Dear Friend,

Your interest in serving with the Institute in Basic Life Principles (IBLP) through the Global Encounters program shows your desire to fulfill the command of our Lord to “go and make disciples of all nations.” Our prayer is that God will guide you in discovering His will in all spiritual wisdom and insight. We will also pray and seek the Lord for His direction in this very important matter.

As you research the opportunities and go through the application, it would be helpful for you to know some of the important areas for evaluation. While these are not the only factors, they form an important base in evaluating each applicant and the Lord’s direction.

- Does the applicant demonstrate a personal faith and sincere love for Christ?
- Do others see his example, character, and fruit of a relationship with the Lord?
- Is the applicant currently enrolled in IBLP’s Advanced Training Institute?
- Has the applicant attended the Basic Seminar? Having taken the Advanced, Financial Freedom, Regional Training or other seminars is also very helpful.
- It is mandatory to attend one of IBLP’s ten-day Journey to the Heart programs.
- It may be necessary to have completed other courses that would prepare one to serve overseas. For example, those going to teach English will need to complete a TESOL course.
- Because of the rigor of overseas travel and exposure to a climate and culture very different from what the applicant may be used to, it is necessary to be in good health.
- It is important to have understood and be committed to the standards of behavior, lifestyle, and ministry that are at the heart of the IBLP ministry.

Each application will be carefully reviewed by a committee of people who are involved with the IBLP ministry. If you have further questions or need further information, please visit the IBLP website at www.iblp.org. We would also be delighted to communicate with you via email at international@iblp.org or by phone call to the International Department at 630-323-9800.

May the Lord give His loving guidance as you seek to discover His exciting will. Many all over the world are looking for the reality of the living, gracious Lord. May He bless you in seeking His will.

Sincerely,

John Stephens
International Department
7 Steps to Applying

1. **Download and read application and handbook from GlobalEncounters.org.**

2. **Fill out the basic application (pages 4-9).**
   - **General Information**
   - **Legal Release**
     These releases are vital to your participation. Your application will not be processed until you have submitted a signed release form to IBLP.
   - **Medical History**
     Your medical history will be reviewed to determine if you are physically able to participate in international ministry. Your medical records will be kept confidential.
   - **Photocopy of Your Passport**
     If you do not have a passport, please read the important information to the right regarding acquiring your passport.
   - **Send in a Photograph of Yourself**
     Please attach/send a recent photograph of yourself with your application that is at least 4 x 6 in dimension. The photograph must be of professional quality a high-resolution, color image that could be printed successfully in promotional publications.

3. **Send the above items to the Global Encounters office via mail, fax, or email.**

   **Global Encounters**
   Box One
   Oak Brook, IL 60522-3001

   **Phone:** 630-323-9800  
   **Fax:** 630-323-6394  
   **Email:** International@iblp.org  
   **Website:** GlobalEncounters.org

4. **Send out Reference Forms (located on pages 10-13) to Pastor and Teacher/Employer.**

5. **Schedule time for a phone interview**
   Review topics on page 5 and prepare for a 30-minute to an 1 hour phone interview with a Global Encounters staff member.

6. **Create a prayer team**
   Your prayer team can consists of family, friends, and your church family who will commit to praying for you as you are serving the Lord in another country.

7. **Prepare to Travel Abroad**
   - Work with an IBLP Headquarters staff member to purchase ticket.
   - Print packing list in the Student Handbook.
   - Begin praying for the trip and do research on the country that you will be visiting.

**Important Passport Information**

If you do not yet have a passport, please apply for one immediately. It can take up to six weeks to process a passport application. Applications may be submitted at a Federal Passport Agency or qualified Post Office.

The State Department’s website, travel.state.gov/passport, can provide information about how to obtain a passport and where to find the nearest passport office. If you are under eighteen, please make note of the special requirements that apply to your age group.

If you already have a passport, make sure that it does not expire for at least six months after the conclusion of your trip.
### General Information

**Opportunity**

Which trip are you applying for? Please provide dates.

