

Oikonomos International Steward Application

The role of Steward is one of responsibility and trust. Missionaries entrust their homes and possessions to the Stewards who occupy the home for an extended period of time. In addition, the Steward is expected to engage with the local church. It is important to note that the Steward is not a missionary, and is not working in a formal sense. As an Oikonomos Steward, you will be functioning in a foreign land, without direct supervision. Because of this position of trust and responsibility, it is incumbent upon Oikonomos International to provide a reasonable level of vetting and training before connecting the stewards with the missionaries.

Vetting: All Oikonomos Stewards must complete the attached Steward Application. A separate form is required for the Husband and the Wife. Failure to disclose information, especially negative or suspicious information, may result in dismissal from the program. It is better to disclose and discuss than to be perceived as hiding information. In addition to completing the Steward Application, all Steward candidates must undergo a financial background check and a criminal background check. Candidates must also successfully complete an interview, which may be conducted in person or electronically.

Training: All Oikonomos Stewards must complete in-person Steward Training. This is a 2-3 day training program to introduce the candidates to the roles and responsibilities of a Steward. It will include an orientation to the expected city and country, the church, specific functions and expectations of the missionaries. It will include the challenges of living "on the economy" in a foreign city as well as an assessment of the suitability of the couple to function in the role of Steward.

Application: Please complete the application as fully and completely as possible. Some fields may not be applicable. Some information is requested to provide a complete picture of the candidate. Some of the information will help Oikonomos prepare for your training. Other information will inform Oikonomos of potential constraints on where and how you might be deployed. Please contact Oikonomos International if you have any questions related to the Application Form

Ministry: It is critical to keep in mind that the role of the Steward is one of service. The assignment as stewards assists both the missionaries and, as appropriate, the local church. However, stewards are not in country as missionaries or religious workers. They do not have religious visas. However, there is no prohibition on participating in and assisting the local church on a voluntary basis. The local church and her leaders are in the best position to determine the type, level, and scope of assistance needed.

Questionnaire	
Question 1: Discuss your Christian Experience and Faith	

Question 2: Discuss Your Christian Faith

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Question 3: Discuss Your Roles, Responsibilities and Functions in Your Home Church

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Question 4: Discuss Your Interest in Being an Oikonomos Steward

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Question 5: Discuss What You Would Hope to Accomplish / Learn as an Oikonomos Steward

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Personal Information

Section 1: Full Name

Last Name	First Name	Middle Name	Suffix
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Section 2:

Date of Birth

Provide Your Date of Birth

Section 3: Place of Birth

Provide your Place of Birth

City	County	State	Country
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Section 4 - Social Security Number

Provide Your US Social Security Number

Section 5 - Other Names Used

Have You Used Any Other Names? Yes No If No Proceed to Section 6

Complete the following if you have responded "YES" to having used any other names:

Please provide the other name(s) used and the timeframes you used it/them (for example, maiden names, name(s) by a former marriage, former name(s), alias(es), or nickname(s). If you have only initials in your name(s), provide them and indicate "initial only." If you do not have a middle name, indicate "No Middle Name" (NMN). If you are a "Jr." or "Sr.," etc., enter this under "Suffix."

#1	Last Name	First Name	Middle Name	Suffix
	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
	From (Mo/Yr)	To (Mo/Yr)	Maiden Name	Provide Reason Why the Name Changed
	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
#2	Last Name	First Name	Middle Name	Suffix
	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
	From (Mo/Yr)	To (Mo/Yr)	Maiden Name	Provide Reason Why the Name Changed
	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
#3	Last Name	First Name	Middle Name	Suffix
	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
	From (Mo/Yr)	To (Mo/Yr)	Maiden Name	Provide Reason Why the Name Changed
	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
		<input type="checkbox"/> Yes <input type="checkbox"/> No		

Section 6 - Your Identifying Information

Provide your identifying information

Height	Weight	Hair Color	Eye Color		Sex	Male	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>		Female		<input style="width: 95%;" type="text"/>

