1-877-337-2624 406-730-1546 fax ignite@pfranch.org www.pottersfield.org

IGNITE "Faith on Fire, Life of Impact" APPLICATION

Instructions for Application	ı		Mail C	Completed A	pplication to:	
☐ Photo	d Application lable Application Fee (payable to: I	Potter's Field Ra	nch)	Attn: IGN 914 Seco	Field Ministries WITE Admissions and St. E. an, MT 59937	
	nces ation Form (<i>if not included, email ig</i> Archool Diploma (<i>or equivalent</i>)	nite@pfranch.or	g to request)	1	lease mail all <u>one</u> envelope.	
headquarters in Antigua, Gu Potter's Field Kids locations cultural environments, work will return to Potter's Field serving at their home churr registration fee. Please conta medical expenses are not inc	inning with three months of train natemala. This training will prepare in Central America, Africa, or Souking alongside local churches and Ministries' headquarters in North ch. The tuition, room and board fact Potter's Field Ministries for furticulded.	the student for a theast Asia. The children's progra western Montana for the IGNITE	six month practified practicum ams. Following the form one month program is \$6,0	icum in the will place cathe six-mon of re-entry 00.00 along	mission field at or andidates in real li th field practicum , followed by two g with a onetime	ne of ou fe cross i, intern month \$150.0
Applicant Information	First_		,	AC 1.11.		
	CityWork Phone (_		
	work Priorie (Cen	rnone (_)	
			т	' Shirt siza		
	Mar	_				
•	manent resident? For permanent resident					
•	Passport #	•				
	prior to the start date?					
•	ate?					
Education						
Institution Name	Dates of Attendance	Date	<u>Graduated</u>		Degree Earned	
Church Information						
Home Church	Senior	Pastor				
		•			•	
	Website					
	ending?		_			
Are you currently serving at	your church?	Who is your o	overseer?			

What ministries are you involved with? _____

Personal Evaluation	
Are you willing to submit to the authority of Potter's Field during y	your time in the IGNITE program?
Are you able to pay for all expenses associated with IGNITE? If no	o, please explain on a separate sheet of paper
Will you be able to maintain any debt or other financial obligations	s if enrolled in this program?
Have you ever been arrested or had any legal problems? If yes, plea	ase explain on a separate sheet of paper.
Do you have any physical or psychological limitations that may af	fect your ability to complete the program? If yes, please explain on
a separate sheet of paper.	
If you are currently taking prescription medication please explain of	on a separate sheet of paper, detailing type and dosage.
How did you find out about IGNITE?	
	ate sheet of paper if necessary
List at least two of your strengths.	
List at least two of your weaknesses.	
In what area of your spiritual walk do you most want to improve on sheet of paper if necessary.	or grow? What are your personal goals for IGNITE? Use a separate
What specific areas of missions (such as worship, evangelism, teac	hing, administration, children's ministry, etc.) interest you?
Christian Testimony (Type on a separate sheet of paper.)	-
1. How long have you been saved?	
2. What is salvation?	
3. Please describe your testimony including approximate dates. (Please limit to 1 page)
Life and Ministry (Type on a separate sheet of paper)	
1. What do you believe God's calling is on your life?	4. What are your talents (things you are naturally good at)?
2. What spiritual gifts have you seen God use in your life?	5. What are your hobbies?
3. What are your skills (carpentry, computer, business, etc.)?	6. List 3 Christian books that have impacted your life and the reasons why.
Statement of Faith (Amos 3:3 – "Can two walk together, unles	rs they are agreed?")
Please type a brief statement of your beliefs about the topics below	v. This is <i>not</i> a test of your Bible knowledge.
1. Salvation	4. Deity of Christ
2. Baptism	5. The Inerrancy of Scripture
3. The Trinity	
By signing below, I acknowledge that my application for admission my best knowledge, and I understand that all information contained	
Signatura	Data

NOTE: After receiving your complete application, we will schedule a phone interview prior to your acceptance into the program.

IGNITEPastoral/Spiritual Reference

Instructions for Applicant

- Fill out **your contact** information below.
- Please have your references **return this form to you** in a signed and sealed envelope.
- > Please mail all three references in their sealed envelopes with your completed application.
- > One reference must be a **Pastor or Spiritual** leader in your church.
- ➤ One reference must be an **Individual** who has known you at least two years.
- > Please use references other than family members.

Applicant's Last Name			First	·			Middle
Permanent Address	C	ity				State	Zip
Home Phone ()	Work Phone (_) _				Cell Phone (_)
Instructions for Reference ➤ Your reference will as ➤ Please fill out this form							
How long have you known applican	t?	_How l	long has	applica	ant atte	ended your fellowsh	nip?
What ministries has he/she been inv	olved with?						
What spiritual gifts do you see in th	is person?						
Would you recommend him/her for		_			•		
Please evaluate applicant in the following	owing areas: 1 - needs in	nprover	nent and	d 5 - exc	cellent		
Spiritual Maturity:	1	2	3	4	5	(circle one)	
Biblical Knowledge:	1	2	3	4	5		
Ministry Mindset:	1	2	3	4	5		
Submission To Authority:	1	2	3	4	5		
Reliability:	1	2	3	4	5		
Adaptability:	1	2	3	4	5		
Please state any other information the	nat would assist us in rev	iewing	this app	licant.	Use ar	n additional sheet of	paper if necessary.
Signature		Date					
Printed Name		Relation	ship to	Applica	ınt		
Address		City				State	Zip
Contact Number ()	E	Email _					

IGNITEPersonal Reference

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- ➤ One reference must be an **Individual** who has known you at least two years.
- > Please use references other than family members.