__________________________________________

**Your Name (Exactly as it is printed in your Passport)**

First ________________________________

Middle ________________________________

Last ________________________________

Preferred name _______________________

**Contact Details**

Address___________________________________

__________________________________________

City _______________________ ZIP ___________

State _________________ Country _____________

Home phone _______________________________

Cell phone ________________________________

Email ____________________________________

Website/blog ______________________________

Parent/Legal guardian _______________________

Parent’s email ______________________________

**Personal Details**

Age _____ Date of birth (mm/dd/yy) __________

Place of birth ______________________________

Sex:  Male ☐  Female ☐

**Passport Details**

Passport number: __________________________

Country of issue: __________________________

Date of issue and expiration: ________ / ________

*(If you do not have a passport, please apply for one immediately, as we cannot process your application without it.)*

**Previous Experiences and Skills**

Have you attended a Journey to the Heart? If so, when?______________________________

If not yet, please list the dates of the one applied for:

__________________________________________

Please list the date/s that you participated in the following programs: Basic Seminar, Advanced Seminar, Financial Freedom, TELOS, Embassy Institute or VERITY:

__________________________________________

Have you participated in other training or activities that have prepared you for ministry (e.g., teaching AWANA, Bible clubs, Sunday School, In the Gap, etc.)?

__________________________________________

__________________________________________

Have you ever served or traveled internationally before? If so, where, and for how long?

__________________________________________

__________________________________________

Have you completed a TESOL course? If so, when and where was it completed? Give details of the course.

__________________________________________
Experience/Skills

Please list your skills, talents, or experience that would be useful in a work or ministry-related environment:
__________________________________________
__________________________________________
__________________________________________
__________________________________________
__________________________________________

Emergency Contact

Whom should we contact in case of an emergency?
Name ____________________________________
Relationship to you __________________________
Primary phone _____________________________
Secondary phone ___________________________
Email ____________________________________

Church Information

Church ____________________________________
Pastor's name ________________________________
Telephone number ____________________________
Email ____________________________________

Parent’s Recommendation & Approval

I can wholeheartedly recommend my son/daughter as having a teachable spirit, excellent character, and a genuine relationship with the Lord. I believe that, by the grace of God, he/she is a living example of Christ and lives a life that is worthy of imitation. I give my full approval and blessing to his/her participation in international ministry with IBLP Global Encounters.

Phone Interview Topics

Once your application is received, a Global Encounters staff member will contact you to schedule a phone interview with you. You will be asked about the following areas. Please read over these questions and be prepared to give detailed answers.

• How would your parents say you are showing honor to them?

• Please describe how and when you received salvation.

• What areas would your parents say are your strengths and weaknesses?

• How would your parents say you are showing honor to them?

• How would your siblings say you relate to them?

• How would you describe relationships with in your immediate family? (1–10)

• Do you have a testimony of how God did something supernatural through your prayers, life, etc.?

• How would you describe your personal closeness and relationship with God?

• Have you dedicated your body to the Lord according to Romans 12:1-2? If so, explain when you did and why.

• How do you know you are going to Heaven? John 1:9, 3:16

• What vows have you made to the Lord and how have they impacted your life?

• Are you involved in making disciples? Matthew 28:10-20

Father or Legal Guardian’s Signature   Date
**Legal Releases**

**Liability Release**

I (or the undersigned parent or legal guardian of), _______________________________, in consideration of the training that I or my child is receiving from the Institute in Basic Principles through international ministry, do release the Institute from all legal actions or claims which I or my child may have. I recognize the potential for physical injury to which I or my child may be exposed in the course of my or my child’s training and ministry, and in exchange for the benefit of spiritual growth, emotional maturity, and mental challenge that is likely to result from that training do willfully and knowingly release the Institute in Basic Life Principles, its employees, and volunteer staff from any legal action or claim arising out of the unlikely event of an accident involving physical injury or death to myself or my child.

**Medical Release**

In consideration of the aforementioned benefits, I do voluntarily authorize the Institute in Basic Life Principles and any of its officers, employees, or volunteer staff responsible for my or my child’s well-being to personally provide or make reasonable arrangements for my or my child’s medical needs, including life-saving procedures that appear to be reasonably necessary to preserve my or my child’s life in case of an emergency. Due to the nature of the training/ministry in which I or my child will be involved, I understand that my family or I may not be contacted prior to the commencement of such medical treatment, but that they will be contacted as soon as is reasonably possible in the event of any such serious injury.

**Permissions**

I, _______________________________, give the Institute in Basic Life Principles permission to reproduce my likeness (or the likeness of my child) in their brochures, books, websites, and all print or electronic media and further allow the Institute to sell or distribute any aforementioned materials containing my or my child’s likeness in whatever way it desires.

**Declaration**

I further state that I have carefully read the foregoing release and willingly agree to the contents thereof. I declare that all the information contained herein is true, correct, and complete to the best of my knowledge. I fully understand the arrangements made for my (or my child’s) care and willingly consent to the Institute’s provision for my or my child’s spiritual, emotional, mental, and physical health and welfare during the period of time that I am, or my child is, under jurisdiction of the Institute. I voluntarily and of my own free will sign my name to this release of liability and medical form.