Section 7 - Your Contact Information

Home E-Mail Address	Work E-Mail Address
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Section 8 - Passport Information

Do You Possess a US Passport (Current or Expired)

Yes No (If No, Proceed to Section 9)

<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
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Provide the following information on the most recent US Passport you currently possess

Passport Number	Issue Date (Mo/Day/Yr)	Expiration Date (Mo/Day/Yr)
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Section 9 - Citizenship

Select the box that reflects your current citizenship status

- I am a US citizen or national by birth in the US or US territory / commonwealth (Proceed to Section 10)
- I am a US citizen or national by birth, born to US parent(s) in a foreign country (Complete Section 9.2)
- I am a naturalized US Citizen (Complete Section 9.2)
- I am a derived US citizen (Complete Section 9.2)
- I am not a US citizen (Complete Section 9.3)

9.1 Complete the following if you answered that you are a U.S. citizen or national by birth, born to U.S. parent(s) in a foreign country

Provide type of documentation of U.S. citizen born abroad: ___ FS 240 ___ DS 1350 ___ FS 545 ___ Other (Provide explanation)

9.2 Complete the following if you answered that you are a naturalized U.S. citizen.

Provide a copy of your Certificate of Naturalization.

9.3 Complete the following if you answered that you are a derived U.S. citizen

Provide a copy of your Permanent Resident Card (I-551) or your Certificate of Naturalization (N-560 or N-561)

9.4 Complete the following if you answered that you are not a U.S. citizen

Provide your residence status: Provide Alien Registration Number:

Provide country(ies) of citizenship: Country #1 Country #2 Country #3

Section 10 - Dual / Multiple Citizenship and Foreign Passport Information

10.1 Do you now or have you ever held dual / multiple citizenship? ___ Yes ___ No (if No, proceed to 10.2)

Complete the following if you answered "Yes" to ever having held dual / multiple citizenship

Entry #1

Provide Country of Citizenship During what period of time did you hold this citizenship?
 From (Year) To (Year)
 How did you acquire this non-US Citizenship? Have you taken any action to renouce this citizenship?
 Do you Currently Hold Citizenship in this Country?

Entry #2

Provide Country of Citizenship During what period of time did you hold this citizenship?
 From (Year) To (Year)
 How did you acquire this non-US Citizenship? Have you taken any action to renouce this citizenship?
 Do you Currently Hold Citizenship in this Country?

10.2 Have you ever been issued a passport (or identity card for travel) by a country other than the US?

Entry #1

Country from which the Passport or travel card was issued
 Have you used this card for travel? ___ Yes ___ No

Entry #2

Country from which the Passport or travel card was issued
 Have you used this card for travel? ___ Yes ___ No

Additional Explanation

Section 11 - Where have you lived?

Residence Information List the places where you have lived, beginning with the most recent and working back 10 years. List actual locations, not PO Addresses. Please be complete, without breaks. If you split time between residences, list all residences.

Entry #1

Provide Dates of Residence From (Mo/Yr) To (Mo/Yr)

Provide Street Address (Provide City and Country if outside of the US; otherwise, City, State, and Zip Code)

Street	City	State	Zip Code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Entry #2

Provide Dates of Residence From (Mo/Yr) To (Mo/Yr)

Provide Street Address (Provide City and Country if outside of the US; otherwise, City, State, and Zip Code)

Street	City	State	Zip Code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Entry #3

Provide Dates of Residence From (Mo/Yr) To (Mo/Yr)

Provide Street Address (Provide City and Country if outside of the US; otherwise, City, State, and Zip Code)

Street	City	State	Zip Code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Entry #4

Provide Dates of Residence From (Mo/Yr) To (Mo/Yr)

Provide Street Address (Provide City and Country if outside of the US; otherwise, City, State, and Zip Code)

Street	City	State	Zip Code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Entry #5

Provide Dates of Residence From (Mo/Yr) To (Mo/Yr)

Provide Street Address (Provide City and Country if outside of the US; otherwise, City, State, and Zip Code)

Street	City	State	Zip Code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Further Explanation

<input type="text"/>

Section 12 - Language Skills: List any languages which you can speak or read and insert name in your level of proficiency

Language	Beginner	Intermediate	Proficient	Beginner	Intermediate	Proficient
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 13 - Where Have You Attended School?