Applicant's Last Name			First			I	Middle
Permanent Address	C	ity				State	Zip
Home Phone ()	Work Phone ()				Cell Phone ()
Instructions for Reference ➤ Your reference will as ➤ Please fill out this form							
How long have you known applicar	t?	How l	ong has	applica	ant atte	ended your fellowsh	ip?
What ministries has he/she been inv	olved with?						
What spiritual gifts do you see in th	is person?						
Would you recommend him/her for				•			
Please evaluate applicant in the following	owing areas: 1 - needs in	nprover	nent and	1 5 - exc	cellent		
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Biblical Knowledge:	1	2	3	4	5		
Ministry Mindset:	1	2	3	4	5		
Submission To Authority:	1	2	3	4	5		
Reliability:	1	2	3	4	5		
Adaptability:	1	2	3	4	5		
Please state any other information the	nat would assist us in rev	iewing	this app	licant.	Use ar	n additional sheet of	paper if necessary.
Signature							
Printed Name			-				
Address							
Contact Number ()	F	Email _					



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Applicant's Last Name		FirstMiddle						
Permanent Address	C	City				StateZ	ip	
Home Phone ()	Work Phone (_)				Cell Phone ()		
Instructions for Reference ➤ Your reference will as ➤ Please fill out this form								
How long have you known applican	t?	_How l	long has	applica	ant att	ended your fellowship?		
What ministries has he/she been inv	olved with?							
What spiritual gifts do you see in th	is person?							
Would you recommend him/her for	IGNITE Mission Trainir	ng Scho	ol? If so	o, why?_				
Please evaluate applicant in the follo	owing areas: 1 - needs in	nprover	nent and	1 5 - exc	cellent			
Spiritual Maturity:	1	2	3	4	5	(circle one)		
Biblical Knowledge:	1	2	3	4	5			
Ministry Mindset:	1	2	3	4	5			
Submission To Authority:	1	2	3	4	5			
Reliability:	1	2	3	4	5			
Adaptability:	1	2	3	4	5			
Please state any other information the	nat would assist us in rev	iewing	this app	licant.	Use ar	n additional sheet of paper	if necessary.	
Signature						Date		
Printed Name		Relation	ship to	Applica	ınt			
Address	(City				State	Zip	
Contact Number ()	E	Email						

IGNITE Skills Assessment

Please identify any skills listed that you have and rate your proficiency (with 1 being a novice and 5 an expert):

Skilled Trades						
Carpentry:	1	2	3	4	5	(circle one)
Landscaping/Grounds keeping:	1	2	3	4	5	
Electrical:	1	2	3	4	5	
Plumbing:	1	2	3	4	5	
Agriculture/Livestock Management:	1	2	3	4	5	
Masonry:	1	2	3	4	5	
Administrative Skills						
Accounting/Bookkeeping:	1	2	3	4	5	
Office Software (e.g. MS Word, Excel, etc.):	1	2	3	4	5	
Written/verbal skills (e.g. newsletter, phone, etc.):	1	2	3	4	5	
IT/Computer Networking:	1	2	3	4	5	
Website/Graphic design:	1	2	3	4	5	
Data Entry:	1	2	3	4	5	
Foreign Language Experience						
Language:						
Years of Schooling/Experience in this Language:						
Communication Level:	1	2	3	4	5	
Please list any additional skills or experience that ye	ou posse	ess:				

I agree to the above sentences and have inscribed my signature below:

IGNITECommitment Acknowledgement

Commitment Acknowledgement

The IGNITE Mission Training School is committed to providing a program that will give you the opportunity to gain practical ministry experience and personal discipleship. That is why we reserve the right to send a person home that might not truly be here for that reason. By signing below, you acknowledge that at any point during the program, you could be asked to leave the IGNITE program for conduct deemed inconsistent with that of a follower of Jesus Christ, including knowingly providing false or misleading information on your application or during your interview. You also acknowledge that you are able and committed to completing the year-long program, including three months of training in Guatemala and six months in the mission field in a foreign country.

Applicant's Signature	Date
11 &	

Potter's Field Ministries admits interns of any race, color, national/ethnic origin, and gender to all the rights, privileges, programs, and activities generally accorded or made available to IGNITE students. It does not discriminate on the basis of race, color, national/ethnic origin, gender or disability in administration of its ministerial service, educational policies, admissions policies, scholarship and loan programs, or any School or Ministry administered programs.