WITNESS my hand this _____ day of _____________________, the year of _________

X _______________________________  Print Name _______________________________

Applicant’s Signature

X _______________________________  Print Name _______________________________

Release must be signed by parent or legal guardian if applicant is under age 18.
### Medical History

#### Ministry Opportunity You Are Applying For

___________________________________________

#### Your Name

Last _______________________________________

First _______________________________________

#### Personal History

Have you ever had, or do you have, any of the following health issues? If so, please indicate that by checking the box beside each health problem that you have experienced.

<table>
<thead>
<tr>
<th>Health Issue</th>
<th>□</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eating disorders</td>
<td></td>
</tr>
<tr>
<td>Head injury</td>
<td></td>
</tr>
<tr>
<td>Headache (chronic)</td>
<td></td>
</tr>
<tr>
<td>Serious/Chronic ear infections</td>
<td></td>
</tr>
<tr>
<td>Seizures</td>
<td></td>
</tr>
<tr>
<td>Fainting spells</td>
<td></td>
</tr>
<tr>
<td>Nervous/Mental disorders</td>
<td></td>
</tr>
<tr>
<td>Chronic fatigue</td>
<td></td>
</tr>
<tr>
<td>Meningitis</td>
<td></td>
</tr>
<tr>
<td>Insomnia</td>
<td></td>
</tr>
<tr>
<td>Pneumonia</td>
<td></td>
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<tr>
<td>Allergic reactions to:</td>
<td></td>
</tr>
<tr>
<td>Penicillin</td>
<td></td>
</tr>
<tr>
<td>Sulphonamides</td>
<td></td>
</tr>
<tr>
<td>Foods (specify)</td>
<td></td>
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<tr>
<td>Other (specify)</td>
<td></td>
</tr>
<tr>
<td>Depression</td>
<td></td>
</tr>
<tr>
<td>Shortness of breath</td>
<td></td>
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<tr>
<td>Hay fever</td>
<td></td>
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<tr>
<td>Asthma</td>
<td></td>
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<tr>
<td>Bronchitis</td>
<td></td>
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<tr>
<td>Heart problems</td>
<td></td>
</tr>
<tr>
<td>Rheumatism/Arthritis</td>
<td></td>
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<tr>
<td>High blood pressure</td>
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<tr>
<td>Back problems</td>
<td></td>
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<tr>
<td>Dislocation of joints (specify)</td>
<td></td>
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<tr>
<td>Broken bones (specify)</td>
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<tr>
<td>Surgery:</td>
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<tr>
<td>Appendectomy</td>
<td></td>
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<tr>
<td>Tonsillectomy</td>
<td></td>
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<tr>
<td>Hernia repair</td>
<td></td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
</tr>
<tr>
<td>HIV positive</td>
<td></td>
</tr>
<tr>
<td>Hepatitis</td>
<td></td>
</tr>
<tr>
<td>Epilepsy</td>
<td></td>
</tr>
<tr>
<td>Stomach/Duodenal ulcers</td>
<td></td>
</tr>
<tr>
<td>Gallbladder problems</td>
<td></td>
</tr>
<tr>
<td>Thyroid problems</td>
<td></td>
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<tr>
<td>Anaemia</td>
<td></td>
</tr>
<tr>
<td>Intestinal trouble</td>
<td></td>
</tr>
<tr>
<td>Diarrhea (chronic)</td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td></td>
</tr>
<tr>
<td>Hypoglycemia</td>
<td></td>
</tr>
<tr>
<td>Kidney disease</td>
<td></td>
</tr>
<tr>
<td>Skin conditions (specify)</td>
<td></td>
</tr>
<tr>
<td>Tumor/Cancer (specify)</td>
<td></td>
</tr>
</tbody>
</table>

Please provide details about your experiences with any of the health issues that you checked in the list above. Use additional paper if necessary.

___________________________________________

___________________________________________

___________________________________________

___________________________________________
COMMUNICABLE DISEASES

Have you ever had any of the following diseases?

- Chicken pox
- Measles (rubeola)
- Mumps
- Rubella
- Mononucleosis
- Scarlet fever
- Tuberculosis
- Other (specify)

_________________________________________

Please provide details about your experiences with any of the health issues that you checked in the list above.

