

BAPTIST CHURCH PLANTERS

From the office of Dr. David C. Little, President



Dear friend in Christ,

I am so pleased to know that you have inquired about serving the Lord in church planting here in the United States. It is my passion to see great warriors raised up to conquer the giants of sin through the presentation of the gospel. Sin is rampant in the United States, and it is my belief that the only remedy for sin is the Good News of the death, burial, and resurrection of Christ.

As a potential Timothy, you will be on the front lines fighting for the Lord Jesus Christ. No battle on earth or heaven is without risk or cost. The step of faith required to serve in this army of spiritual soldiers is no little step. It will tax your spirituality and stretch you personally. Yet in the end, the victory will make it all worthwhile.

I do not know what has prompted you to inquire into home missions, but it is now your responsibility to search your heart and make sure this is from the Lord. If it is from Him, you need to proceed with the greatest of confidence.

At BCP we stand for the old faith but are progressive to use every means in reaching people for Christ. We are diverse in our mission family, being represented by five people groups. We have Deaf, Black, Asian, Hispanic, and Anglo. We believe this family is called to reach a multi-cultural, multi-ethnic America. I hope God leads you to join us in this great work.

You will be working with Candidate Coordinators, Bob & Donna Bennett, as you plod through this process of applications. Feel free to call them at any time and keep in touch with Bob as you progress. God bless you richly.

Sincerely for church planting,

A handwritten signature in black ink, appearing to read 'DL', written in a cursive style.

David C. Little, President

Major Goals for the 21st Century

In our effort to be a service to the local church we, are seeking to provide the following.

1. Build missionary teams to work in large population areas needing multiple church plants.
It is our belief that biblical missionary models have multiple servants of God working toward the goal of church planting. To be on the field alone is difficult and discouraging. No missionary has all the resources and abilities to effectively and quickly build a solid local church, thus the multiple staff add to their effectiveness.
2. Offer our staff to State Fellowships, preaching the Word and teaching workshops on vital subjects in the area of missions. This effective tool helps local churches handle issues like, cross cultural ministry, finances of the missionary, retirement policy, training missionaries in the local church, communication with missionaries, and a variety of other helpful subjects
3. We plan to provide courses for our missionaries to refresh them in ministry strategies and goal setting. Often, missionaries find it difficult to get away and to find courses specific to their ministry needs. The service center is able to provide the staff to communicate new ideas, concepts for church planting, and motivation for ministry faithfulness.
4. Pastors face the task of leading their churches in their missionary endeavors. To effectively do this, we desire to provide pastors with an opportunity to spend some days at our service center learning effective means for ministry in the local church. Also, we will deal with the role of the sending church vs. the supporting church. Multiple subjects will be handled as we work through various subjects. The time spent sharing as pastors and leaders will be as effective as the material presented.

As the Lord provides the finances and personnel, we seek to offer the most effective support possible for the missionaries and sending churches.

Thank you for considering Baptist Church Planters.

David Little, President

An Introduction to BCP

Baptist Church Planters is a mission agency serving local churches that send out missionaries. We service the missionaries and their specific needs while allowing the local churches to have significant input in their ministries. We understand that the mandate for church planting is given to the local church, but we also see those in Scripture that were facilitators. As the church sees the need for this ministry, they support and use it.

Specifically, we offer the following to missionaries coming to us:

Credibility. Because most local churches are not known throughout the whole country, missionaries that come with BCP have immediate credibility throughout the United States as they travel and seek support, both in prayer and financially.

Financial integrity. Millions of dollars flow through the service center, coming from churches and personal donors supporting missionaries and their special needs. With a qualified financial officer, all monies are properly received, recorded, deposited and distributed. Legal matters with the government are kept current and missionaries informed. We provide checks twice a month to our missionaries.

Encouragement and accountability. As servants of the Lord's work on the field, discouragement arises and often there is need for someone to come along side. With a Regional Field Director and Administration in the Service Center, we are able to provide a continuous flow of encouragement and stability to the missionary. Because local churches expect us to hold missionaries accountable to the development of an indigenous church, we keep abreast of the progress, working with the missionary and their sending church.

We work with missionaries throughout the United States who are among the many cultures within our borders. We presently have missionaries working among Anglos, Blacks, Filipinos, Hispanics and Deaf. Much of our work is done in the cities and suburbs of America. The need is great.

