

NAME: Do not write in this box (for office use only).

DATE OF BIRTH: \_\_\_\_\_

*Application*

# GLOBAL ENCOUNTERS

*IBLP International Ministries*





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](http://www.iblp.org). We would also be delighted to communicate with you via email at [international@iblp.org](mailto: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](http://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](mailto:International@iblp.org)**

**Website: [GlobalEncounters.org](http://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 consist 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](http://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.*

\_\_\_\_\_  
Father or Legal Guardian's Signature

\_\_\_\_\_  
Date

**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*

# 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.

Eating disorders

Head injury

Headache (chronic)

Serious/Chronic ear infections

Seizures

Fainting spells

Nervous/Mental disorders

Chronic fatigue

Meningitis

Insomnia

Pneumonia

Allergic reactions to:

    Penicillin

    Sulphonamides

    Foods (specify)

    Other (specify)

Depression

Shortness of breath

Hay fever

Asthma

Bronchitis

Heart problems

Rheumatism/Arthritis

High blood pressure

Back problems

Dislocation of joints (specify)

Broken bones (specify)

Surgery:

    Appendectomy

    Tonsillectomy

    Hernia repair

    Other (specify)

HIV positive

Hepatitis

Epilepsy

Stomach/Duodenal ulcers

Gallbladder problems

Thyroid problems

Anaemia

Intestinal trouble

Diarrhea (chronic)

Diabetes

Hypoglycemia

Kidney disease

Skin conditions (specify)

Tumor/Cancer (specify)

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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PHYSICAL INFORMATION**

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood type \_\_\_\_\_

**IMMUNIZATION HISTORY** \*None\*

Influenza Date \_\_\_/\_\_\_/\_\_\_ Polio Date \_\_\_/\_\_\_/\_\_\_  
 Hepatitis \_\_\_/\_\_\_/\_\_\_ Hepatitis \_\_\_/\_\_\_/\_\_\_

MMR (measles, mumps, rubella)

Date

\_\_\_/\_\_\_/\_\_\_

DT (diphtheria/tetanus)

\_\_\_/\_\_\_/\_\_\_

Other (specify)

\_\_\_/\_\_\_/\_\_\_

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 \_\_\_\_\_

# Reference

Pastor/Pastoral Staff

## 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?

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?  
\_\_\_\_\_

In your association with the applicant, what level of commitment have you observed?

Faithful  Inconsistent  Other

Were you aware of the applicant's intention to participate in this program prior to receiving this form?  
\_\_\_\_\_

## 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

## MINISTRY OPPORTUNITY

\_\_\_\_\_

Email \_\_\_\_\_

State \_\_\_\_\_ ZIP code \_\_\_\_\_

Work telephone (\_\_\_\_\_) \_\_\_\_\_

Date \_\_\_\_\_

## 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please return this form to **IBLP Global Encounters, Box One, Oak Brook, IL 60522-3001.**  
Questions? Contact us at **630.323.9800, ext. 200,** or email **International@iblp.org.**

**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:

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**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:

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**FAMILY BACKGROUND**

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

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**ADDITIONAL COMMENTS**

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

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**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



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# Reference

Employer/Teacher

## APPLICANT'S NAME

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## MINISTRY OPPORTUNITY

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## REFERENCE INFORMATION

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

Name \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ ZIP code \_\_\_\_\_

Home telephone (\_\_\_\_\_) \_\_\_\_\_

Work telephone (\_\_\_\_\_) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

## 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: \_\_\_\_\_

\_\_\_\_\_

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Questions? Contact us at **630.323.9800, ext. 200**, or email **International@iblp.org**.

### 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.

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### ADDITIONAL COMMENTS

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

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### 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



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