



Live⁰ Preliminary Information Form

Live⁰ is a vehicle for Christ's followers to live compassion and serve holistically among the underserved.

This form is designed for those interested in taking the *first steps of inquiry* with Live⁰. Please feel free to add any additional information which you feel might be helpful for us. May the Lord grant you wisdom as you seek to determine His will for your life in expanding His Kingdom.

If you are married or engaged, we ask each person to complete a separate form.

Today's Date: _____

PERSONAL INFORMATION:

Title: _____ First Name: _____ Middle Name: _____

Last Name: _____ Preferred Name: _____

Sex: -Male -Female

CONTACT INFORMATION:

Present Address - Street: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Permanent Address (if different) - Street: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Phone - Home: _____ Phone - Work: _____ Phone - Cell: _____

May we call you at work? -Yes -No Email: _____

CITIZENSHIP INFORMATION:

Date of Birth: _____ Place of Birth: _____

Citizenship: -USA -Canada -Other List Other Country: _____

If other, do you have a green card? -Yes -No

FAMILY INFORMATION:

Marital Status:	Dates:
<input type="checkbox"/> -Single	
<input type="checkbox"/> -Engaged	Date of Wedding:
<input type="checkbox"/> -Married	Date:
<input type="checkbox"/> -Remarried	Date:
<input type="checkbox"/> -Separated	Date:
<input type="checkbox"/> -I have been Divorced	Date:
<input type="checkbox"/> -Widowed	Date:

Current Spouse's Name: _____

Name of Fiancé/Fiancée: _____

Family/Children:			
Name:	Age:	Sex:	<input type="checkbox"/> -Male <input type="checkbox"/> -Female
Name:	Age:	Sex:	<input type="checkbox"/> -Male <input type="checkbox"/> -Female
Name:	Age:	Sex:	<input type="checkbox"/> -Male <input type="checkbox"/> -Female
Name:	Age:	Sex:	<input type="checkbox"/> -Male <input type="checkbox"/> -Female
Name:	Age:	Sex:	<input type="checkbox"/> -Male <input type="checkbox"/> -Female

If you are presently in school, please complete the following:

Current Degree Pursued: _____ Current Major Pursued: _____

Anticipated Graduation Date: _____ School Name & State: _____

EDUCATION AND VOCATION:

Highest Level of Education Completed: _____ Year of Graduation: _____

Major: _____ School Name & State: _____

Bible Education	Where (include city and state)	Certificates or Degrees Earned
<input type="checkbox"/> -Formal		
<input type="checkbox"/> -Informal		
<input type="checkbox"/> -None		

Work Experience:

Start/End Dates	Place of Employment	Position Held	Responsibilities

*Feel free to attach additional work experience on a separate page or include a resume.

Special Skills and Talents: _____

Do you have any current professional certifications/licenses? -Yes -No If yes, what type? _____

CHRISTIAN EXPERIENCE:

Briefly describe when and how you received Jesus Christ as Lord and Savior: _____

Briefly share your call to cross cultural ministry: _____

CHURCH INFORMATION:

Current Church Name: _____ Current Church Denomination: _____

Do you attend regularly? _____ Are you a member? _____

Current Church Address (address, city, state, zip): _____

Current Church Phone: _____

Name of a Pastor at your church that knows you well: _____

Home Church Name (if different than above): _____

Home Church Denomination: _____

Home Church Address (address, city, state, zip): _____

Home Church Phone: _____

STATEMENT OF FAITH: (Note: Visit <http://www.powerofnothing.org/statement-of-faith.html> to read the Live⁰ Statement of Faith)

Have you read the Live⁰ statement of faith? -Yes -No

Do you agree with the Live⁰ statement of faith? -Yes -No

If no, please explain the areas of disagreement: _____

SOURCE OF CONTACT WITH LIVE⁰:

How did you first hear about Live⁰? _____

Have you had previous contact with Live⁰? -Yes -No

If yes – Contact Person: _____ Contact Location: _____ Contact Date: _____

MISSIONS INTEREST:

What experience have you had cross culturally? Please give dates, places, length of time and with whom did you serve?

What country/people groups interest you? _____

What type of work/ministry are you interested in? _____

What type of ministries most interest you? (exp: youth, compassion, etc...) _____

When would you like to leave? -Less than 6 months -6-12 month -1-2 years -More than 2 years

MINISTRY INFORMATION AND CROSS CULTURAL EXPERIENCE:

What languages do you speak?

Language:	Skill Level:
	<input type="checkbox"/> -Beginner <input type="checkbox"/> -Conversant <input type="checkbox"/> -Fluent
	<input type="checkbox"/> -Beginner <input type="checkbox"/> -Conversant <input type="checkbox"/> -Fluent
	<input type="checkbox"/> -Beginner <input type="checkbox"/> -Conversant <input type="checkbox"/> -Fluent

List all previous ministry experience (including short term trips):

Mission Agency/Church	Country	Ministry	Dates

List additional countries you have visited for one week or more (not mentioned above):

Country	Length of Stay	Purpose of Trip	Dates

OTHER COMMENTS:

SEND TO:

E-mail: getinvolved@powerofnothing.org

Fax: 952-853-1745

Live⁰, 901 East 78th St., Minneapolis, MN 55420-1300