



The 72[®] Witness & Outreach Ministry

Team Member Application

Instructions

Thank you for requesting an application for volunteer services in The 72[®] ministry.

The team members within this ministry are volunteers, and as such, receive no payment for their time or effort. However, the congregation does reimburse team members for reasonable lodging and other reasonable travel expenses incurred on their way to and from an assignment, as well as local mileage upon presentation of proper supportive details requested by the congregation.

Prior to an assignment at a congregation, lodging and meal arrangements are agreed upon by the congregation's leadership team, The 72[®] team members, and the director of The 72[®]

Applicants are expected to have time available for volunteer assignments and/or training for The 72[®] ministry. Team members are expected to serve at least two three-or-four-week assignments annually for the first two years. These assignments generally occur between Jan. 6th and Nov. 15th.

To remain active as team members of The 72[®] ministry after the initial commitment has been met, the applicants need to accept at least one assignment every two years, unless no assignment becomes available.

If you and your spouse are applying, separate applications need to be submitted.

The application consists of the following sections:

**General Information Employment and Volunteer Experience Referrals
Supplemental Profile Information Essay Questions Authorization and Release Form**

Please ensure all sections of the application are completed and included when mailing your application to:

**LCMS Office of National Mission – The 72[®]
Attn: Rev. Al Tormoehlen, Director
1333 S. Kirkwood Rd.
St. Louis, MO 63122**

The 72[®] Witness & Outreach Ministry provides on-site training

- 1. To revitalize, sustain and strengthen LCMS congregations for their ministry and mission**
AND
- 2. To equip their members for WITNESS to connect people to Jesus Christ and assimilate them into their congregations where they can have LIFE TOGETHER with fellow Christians who will love and care for them and be nurtured in their Christian faith with WORD and SACRAMENT ministry.**

GENERAL INFORMATION

Name:(Last) _____ (First) _____ (MI) _____

Address: (Street) _____

(City) _____, (State) _____ (Zip) _____ - _____

Phone Number: (Home) (_____) _____ - _____ (Cell) (_____) _____ - _____

E-mail: _____

Home Congregation: (Name) _____ (City, State) _____

District: _____ Pastor's Name: _____

If applying in conjunction with your spouse, Spouse's Name: _____

If not applying with your spouse, is your spouse supportive of your commitment with The 72 ministry?

Yes No

I have experience in multi-cultural and/or multi-ethnic situations Yes No

Please list any languages other than English.

Language	Prof. #	Description of Proficiencies (place the number 1-4 in previous column)
		Survival – Able to satisfy limited needs and maintain very simple face-to-face conversation.
		Limited Work – Able to satisfy limited work requirements & social demands which are routine in nature.
		General Professional – Able to speak with sufficient grammatical accuracy & vocabulary to participate in most formal and informal conversations.
		Advanced Professional – A great deal of fluency, grammatical accuracy and precision of vocabulary on all levels.

Reliable Transportation _____ Specify _____

Are you willing to use this vehicle on assignments? Yes No

When will you be available to begin serving in The 72 ministry? _____ Date

REFERENCES:

Please list references familiar with your service within the LCMS. (preferably one of the two references would be your home pastor) The 72 office will be contacting these references as your application is considered.

Name	Relationship	Address	E-mail	Phone Number

EMPLOYMENT AND VOLUNTEER EXPERIENCE

I am currently employed. Yes No

I am a rostered church worker of the LCMS. Yes No

If yes, classification: _____

Please evaluate your proficiency in the following types of evangelism work:

Evangelism Work	Prof. #	Description of Proficiencies (place the number 0 – 4 in previous column)
Canvassing		<p>No Experience – I have never participated or led this area of evangelism.</p> <p>Basic Experience – I really enjoy being a participant in this area of evangelism.</p> <p>Intermediate Experience – I have been a participant in this area of evangelism, and I have led/taught this activity once or twice.</p> <p>Advanced Experience – I have been leading this area of evangelism for at least six months but less than a year.</p> <p>Expert – I have at least 18 months experience preparing, leading, evaluating this area of evangelism.</p>
TeleCare		
Teaching New Member Class		
New member sponsor		
Evangelism Board or Committee position		
Follow-Up – Guests		
Follow-Up – Inactives		
Assimilation Ministry		
Greeter Ministry		
Side Door Events		
Witnessing Ministry		
New Member Orientation Classes		
Small Group Ministry		
Inactive Ministry		
Bible class		
EE, DE, or Dialog Evangelism 2		