We provide Candidate School each August, sponsor State Fellowship conferences, survey new areas, regularly visit missionaries and established churches and plan to establish training centers for new missionaries for the 21st century.



BAPTIST CHURCH PLANTERS
36830 Royalton Road, Grafton, OH 44044 / (440) 748-1677

Application Checklist & Other Requirements

APPLICATION

This is the first of several steps to be taken in becoming a missionary with Baptist Church Planters. It is designed to help us get to know you as fully as possible. If married, both husband and wife must submit separate applications. Please answer each question carefully and fully and return your application with the following items:

1. Complete application form, both you and your wife.
2. A letter of recommendation from the pastor of the church where you are a member. We cannot begin to process your application without this recommendation. To avoid delay, please be sure to enclose it with your application.
3. A letter of approval from your local church to certify that you are a member in good and regular standing and the church authorizes you to engage in pre-field ministries subject to approval by Baptist Church Planters for missionary work in North America.
4. Your doctrinal statement as outlined at the end of the application as well as your wife's agreeing.
5. Your list of references. With the exception of your home church and pastor, the wife's references should be different from the husband's.
6. Your health report.
7. A recent photo.

When we have received your completed application, your references will be contacted. After they have responded, our Applications Committee will study your file. If this Committee approves, you will be invited to attend Candidate School and to meet with our Council. Submission of this application does not guarantee your approval as a missionary; therefore, applicants are encouraged to continue their present employment until a determination has been made.

OTHER REQUIREMENTS FOR APPROVAL

Every applicant is required:

1. To meet with our Council and Administration. You will be notified in time to make plans as to the time and place of the meeting.
2. To attend Candidate School. This school is held during the last part of July or first part of August.
3. To deputize full minimum support before being given permission to begin work on a field (Apollos missionaries' needs will vary from no needed support to full-time support.)
4. To meet these and any other contingency determined by the Council and to wait for permission from the BCP Fields Director before you begin work on your chosen field.

YOUR RESPONSIBILITIES

You are responsible:

1. For your expenses incurred in order to meet with the Council and Administration and expenses while attending Candidate School (approximately \$100 for books, meals and snacks.) Some housing and meals will be provided during Candidate School. We have displays available at a cost of \$150 and a personalized banner for \$30. (Let your home church know of these needs and they may help you.)
2. For raising support necessary to work as a missionary by presenting your need to churches and individuals. Baptist Church Planters will assist you as much as possible in getting speaking engagements.
3. For your living expenses and travel expenses while on deputation.



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 36830 Royalton Road, Grafton, OH 44044
 440-748-1677 / Email: bcp@bcpusa.org / www.bcpusa.org

APPLICATION FOR MISSIONARY SERVICE

Dear Christian Friend:

Baptist Church Planters is pleased to have the opportunity to seek the Lord's will with you about missionary service with us. To be accepted by BCP, you must be a member in good standing of a fundamental, separatist Baptist church that is not directly or indirectly connected with apostate associations, conventions, or conferences, and it must be willing to authorize you for mission work (See: Acts 13:1-4).

To help us investigate your qualifications, please answer each question as fully and as fairly as possible. Your responses, while held in confidence, will be reviewed by our Council. Both husband and wife must submit separate applications. Include a recent photograph of yourself when you return this application.

This application is only the first of several steps to be taken in becoming a missionary with BCP. Its submission does not guarantee your approval as a missionary. Therefore, applicants are urged to continue their present employment until a final decision has been made.

Upon receipt of this application, your references will be contacted. When these have responded, we will review your file and inform you of the next steps that are to be taken to complete the application procedure.

PERSONAL

1. Full Name _____ SS# _____
 Street _____ Phone # _____
 City _____ State _____ Zip _____
 E-Mail _____

2. Date of Birth _____ Birth Place _____ Citizenship _____ Male ___ Female ___

3. Parents' Full Name and Present Address:
 Mother _____
 Father _____

4. Marital Status (Please check) Single ___ Engaged ___ Married ___ Widowed ___ Divorced ___
(According to a ruling by our Council, divorced people will not be accepted by BCP. An annulled marriage is considered to be the same as a divorce.)

a. Date of Marriage: _____ Name of Wife: _____

b. List the Full Name and Birthday of Each Child:

c. If single, are you engaged? _____ When do you plan to be married? _____
 Is your fiancée/fiancé in agreement with your plans for missionary work? _____
(The person you plan to marry should also make application with us.)