_________________________________________

_________________________________________

_________________________________________

MEDICAL INFORMATION

Physical Information

Height _______ Weight _______ Blood type _________

Immunization History  *None*

<table>
<thead>
<tr>
<th>Disease</th>
<th>Date</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza</td>
<td>_____/<strong><strong>/</strong></strong></td>
<td>_____/<strong><strong>/</strong></strong></td>
</tr>
<tr>
<td>Polio</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuberculosis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis</td>
<td>_____/<strong><strong>/</strong></strong></td>
<td>_____/<strong><strong>/</strong></strong></td>
</tr>
<tr>
<td>MMR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

These immunizations are not required for travel to most countries, but they could make a difference in medical decisions. We recommend that your DT shots be current.

Medical Treatment

Are you presently under a physician's care for any condition or treatment?  □ Yes  □ No

Please specify: _______________________________

_________________________________________

Are you taking any medication at this time?  □ Yes  □ No

Please specify: _______________________________

_________________________________________

Do you have, or have you ever received, any compensation for disability from any source?  □ Yes  □ No

Please specify: _______________________________

_________________________________________

PERSONAL PHYSICIAN’S CONTACT

Name _________________________________

Phone number _______________________________

Fax number _______________________________
Applicant’s Name

MINISTRY OPPORTUNITY

REFERENCE INFORMATION

I declare that the contents of this reference form are correct to the best of my knowledge.

Name

Address

Home telephone (_____) 

Signature

MINISTRY OPPORTUNITY

Email

State ________ ZIP code

Work telephone (_____) 

Date

RELATIONSHIP TO APPLICANT

What is your relationship to the applicant?
Pastor ☐ Other (please specify) ☐ 

How long have you known the applicant? ________

On a scale of 1–10 (with 10 being the highest), how well do you feel you know the applicant? ________

How long has the applicant attended your church?

SPIRITUAL MATURITY

In your opinion, which of the following words best describe the applicant's spiritual maturity?

Mature ☐ Contagious ☐ Superficial ☐

Over-emotional ☐ Genuine and growing ☐

PERSONAL PROFILE

Please check off the boxes to rate the applicant in the following areas. “S” stands for “Strength,” “W” stands for “weakness,” and “N/A” stands for “unknown.”

Initiative ☐ S ☐ W ☐ N/A

Social adaptability ☐ S ☐ W ☐ N/A

Personal grooming ☐ S ☐ W ☐ N/A

Concern for others ☐ S ☐ W ☐ N/A

Leadership capability ☐ S ☐ W ☐ N/A

Emotional stability ☐ S ☐ W ☐ N/A

Ability to follow instruction ☐ S ☐ W ☐ N/A

Flexibility ☐ S ☐ W ☐ N/A

Cooperation ☐ S ☐ W ☐ N/A

Self-discipline ☐ S ☐ W ☐ N/A

Ability to cope with stress ☐ S ☐ W ☐ N/A

Moral standards ☐ S ☐ W ☐ N/A

Punctuality ☐ S ☐ W ☐ N/A

Perseverance ☐ S ☐ W ☐ N/A

Sound judgment ☐ S ☐ W ☐ N/A

Creativity ☐ S ☐ W ☐ N/A

Enthusiasm ☐ S ☐ W ☐ N/A

Comments: _________________________________

_________________________________________

_________________________________________
Areas of Improvement

Please note that we desire to help the applicant grow. Below, please circle the words or phrases that describe the applicant, in your opinion:

Impatient, intolerant, argumentative, domineering, critical, easily embarrassed, easily offended, discouraged, frequently worried, anxious, nervous or tense, prejudiced toward groups/races/nationalities, addictive behavior, unable to cope with stress, erratic in attitude or actions, exclusive

If you have noticed any of these or similar limitations in the applicant’s life, please elaborate:

_________________________________________
_________________________________________
_________________________________________

Responsibility

Is the applicant responsible, dependable, and trustworthy?

Always □ Sometimes □ Rarely □ Never □

Does the applicant respond well to authority?

Always □ Sometimes □ Rarely □ Never □

Please elaborate on your responses:

_________________________________________
_________________________________________
_________________________________________

Family Background

Please comment briefly on the applicant’s family background (if known).

_________________________________________
_________________________________________
_________________________________________

Additional Comments

Would you like to make any additional comments that might prove helpful as we review this individual’s application?

_________________________________________
_________________________________________
_________________________________________

Recommendation

What is your overall evaluation of the applicant’s potential as a participant in this international ministry opportunity? (Please check one.)

