

Vision International Alliance

Application for Individual Membership

Please return the completed packet for processing. Incomplete packets cannot be processed. If additional space is needed, attach supplementary sheets indicating the associated question. Write your full name and social security number (GOVERNMENT ID) in the upper right hand corner of all attachment. Type or print all information; illegible applications will not be processed.

Personal Information

Name: Mr. _____
 Mrs. _____
 Ms. First Name Middle Name Last Name

Social Security Number: _____ - _____ - _____ or Government ID No _____

Mailing Address:

Address 1 _____

Address 2 _____

City _____ State/Province _____ Postal Code _____

Country _____

Telephone Number: (_____) _____ - _____ Fax Number: (_____) _____ - _____

E-mail address: _____ @ _____ Social Media _____

Professional Certification/Training:

State License Numbers:

All the information in this application is true, accurate, and complete to the best of my knowledge. I understand that withholding, misrepresenting, or giving false information will invalidate my application and make me ineligible for any association with Vision International Alliance, and authorize the reviewing committee to verify any information I submit.

Signature (REQUIRED) _____ Date: _____

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Educational History

List in chronological order all institutions of college level attended since high school. If additional space is needed, attach a supplementary sheet. Do not abbreviate or use initials of institutions.

Institution Name and Location (Complete name, including specific campus, and state or country)	Major Field of Study	Date Attended From (month/year) to (month/year)	Degree Conferred or Expected	Date Conferred or Expected

Language Skills

Please indicate which language(s) you have some proficiency in and to what degree: 1=beginning, 4=fluent

Language	Speaking	Writing	Reading

Music Skills

Please indicate what musical skills you have (e.g. singing ability, instrument(s) you play, teach) and to what degree: 1=beginning, 5=skilled

Musical Ability	Skill Level	Vocal Range	Can you teach this skill?

Achievements

Please list in order of importance to you all extracurricular or community activities in which you have engaged. Indicate the nature of the activity or organization, dates of involvement, any offices held.

Activity/Organization	Dates of Involvement	Leadership Position Held	Level of Involvement and Participation

Work Experience

Please attach your résumé and curriculum vitae.

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Christian Background

Check factors instrumental in your consideration for working with VIA or any mission oriented organization:

- | | |
|--|---|
| <input type="checkbox"/> Local church mission conference | <input type="checkbox"/> |
| <input type="checkbox"/> Personal talk with a missionary | <input type="checkbox"/> |
| <input type="checkbox"/> Personal talk with a pastor | <input type="checkbox"/> A book/article |
| <input type="checkbox"/> Other: Please explain. | |
-

Attach a 1-3 page biographical sketch, giving highlights of your spiritual development (conversion, filling of the Spirit, subsequent growth, etc.), **call to ministry** and ministry experience.

Check ministries in which you have been involved:

- | | |
|--|---|
| <input type="checkbox"/> Teaching Sunday School, VBS, etc. | <input type="checkbox"/> Evangelism Team |
| <input type="checkbox"/> Rescue Mission | <input type="checkbox"/> Music |
| <input type="checkbox"/> Preaching | <input type="checkbox"/> Home Bible Study |
| <input type="checkbox"/> Other: Please explain. | |
-

Date of Conversion
(dd/mm/yyyy)

Date of Baptism
(dd/mm/yyyy)

Method
of Baptism

Church of Baptism

Church where you are a member

Church you are currently attending

Your home church

If you have been ordained or licensed, please give date, place and licensing/ordaining body.

Date	Place	Licensing/Ordaining Body

1. Describe your personal practice of personal Bible study and prayer.

2. Have you been involved in personal evangelism? In what ministries?

3. Have you been involved in personal discipling? In what ministries?

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Working with VIA

1. Why do you believe you are being called by God into a ministry with VIA?

2. Indicate the type of community in which you prefer to serve. (city, inner city, suburb, rural, etc.)

3. Indicate in what capacity and what ministry you would like to serve.

4. Indicate your regional preferences.

5. Are you interested in working with a specific group of peoples?

6. Are you willing to work overseas? If the answer to question 6 is yes, then please answer the following questions
 - a) For how long would you be willing to serve?

 - b) When would you be available?

 - c) What kind of work would you like to be doing?

7. Is there a specific area in which you would like to serve or are you open to any appointment?

8. Is there anything that VIA should be aware of that would limit or hinder your effectiveness in your ministry?

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References

Please provide at least 3 letters of recommendation. One must be from your pastor, one from your present employer or most recent employer, and one from a friend who has known you for at least 3 years. These letters must accompany your application. We cannot process incomplete applications.

List the name, title, organization, address and telephone number of those individuals from whom you have requested letters of recommendations.

Name	Title	Organization	Address	Telephone Number