5. Has any member of your family been a missionary? _____ Country: _____
 Sending mission agency: _____

EDUCATION

While a degree from a Bible college is preferred for church planters, consideration will be given to Bible school graduates and applicants who have pastoral experience.

1. List the names and addresses of the schools you have attended:

School

Major

Year of Graduation
or Attendance

Degree
Earned

High School _____

College _____

Bible Institute/College _____

Seminary _____

Graduate School _____

2. Do you intend to further your education? _____ What are your academic goals? _____

3. Do you enjoy reading? _____ List the titles of the last three books you have read, including the author:

4. Do you consider yourself studious? _____ Average? _____ Less than average? _____

CHRISTIAN EXPERIENCE

1. What are the circumstances of your salvation? _____

2. How do you know you are saved? _____

3. Date of baptism: _____ Was baptism by immersion? _____ Single? _____ Triune? _____

4. Give the name, address, and denomination of the church where you are presently a member.

Pastor's Name: _____

5. Explain your call to the Gospel ministry. _____

6. Do you consider your call to serve as a home missionary a life-time call? _____ If no, please explain:

7. Please indicate the type of missionary service for which you are applying: _____ Church Planter (Pastor)
_____ Associate Church Planter _____ Apollos/Tentmaker _____ Other

CHRISTIAN SERVICE

1. Are you ordained? _____ If yes, give the date and the name and address of the church where you were ordained:

2. List your Christian service experience, indicating where and for how long. _____

3. Have you personally led someone to Christ? _____ Explain briefly: _____

4. Have you ever applied to another mission agency? _____ If yes, please give their names, addresses
and the result of your application. _____

5. How did you learn about Baptist Church Planters? _____

6. What motivated you to apply to BCP at this time? _____

7. Have you carefully read our Articles of Faith? _____ Do you fully subscribe to them? _____

8. Have you carefully read our Constitution? _____

Do you feel that you can cheerfully submit to these regulations? _____
If not, why? _____

9. Do you understand that this is a faith mission, that each missionary must raise his support through deputation, and that he is urged to trust the Lord to meet all his needs? _____ Give a personal example of having trusted the Lord to provide your financial needs and His response. _____
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10. If the Council of BCP requests that you leave a particular field of ministry, would you be willing to abide by the advice of the Council? _____ If not, explain. _____
-

BUSINESS

1. Give your profession or trade, if you have one: _____

2. Employment History:

a. Name and address of present employer: _____ Length of employment: _____

b. Name and address of previous employer: _____ Length of employment: _____

3. May we seek a reference from any of the above? _____

4. Are you currently in debt? _____ If yes, please list your liabilities:

a.	Liability	Amount	Monthly Payment	Final Payment Date
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b. In view of possible missionary service, what are your plans for the liquidation of these debts? _____

c. Have you ever filed for bankruptcy? _____

5. Do your parents or other relatives depend upon you for financial assistance? _____ To what degree?

Signature

Date

BAPTIST CHURCH PLANTERS

List of References

Applicant's Name: _____

Each applicant is asked to furnish the following list of references. Except for the church where you are a member and the name of your pastor, the wife's references should not be the same as the husbands. Please type the correct title, full name, complete address and zip code, and phone number (if known) for each reference.

CHURCH AND PASTOR – Where you are presently a member:

Name of church: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

The church's affiliations or associations: _____

Pastor: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

ANOTHER PASTOR – With whom you are acquainted:

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

SCHOOL REFERENCES – Two professors of the school you attended:

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

LAY REFERNCES – Two Christians who are not pastors or relatives:

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

BUSINESS REFERENCES – Two businesses or businessmen you have or are presently doing business with.

Business name: _____ Account No. _____

Address: _____

City: _____ State: _____ Zip Code: _____

Business name: _____ Account No. _____

Address: _____

City: _____ State: _____ Zip Code: _____

BAPTIST CHURCH PLANTERS

HEALTH REPORT

The following is a voluntary survey of your past medical history and present state of health. Its completion will help us determine if a physical will be required for approval. In the column at the right, please give us details of any "yes" answers. Include: the question number, the diagnosis and treatment, results, dates and duration.