□ Would not recommend (would be a hindrance)
□ At this time, he/she is lacking necessary qualities
□ Would do okay, but I have some reservations
□ Average
□ Exceptional (no reservations)

Would you like to discuss on the phone anything further regarding this applicant?

Yes □ No □

Thank you for your assistance! Would you be interested in receiving information about IBLP Global Encounters or the impact IBLP is having in other countries?

Yes □ No □
Reference
Employer/Teacher

Applicant’s Name ___________________________________________

Reference Information
I declare that the contents of this reference form are correct to the best of my knowledge.

Name ______________________________________
Address ______________________________________
Home telephone (______) ______________________
Signature _____________________________________

Relationship to Applicant
What is your relationship to the applicant?
Employer [] Teacher [] Other (specify) []

How long have you known the applicant? ________

On a scale of 1–10 (with 10 being the highest), how well do you feel you know the applicant? ________

Character
Have you enjoyed having the applicant work/study under your supervision? Yes [ ] No [ ]

Please elaborate: _________________________________

Has the applicant been an asset to your class/business?
Yes [ ] No [ ] Please elaborate: _________________

Personal Profile
Please check off the boxes to rate the applicant in the following areas. “S” stands for “Strength,” “W” stands for “weakness,” and “N/A” stands for “unknown.”

Initiative [ ] S [ ] W [ ] N/A
Social adaptability [ ] S [ ] W [ ] N/A
Personal grooming [ ] S [ ] W [ ] N/A
Concern for others [ ] S [ ] W [ ] N/A
Leadership capability [ ] S [ ] W [ ] N/A
Emotional stability [ ] S [ ] W [ ] N/A
Ability to follow instruction [ ] S [ ] W [ ] N/A
Flexibility [ ] S [ ] W [ ] N/A
Cooperation [ ] S [ ] W [ ] N/A
Self-discipline [ ] S [ ] W [ ] N/A
Ability to cope with stress [ ] S [ ] W [ ] N/A
Moral standards [ ] S [ ] W [ ] N/A
Punctuality [ ] S [ ] W [ ] N/A
Perseverance [ ] S [ ] W [ ] N/A
Sound judgment [ ] S [ ] W [ ] N/A
Creativity [ ] S [ ] W [ ] N/A
Enthusiasm [ ] S [ ] W [ ] N/A
Comments: ________________________________

Ministry Opportunity
___________________________________________

Email ______________________________________
State ________  ZIP code _______________________
Work telephone (______) _______________________
Date _______________________________________

Comments: ________________________________
Emotional Stability

The applicant will have to make cultural and environmental adjustments regarding diet, social customs, climate change, and living arrangements. Keeping in mind the challenge of these unusual demands, please rate the applicant as to his/her maturity and stability (please check one).

☐ Outstandingly mature. Has proven his/her ability to serve successfully in stressful situations.

☐ More mature and emotionally stable than average.

☐ Possesses adequate emotional stability and maturity.

☐ Doubtful. Experience has shown that the applicant might not be able to endure stress.

☐ Applicant has frequently demonstrated signs of inability to cope with stress, such as rage or withdrawal, is erratic in attitude and action, or has demonstrated emotional instability in other ways.

Testing Situations

How does the applicant usually react in trying situations? (Please check one.)

☐ Withdraws ☐ Gets discouraged

☐ Gets angry ☐ Meets constructively

☐ Accepts patiently ☐ Other __________

Areas of Improvement

Please note that we desire to help the applicant grow. Below, please circle the words or phrases that describe the applicant, in your opinion:

Impatient, intolerant, argumentative, domineering, critical, easily embarrassed, easily offended, discouraged, frequently worried, anxious, nervous or tense, prejudiced toward groups/races/nationalities, addictive behavior, unable to cope with stress, erratic in attitude or actions, exclusive

If you have noticed any of these or similar limitations in the applicant’s life, please elaborate.

________________________________________

________________________________________

______________________________

Additional Comments

Would you like to make any additional comments that might prove helpful as we review this individual’s application?

________________________________________

________________________________________

________________________________________

Recommendation

What is your overall evaluation of the applicant’s potential as a participant in this international ministry opportunity? (Please check one.)

☐ Would not recommend (would be a hindrance)

☐ At this time, he/she is lacking necessary qualities

☐ Would do okay, but I have some reservations

☐ Average

☐ Exceptional (no reservations)

Would you like to discuss on the phone anything further regarding this applicant?

Yes ☐ No ☐

Thank you for your assistance! Would you be interested in receiving information about IBLP Global Encounters or the impact IBLP is having in other countries?

Yes ☐ No ☐