Do not list education before your 18th birthday, unless to provide a minimum of two years of education history

a. Have you attended any schools in the last 10 years?

Yes No

b. Have you received a degree or diploma more than 10 years ago?

Yes No (If No to 12a and 12b, proceed to Section 13a)

Entry #1

Provide dates of attendance

From Date (Mo/Yr) To Date (Mo/Yr)

<input type="text"/>	<input type="text"/>
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Select the most appropriate description of your school

- High School Vocational/Technical/Trade School
 College/University/Military College Correspondence/Distance/On-line

Provide the name of the school

Provide the street address for your school. For correspondence/distance/on-line provide the address where record are maintained.

Street	City	State	Zip	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Did you receive a degree/diploma? Yes No

Provide the type of degree(s)/diploma(s) received and date(s) awarded

Master's, Doctorate, Professional Degree (e.g. MD, DVM, JD),	Other degree/diploma	Date Awarded
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Entry #2

Provide dates of attendance

From Date (Mo/Yr) To Date (Mo/Yr)

<input type="text"/>	<input type="text"/>
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Select the most appropriate description of your school

High School Vocational/Technical/Trade School
 College/University/Military College Correspondence/Distance/On-line

Provide the name of the school

Provide the street address for your school. For correspondence/distance/on-line provide the address where record are maintained.

Street	City	State	Zip	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Did you receive a degree/diploma? Yes No

Provide the type of degree(s)/diploma(s) received and date(s) awarded

Master's, Doctorate, Professional Degree (e.g. MD, DVM, JD),	Other degree/diploma	Date Awarded
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Further Explanation

Section 14 - Employment Activities

List all of your employment activities, including unemployment and self-employment, beginning with the present and working back 10 years. The entire period must be accounted for without breaks. If the employment activity was military duty, list separate employment activity periods to show each

Entry #1

<input type="checkbox"/> Pastoral	<input type="checkbox"/> Other Religious	<input type="checkbox"/> Civilian Employment	<input type="checkbox"/> Unemployed
<input type="checkbox"/> Federal Government	<input type="checkbox"/> State Government	<input type="checkbox"/> Active Military Duty	<input type="checkbox"/> Other
<input type="checkbox"/> Medical	<input type="checkbox"/> Academic	<input type="checkbox"/> Self-Employment	<input type="text"/>

Provide Dates of Employment

From Date (Mo/Yr) To Date (Mo/Yr)

<input type="text"/>	<input type="text"/>
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Select employment status

Full-time
 Part-time

Most Recent Title

Name of Employer

Address of Employer

Street	City	State	Zip	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Reason for Leaving

Entry #2

Pastoral Other Religious Civilian Employment Unemployed
 Federal Government State Government Active Military Duty Other
 Medical Academic Self-Employment

Provide Dates of Employment Select employment status Most Recent Title

From Date (Mo/Yr) To Date (Mo/Yr) Full-time
 Part-time

Name of Employer

Address of Employer

Street City State Zip Country

Reason for Leaving

Entry #3

Pastoral Other Religious Civilian Employment Unemployed
 Federal Government State Government Active Military Duty Other
 Medical Academic Self-Employment

Provide Dates of Employment Select employment status Most Recent Title

From Date (Mo/Yr) To Date (Mo/Yr) Full-time
 Part-time

Name of Employer

Address of Employer

Street City State Zip Country

Reason for Leaving

Entry #4

Pastoral Other Religious Civilian Employment Unemployed
 Federal Government State Government Active Military Duty Other
 Medical Academic Self-Employment