	YES	NO	COMMENTS:
1. Have you, in the past ten years, been treated for, or had any indication of:			
a. Disorder of the eyes, ears, nose, mouth or throat?	_____	_____	_____ _____
b. Recurrent dizziness, fainting, convulsions or seizures, recurrent headaches, speech defect, paralysis or stroke, mental or nervous disorder or episode of attempted suicide?	_____	_____	_____ _____ _____
c. Persistent shortness of breath, cough, blood spitting: bronchitis, bronchiectasis, pleurisy, asthma, emphysema, tuberculosis or chronic respiratory disorder.	_____	_____	_____ _____ _____
d. Chest pain, discomfort or tightness; palpitations, high blood pressure, rheumatic fever, heart murmur, heart attack or other disorder of the heart or blood vessels?	_____	_____	_____ _____ _____
e. Jaundice, intestinal bleeding; ulcer, hernia, colitis, diverticulitis, hemorrhoids, recurrent indigestion, recurrent diarrhea, or other disorder of the stomach, intestines, liver, gall bladder or pancreas?	_____	_____	_____ _____ _____
f. Sugar, albumin, blood or pus in urine; venereal disease; stone or other disorder of the kidney, bladder, prostate or reproductive organs?	_____	_____	_____ _____
g. Diabetes; thyroid or other glandular or endocrine disorders?	_____	_____	_____ _____
h. Neuritis, sciatica, rheumatism, arthritis, gout, or disorder of the muscles or bones, spine, back or joints?	_____	_____	_____ _____
i. Disorder of the skin, lymph glands, cyst, tumor, or cancer?	_____	_____	_____ _____
j. Allergies; anemia or other disorder of the blood?	_____	_____	_____ _____

	Yes	No	Comments:
k. Enlargement of lymph nodes (glands), chronic diarrhea, unusual or persistent skin lesions or chronic infections?	_____	_____	_____ _____
2. Have you, in the past five years:			
a. Been a patient in a hospital, clinic, medical facility?	_____	_____	_____
b. Had an electrocardiogram, x-ray, or other diagnostic test?	_____	_____	_____
c. Been advised to have any diagnostic test, hospitalization, or surgery which was not completed?	_____	_____	_____
3. Are you presently taking any prescribed medication?	_____	_____	_____ _____ _____
4. Do you presently have any deformity, lameness, amputation or other physical disability?	_____	_____	_____
5. Have you ever:			
a. Used barbiturates, heroin, cocaine, marijuana, or any other illegal, restricted or controlled substance except as prescribed by a physician?	_____	_____	_____
b. Used alcoholic beverages?	_____	_____	_____
c. Smoked cigarettes?	_____	_____	_____
d. Been counseled, sought help or treatment, or been advised to undergo counseling or treatment for alcohol or drug problems?	_____	_____	_____
e. Been arrested for alcohol or drug use or drug distribution?	_____	_____	_____
f. If yes to any of the above, how long since the last occurrence?			_____ _____ _____ _____
6. Have you lost or gained more than 25 pounds in the past year? If yes, indicate amount of gain or loss and how long current weight has been constant.	_____	_____	_____ _____

7. **Has a member of the medical profession ever diagnosed you as having or treated you for AIDS (Acquired Immune Deficiency Syndrome), ARC (AIDS Related Complex) or any other immunological disorder?**

8. **If a female applicant, have you ever had:**

a. Any disorder of breast, uterus, ovaries?

b. Any medical problem during pregnancy?

c. Are you pregnant now?

Anticipated date of delivery:

9. **Family History: Has an immediate member of your family had tuberculosis, diabetes, cancer, high blood pressure, heart or kidney disease, mental illness or suicide?**

Age, if living

Age, at death

Cause of death

Father

Mother

Brother

Brother

Sister

Sister

To the best of my knowledge, the statements made on this survey are true.

Signed: _____

Date: _____



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Doctrinal Statement

Separately please give a thorough statement of your belief on each of the following topics. Include your name and address on your doctrinal statement and sign and date it. (A wife is not required to sign a separate doctrinal statement, but she must indicate her agreement with her husband's statement.*). If you are filling the form on-line please email your statement to bcp@bcpusa.org or regular mail should you desire, we will need signatures at some point.

