on your recommendation of the applicant. Those who are accepted as missionary associate will be working independently in ministry positions and we must be sure they are ready for this level of ministry. Your recommendation will be kept confidential and we ask that you are honest with us about any reservations concerning this candidate.

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- ___ Very mature
- ___ Mature
- ___ Needs lots of guidance
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Areas of maturity _____

Areas of immaturity _____

Do you feel this applicant is ready to step into a lead role in ministry? Yes _____ No _____
Do you recognize a call by God on the applicant for full-time ministry? Yes _____ No _____

Please circle the applicant's areas of gifting

- | | | | | | | | |
|-------------|-----------------|-----------|-------------|----------|--------------|----------------|------------------|
| Speaking | prayer | carpentry | secretarial | singing | medical | administrative | youth ministry |
| artistic | evangelism | drama | worship | teaching | discipleship | encouragement | sound technician |
| hospitality | children's work | | | | | | |

Please circle the areas that best describe the applicant:

- | | | | | | | | |
|--------------------|--------------------|--------------------|-----------------|---------|---------------|-----------------|---------------|
| Teachable | dependable | motivated | peaceful | nervous | critical | domineering | lacking humor |
| disciplined | flexible | humorous | perfectionist | patient | prejudiced | easily offended | committed |
| enthusiastic | stable | dependent | negative | fearful | good listener | understanding | anxious |
| lacking confidence | easily discouraged | easily embarrassed | servant-hearted | wise | moody | | |





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Do you recommend the applicant be accepted as a ministry apprentice?

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- Yes, with some reservations
- No

Please add any explanation of the above responses that you feel will benefit us

Signature _____ Date _____

Please mail to:
Kentucky Youth Alive
PO Box 959
Crestwood, KY 40014





MA DIRECTOR'S RECOMMENDATION

If you have been part of a Masters Commission, Internship Program, Bible Institute or any other training have the director fill this out.

Applicant Information (To be filled out by applicant)

Name of Applicant _____
Address _____
Phone _____

This section is to be completed by the person who is referring the leader:

Director's Information (To be filled out by director)

Name _____ Position _____
Church _____ Phone Number _____

Dear Director, Thank you for taking the time to fill out this recommendation. We want you to know that we will lean heavily on your recommendation of the applicant. Those who are accepted as ministry apprentices will be working independently in ministry positions and we must be sure they are ready for this level of ministry. Your recommendation will be kept confidential and we ask that you are honest with us about any reservations concerning the candidate.

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Areas of maturity _____

Areas of immaturity _____

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Do you recognize a call by God on the applicant for full-time ministry? Yes ___ No ___

Please circle the applicant's areas of gifting

- | | | | | | | | |
|-------------|-----------------|-----------|-------------|----------|--------------|----------------|------------------|
| Speaking | prayer | carpentry | secretarial | singing | medical | administrative | youth ministry |
| artistic | evangelism | drama | worship | teaching | discipleship | encouragement | sound technician |
| hospitality | children's work | | | | | | |

Please circle the areas that best describe the applicant:

- | | | | | | | | |
|--------------------|--------------------|--------------------|-----------------|---------|---------------|-----------------|---------------|
| Teachable | dependable | motivated | peaceful | nervous | critical | domineering | lacking humor |
| disciplined | flexible | humorous | perfectionist | patient | prejudiced | easily offended | committed |
| enthusiastic | stable | dependent | negative | fearful | good listener | understanding | anxious |
| lacking confidence | easily discouraged | easily embarrassed | servant-hearted | wise | moody | | |





Please assess the applicant's characteristics in the following areas by circling one option under each heading:

Ability to Work With Others

- Frequently causes friction
- Usually cooperative
- Works well with others

Intelligence

- Challenged in learning new things
- Average ability to comprehend
- Above average ability to think for him/herself
- Brilliant and exceptional thinker

Physical Condition

- Frequently limited
- Below average
- Fairly healthy
- Good health
- Above average

Christian Experience

- Not very deep
- Sharp peaks and deep valleys
- Genuine, but not aggressive
- Genuine and growing
- Thriving and passionate

Servanthood

- Reluctant to serve
- Will serve with proper motivation
- Usually willing to serve
- Aggressively looking for chance to serve

Willingness to Deeply Change

- Not teachable or motivated to change
- Content where they are at
- Willing to receive correction and rebuke
- Seeks out those who will sharpen them

Relationships

- Avoided by others
- Often misunderstood
- Tolerated by others
- Liked by others
- Respected by others

Leadership Ability

- Avoids opportunity to lead
- Has ability, but chooses to hold back
- Tries to lead but not very mature
- Has good leadership skills
- Exceptional ability to lead

Productivity

- Starts things, but rarely finishes
- Meets minimum requirements
- Reliable to fulfill expectations
- Takes initiative to go beyond

Do you recommend the applicant be accepted as a ministry apprentice?

_____ Yes, without reservation _____ Yes, with some reservations _____ No

Please add any explanation of the above responses that you feel will benefit us

Signature _____ Date _____

Please mail to:
Kentucky Youth Alive
PO Box 959
Crestwood, KY 40014