List the congregational offices and board membership you have held. _____

Describe areas of relevant past experience. _____

Rate your level of comfort in presentations:

Group Leadership	Prof. #	Description of Proficiencies (place the number 1 – 4 in previous column)
Bible study		<p>I have never had the opportunity to do this, but am willing to do it.</p> <p>I have experience leading in this way, others feel I have this gift but it does not fit my talents best.</p> <p>I am comfortable leading in this way, and have a desire to learn more about how to improve.</p> <p>I am proficient in leading a group in this way, and actively look for tools that make my leadership better.</p>
Public speaking		
Praying with a group (out loud)		

Please assess the following:

Have you had any training to share your faith comfortably? Yes No

Have you ever spontaneously shared your faith in Jesus Christ with someone else? Yes No

Do you find regular opportunities to share your faith in Jesus Christ? Yes No

If you have shared your faith, please describe the experience you have had as you have done this.

Have you ever trained or encouraged someone else to develop their faith sharing story? Yes No

Have you ever given a testimony to share what God has done in your life in either a private conversation or group setting? Yes No

Have you ever attended a district, circuit, or synodical outreach convocation? Yes No

TECHNOLOGY

Software of Choice: Microsoft Vista Microsoft XP Mac Leopard Mac OSX
 Other _____
 Please specify

Computer Knowledge	Prof. #	Description of Proficiencies (place the number 0-4 in previous column)
E-mail		No experience – I have never used this computer application. Beginner position – I have worked with this computer application, but always with someone else to guide me. Introduction position – I work with this application without a guide, but am not skilled in complex tasks. Intermediate position – I work with this application and can solve questions which may come up about how to print or compose with different styles. Advanced position – I am capable to work with this application to compose, edit, copy, and paste information. (This does not mean that you have a degree in computer technology; it is solely based on using the computer application.)
Internet		
Computer Skill – MicroSoft		
Access		
Excel		
PowerPoint		
Publisher		
Word		
Computer Skill – MacIntosh		
Microsoft Word for Mac 2004		
Microsoft Word for Mac 2008		
Apple iWorks 2006		
Apple iWorks 2008		
NeoOffice		
Nisus Writer		

AUTHORIZATION AND RELEASE

In connection with my application for volunteer service, I understand that an investigative consumer report may be requested that will include information as to my character, work habits, performance and experience, along with reasons for termination of past employment. I understand, as necessary and consistent with the volunteer service to be provided, you may be requesting information from public and private sources about my workers compensation injuries, driving record, criminal record, education, credentials, credits, and references. I voluntarily and knowingly authorize The 72 ministry and/or its agents to verify any aspect of the information contained in my application or through public or private sources. I further understand that misrepresentations in my application may be cause for rejection or release from service.

Medical and worker compensation will only be requested in compliance with the Federal Americans with Disabilities Act (ADA), according to the Fair Credit Reporting Act (FCRA), I am entitled to know if my volunteer service is denied because of information obtained by a consumer report agency. If so, I will be notified and given the address of the agency or source which provided the information.

I voluntarily and knowingly authorize any former employer, person, firm, corporation, school, or government agency, its officers and agents to release to you or your agents any and all information concerning my former employment. I understand that the information obtained may include, but is not necessarily limited to, performance evaluations and reports, job descriptions, disciplinary reports, letters of reprimand and opinions regarding my suitability for volunteer services possessed by it.

I voluntarily and knowingly fully release and discharge, absolve, indemnify, and hold harmless you, your agents and any former employer, person, firm, corporation, school, or government agency, its officers, employees and agents from any and all claims, liability, demands, causes of action, damages, or costs, including attorney's fees, present or future whether known or unknown, anticipated or unanticipated, arising from or incident to the disclosure or release of any such information to you, your agents, or consumer reporting agency.

I hereby authorize you to procure the consumer report as part of the background investigation. This authorization shall remain on file and shall serve as an ongoing authorization to procure consumer reports at any time during my volunteer services.

Signature

Date

The following information is required by law-enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purpose.

Please print clearly

Name: Last

First

Middle

Other names (include maiden name, aliases, and nicknames)

City/State/Zip:

Telephone Number:

Social Security Number:

Date of Birth:

Driver's License Number:

Type:

State:

ESSAY QUESTIONS

Describe the reason why you would like to serve as a member of The 72.

Identify special gifts and talents you will bring to the ministry of The 72.

Summarize your involvement in the outreach ministry of your local congregation.

Describe your teaching and/or presentation experience.

Please share with us any additional information you would like for us to know when considering your application.