Name:

Address:

1. The Scriptures including verbal and plenary inspiration.
2. The doctrine of God including His attributes, His work and creation. Include a statement about the Trinity.
3. The person and work of Jesus Christ including His deity, incarnation and work.
4. The Holy Spirit including His deity, indwelling filling, baptism, sealing, gifts and work. Include a statement about the Charismatic movement, tongues, healing, etc.
5. Angels including Satan.
6. Sin including its origin and extent.
7. Man including his beginning, original state, his fall and total depravity.
8. Salvation including repentance, regeneration, justification, redemption, propitiation and election.
9. The sanctification of the believer – past, present and future.
10. The doctrine of separation from worldliness and apostasy as related to the believer today.
11. The church universal and local.
12. The ordinances, baptism and the Lord's table.
13. The doctrine of last things, given in the order of their occurrence, including the rapture, millennium, events relating to the church, the nations and the eternal state of the soul.
14. List the Baptist distinctives.

For the wife: I concur with my husband's doctrinal statement _____

Wife application section

- 1. Application**
- 2. Health report**
- 3. References**
- 4. Signature on husband's doctrinal statement form**
- 5. If you are not employed and have no indebtedness other than your husbands please answer that section with N/A**



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APPLICATION FOR MISSIONARY SERVICE

Dear Christian Friend:

Baptist Church Planters is pleased to have the opportunity to seek the Lord's will with you about missionary service with us. To be accepted by BCP, you must be a member in good standing of a fundamental, separatist Baptist church that is not directly or indirectly connected with apostate associations, conventions, or conferences, and it must be willing to authorize you for mission work (See: Acts 13:1-4).

To help us investigate your qualifications, please answer each question as fully and as fairly as possible. Your responses, while held in confidence, will be reviewed by our Council. Both husband and wife must submit separate applications. Include a recent photograph of yourself when you return this application.

This application is only the first of several steps to be taken in becoming a missionary with BCP. Its submission does not guarantee your approval as a missionary. Therefore, applicants are urged to continue their present employment until a final decision has been made.

Upon receipt of this application, your references will be contacted. When these have responded, we will review your file and inform you of the next steps that are to be taken to complete the application procedure.

PERSONAL

1. Full Name _____ SS# _____
Street _____ Phone # _____
City _____ State _____ Zip _____
E-Mail _____

2. Date of Birth _____ Birth Place _____ Citizenship _____ Male ___ Female ___

3. Parents' Full Name and Present Address:
Mother _____

Father _____

4. Marital Status (Please check) Single ___ Engaged ___ Married ___ Widowed ___ Divorced ___
(According to a ruling by our Council, divorced people will not be accepted by BCP. An annulled marriage is considered to be the same as a divorce.)

a. Date of Marriage: _____ Name of Husband: _____

b. List the Full Name and Birthday of Each Child:

c. If single, are you engaged? _____ When do you plan to be married? _____
Is your fiancée/fiancé in agreement with your plans for missionary work? _____
(The person you plan to marry should also make application with us.)

5. Has any member of your family been a missionary? _____ Country: _____
Sending mission agency: _____

EDUCATION

While a degree from a Bible college is preferred for church planters, consideration will be given to Bible school graduates and applicants who have pastoral experience.

1. List the names and addresses of the schools you have attended:

School

Major

Year of Graduation
or Attendance

Degree
Earned

High School _____

College _____

Bible Institute/College _____

Seminary _____

Graduate School _____

2. Do you intend to further your education? _____ What are your academic goals? _____

3. Do you enjoy reading? _____ List the titles of the last three books you have read, including the author:

4. Do you consider yourself studious? _____ Average? _____ Less than average? _____

CHRISTIAN EXPERIENCE

1. What are the circumstances of your salvation? _____

2. How do you know you are saved? _____

3. Date of baptism: _____ Was baptism by immersion? _____ Single? _____ Triune? _____

4. Give the name, address, and denomination of the church where you are presently a member.

Pastor's Name: _____

5. Explain your call to the Gospel ministry. _____

6. Do you consider your call to serve as a home missionary a life-time call? _____ If no, please explain:

7. Please indicate the type of missionary service for which you are applying: _____ Church Planter (Pastor)
_____ Associate Church Planter _____ Apollos/Tentmaker _____ Other

CHRISTIAN SERVICE

1. Are you ordained? _____ If yes, give the date and the name and address of the church where you were ordained:

2. List your Christian service experience, indicating where and for how long. _____

3. Have you personally led someone to Christ? _____ Explain briefly: _____

4. Have you ever applied to another mission agency? _____ If yes, please give their names, addresses
and the result of your application. _____