Provide Dates of Employment Select employment status Most Recent Title

From Date (Mo/Yr) To Date (Mo/Yr) Full-time
 Part-time

Name of Employer

Address of Employer

Street City State Zip Country

Reason for Leaving

Entry #5

Pastoral Other Religious Civilian Employment Unemployed
 Federal Government State Government Active Military Duty Other
 Medical Academic Self-Employment

Provide Dates of Employment

Select employment status

Most Recent Title

From Date (Mo/Yr) To Date (Mo/Yr)

___ Full-time

___ Part-time

Name of Employer

Address of Employer

Street City State Zip Country

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Reason for Leaving

Have you ever been:

Fired?	___ Yes	___ No
Quit after being told you would be fired?	___ Yes	___ No
Left a job by mutual agreement following charges of misconduct or allegations of misconduct?	___ Yes	___ No
Left a job by mutual agreement following notice of unsatisfactory performance?	___ Yes	___ No
Received a written warning, been officially reprimanded, suspended, or disciplined for misconduct in the workplace?	___ Yes	___ No

Explain any "Yes" answers

Section 15 - References

Please provide three references who have known you for the last 10 years (in aggregate). One must include a Ruling Elder or Teaching Elder from your Session.

Contact #1 - Elder

Provide Reference's Full Name

Last Name First Name Middle Name Suffix

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Provide the Reference's Address

Street City State Zip Country

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Reference's Official Title

Provide Frequency of Contact

Provide length of Association

<input type="text"/>	<input type="text"/>	From (Mo/Yr)	To (Mo/Yr)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name of the Church

Address of the Church

Phone Number

Street City State Zip Country

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Contact #2

Provide Reference's Full Name

Last Name First Name Middle Name Suffix

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Provide the Reference's Address

Street City State Zip Country

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Reference's Official Title

Provide Frequency of Contact

Provide length of Association

<input type="text"/>	<input type="text"/>	From (Mo/Yr)	To (Mo/Yr)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Contact #3

Provide Reference's Full Name

Last Name	First Name	Middle Name	Suffix

Provide the Reference's Address

Street	City	State	Zip	Country
Reference's Official Title	Provide Frequency of Contact	Provide length of Association		
		From (Mo/Yr)	To (Mo/Yr)	

Section 16: Other Family Members: Will additional family members (i.e. Children) be accompanying the Stewards?

Name	Age	Male	Female

Section 17: Statement of Faith: As this is a Ministry, Oikonomos International requires an Affirmation of Faith.

Yes No

1. Do you believe the Scriptures of the Old and New Testaments, as originally given, to be the inerrant Word of God, the only infallible rule of faith and practice?

2. Do you sincerely receive and adopt the Westminster Confession of Faith and Catechisms as containing the system of doctrine taught in the Holy Scriptures?

3. Do you take exception to anything in the Westminster Standards? If so, please explain on a separate submission.

4. Do you accept the responsibilities of a Steward and promise faithfully to perform all the duties thereof?

5. Do you endeavor by the grace of God to adorn the profession of the Gospel in your life?

Section 17: Verification Authorization: As part of the due diligence of the ministry and to provide assurance to missionaries who entrust their household goods with the Stewards, Oikonomos International conduct certain financial, criminal, an/or personal background checks through a licenced third party and may independently verify information submitted. Your authorization signature is required. The application fee includes these checks. Many states now require such checks for volunteers working with children.

Applicant (Each applicant must complete a separate form)

<input type="checkbox"/>	I authorize Oikonomos International to verify the information provided and to contact references and organizations identified.
<input type="checkbox"/>	I authorize Oikonomos International to conduct a financial background check on me.
<input type="checkbox"/>	I authorize Oikonomos International to conduct a persona / criminal background check on me.
Applicant Printed Name	Signature
	Date

By checking this block and typing my name, I acknowledge that this constitutes a signature on this application.