

SOURCE OF LIGHT MINISTRIES INTERNATIONAL, INC.  
**Preliminary Questionnaire**



This is an informational questionnaire.

Formal application papers will be sent by request after this questionnaire has been approved by the Source of Light (SLM) Administration.

| Personal Profile   |                                     |                                     |   |                         |
|--|-------------------------------------|-------------------------------------|---|-------------------------|
| <b>Last Name:</b>  | <b>First:</b>                       | <b>Middle:</b>                      | <b>Date of Birth:</b> /     /           | <b>Gender:</b><br>M   F |
| <b>Street Address:</b>   |                                     |                                     |   |                         |
| <b>Apartment / Unit:</b>   | <b>City:</b>                        | <b>State:</b>                       | <b>Zip Code:</b>                        |                         |
| <b>Home Phone:</b><br>(     )     -  | <b>Work Phone:</b><br>(     )     - | <b>Cell Phone:</b><br>(     )     - |   |                         |
| <b>Fax Number:</b><br>(     )     -  | <b>Email Address:</b>               |                                     |   |                         |
| <b>Marital Status:</b> (Please circle all that apply)<br>Single     Engaged     Married     Widowed     Separated     Divorced     Remarried |                                     |                                     |   |                         |
| <b>Spouse's Name:</b>  |                                     |                                     | <b>Number of Dependent Children:</b>    |                         |
| Ministry Experience  |                                     |                                     |   |                         |
| <b>Home Church:</b>  |                                     |                                     | <b>Church Phone:</b><br>(     )     -   |                         |
| <b>Church's Street Address:</b>  |                                     |                                     |   |                         |
| <b>City:</b>   | <b>State:</b>                       | <b>Zip Code:</b>                    | <b>Denominational Affiliation:</b>      |                         |
| <b>Pastor's Name:</b>  |                                     | <b>Email Address:</b>               |   |                         |
| <b>Street Address:</b>   |                                     |                                     |   |                         |
| <b>City:</b>   | <b>State:</b>                       | <b>Zip Code:</b>                    | <b>Pastor's Phone:</b><br>(     )     - |                         |
| <b>May your local church be contacted for their recommendation?</b>  |                                     |                                     |   |                         |
| <b>List any ministry involvement that you have with your church.</b>   |                                     |                                     |   |                         |
| <b>Give a brief testimony concerning your salvation and surrender to the will of God.</b>  |                                     |                                     |   |                         |
| <b>continued on back...</b>  |                                     |                                     |   |                         |

## Skills & Experience

|  |   |  |   |  |   |
|--|---|--|---|--|---|
| <b>Are you a high school graduate?</b>   |   |  | <b>What year is/was your graduating class?</b>                      |  |   |
| <b>Do you have any post-secondary education or training?</b>   |   |  | <b>How many years?</b>  |  |   |
| <b>If yes, please list the school(s) that you attended and the degree(s) that you earned.</b>                            |   |  |   |  |   |
| <b>Mark each of the following skills that apply as follows: Experience (E), or Interest (I)</b>                          |   |  |   |  |   |
| <b>Office:</b>   | <b>Discipleship:</b>  | <b>Field Ministries:</b>   | <b>Pre-Press</b>  | <b>Printing:</b>   | <b>Maintenance:</b>   |
| Clerical _____<br>Computer _____<br>Bookkeeping _____<br>Secretarial _____<br>Administration _____                       | Grader/Teacher _____<br>Language Skills _____<br>Counseling _____ | Administration _____<br>Cross-Cultural Experience _____<br>Language Skills _____ | Graphic Design _____<br>Proof-reading _____<br>CTP Technician _____ | Pressman _____<br>Bindery Worker _____<br>Management _____ | Carpenter _____<br>Grounds _____<br>Machinist _____<br>Mechanic _____ |
| <b>Alternative Media:</b>  | <b>Computer Services:</b>   | <b>Web:</b>  | <b>Other:</b>   |  |   |
| Braille<br>Transcription _____<br>Braille<br>Proofreading _____<br>Embossing _____<br>Online Course<br>Development _____ | Tech Support _____<br>Data Coordinator _____<br>Programmer _____  | Web Design _____<br>Website Development _____<br>Web Content Management _____    |   |  |   |
| <b>List all the languages in which you are considered to be fluent.</b>  |   |  | <b>What is your current occupation?</b>                             |  |   |

## Miscellaneous

|   |                   |                    |               |                      |
|---|-------------------|--------------------|---------------|----------------------|
| <b>Why are you considering serving with Source of Light Ministries?</b>   |                   |                    |               |                      |
| <b>In what capacity do you wish to serve with SLM? (Please circle all that apply)</b>                             |                   |                    |               |                      |
| Volunteer   | Short-Term Worker | Missionary-on-loan | Second Career | Full-time Missionary |
| <b>Please list any chronic health problems or limitations you have which might affect your assignment at SLM.</b> |                   |                    |               |                      |

| Doctrinal Statement   | Consent   |
|---|---|
| <ol style="list-style-type: none"> <li>1. The plenary and verbal inspiration of the Bible and its inerrancy as God's Holy Word,</li> <li>2. The Holy Trinity of Father, Son, and Holy Spirit; three Persons in one essence in the unity of the Godhead,</li> <li>3. The creation of man by the direct act of God and man's subsequent fall as revealed in the Genesis account,</li> <li>4. The Deity, Incarnation, Virgin Birth, and sinless humanity of Jesus Christ our Lord; His substitutionary death on the cross as the atonement for man's sin; His bodily resurrection from the tomb; His ascension into Heaven to sit at the Father's right hand; the imminent rapture of the Church, and the personal, visible, and premillennial return of Christ in power and great glory.</li> <li>5. The power of Christ to save men eternally from the penalty of sin through faith in His shed blood, and the gift of eternal life by the grace of God,</li> <li>6. The new birth of all who believe on Him through the regenerating work of the Holy Spirit,</li> <li>7. The sanctification of the believer by the Holy Spirit through the Word,</li> <li>8. The final judgment of the wicked and Satan's doom with the wicked in the lake of fire, and</li> <li>9. The eternal happiness of the righteous in the presence of the Lord, and the ushering in of eternal righteousness in the new heaven and the new earth.</li> </ol> | <p>I have read and fully understood all questions requested in this questionnaire. I certify that all answers given by me are true, accurate, and complete. I have read, fully understood, and completely agree with the Source of Light Ministries Doctrinal statement. I fully understand that the omission and/or misrepresentation of facts requested may be cause for immediate dismissal from service without prior notice. If accepted for service, I agree to abide by all the rules and regulations of Source of Light Ministries. I have read, understood and fully agree to the above.</p> <p><b>Signature:</b><br/><b>Date:</b></p> <p>If everything in this questionnaire is satisfactory to SLM and your church provides a positive recommendation, do you wish to receive a formal application?      Yes      No</p> |

1011 Mission Road, Madison, GA 30650

**Phone:** (706) 342-0397 • **Fax:** (706) 342-9072 • **E-mail:** [apply@sourcelight.org](mailto:apply@sourcelight.org)