5. How did you learn about Baptist Church Planters? _____

6. What motivated you to apply to BCP at this time? _____

7. Have you carefully read our Articles of Faith? _____ Do you fully subscribe to them? _____

8. Have you carefully read our Constitution? _____

Do you feel that you can cheerfully submit to these regulations? _____
If not, why? _____

9. Do you understand that this is a faith mission, that each missionary must raise his support through deputation, and that he is urged to trust the Lord to meet all his needs? _____ Give a personal example of having trusted the Lord to provide your financial needs and His response. _____
-
10. If the Council of BCP requests that you leave a particular field of ministry, would you be willing to abide by the advice of the Council? _____ If not, explain. _____
-

BUSINESS

1. Give your profession or trade, if you have one: _____
2. Employment History:
- a. Name and address of present employer: _____ Length of employment: _____
- b. Name and address of previous employer: _____ Length of employment: _____
3. May we seek a reference from any of the above? _____
4. Are you currently in debt? _____ If yes, please list your liabilities:
- | a. | Liability | Amount | Monthly Payment | Final Payment Date |
|-------|-----------|--------|-----------------|--------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
- b. In view of possible missionary service, what are your plans for the liquidation of these debts? _____
-
- c. Have you ever filed for bankruptcy? _____
5. Do your parents or other relatives depend upon you for financial assistance? _____ To what degree? _____
-

Signature

Date

BAPTIST CHURCH PLANTERS

List of References

Applicant's Name:

Each applicant is asked to furnish the following list of references. Except for the church where you are a member and the name of your pastor, the wife's references should not be the same as the husbands. Please type the correct title, full name, complete address and zip code, and phone number (if known) for each reference.

CHURCH AND PASTOR – Where you are presently a member:

Name of church: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip Code: _____
The church's affiliations or associations: _____

Pastor: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip Code: _____

ANOTHER PASTOR – With whom you are acquainted:

Name: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip Code: _____

SCHOOL REFERENCES – Two professors of the school you attended:

Name: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip Code: _____

Name: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip Code: _____

LAY REFERNCES – Two Christians who are not pastors or relatives:

Name: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip Code: _____

Name: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip Code: _____

BUSINESS REFERENCES – Two businesses or businessmen you have or are presently doing business with.

Business name: _____ Account No. _____
Address: _____
City: _____ State: _____ Zip Code: _____

Business name: _____ Account No. _____
Address: _____
City: _____ State: _____ Zip Code: _____

BAPTIST CHURCH PLANTERS

HEALTH REPORT

The following is a voluntary survey of your past medical history and present state of health. Its completion will help us determine if a physical will be required for approval. In the column at the right, please give us details of any "yes" answers. Include: the question number, the diagnosis and treatment, results, dates and duration.

	YES	NO	COMMENTS:
1. Have you, in the past ten years, been treated for, or had any indication of:			
a. Disorder of the eyes, ears, nose, mouth or throat?	_____	_____	_____ _____
b. Recurrent dizziness, fainting, convulsions or seizures, recurrent headaches, speech defect, paralysis or stroke, mental or nervous disorder or episode of attempted suicide?	_____	_____	_____ _____ _____
c. Persistent shortness of breath, cough, blood spitting: bronchitis, bronchiectasis, pleurisy, asthma, emphysema, tuberculosis or chronic respiratory disorder.	_____	_____	_____ _____ _____
d. Chest pain, discomfort or tightness; palpitations, high blood pressure, rheumatic fever, heart murmur, heart attack or other disorder of the heart or blood vessels?	_____	_____	_____ _____ _____
e. Jaundice, intestinal bleeding; ulcer, hernia, colitis, diverticulitis, hemorrhoids, recurrent indigestion, recurrent diarrhea, or other disorder of the stomach, intestines, liver, gall bladder or pancreas?	_____	_____	_____ _____ _____
f. Sugar, albumin, blood or pus in urine; venereal disease; stone or other disorder of the kidney, bladder, prostate or reproductive organs?	_____	_____	_____ _____
g. Diabetes; thyroid or other glandular or endocrine disorders?	_____	_____	_____ _____
h. Neuritis, sciatica, rheumatism, arthritis, gout, or disorder of the muscles or bones, spine, back or joints?	_____	_____	_____ _____
i. Disorder of the skin, lymph glands, cyst, tumor, or cancer?	_____	_____	_____ _____
j. Allergies; anemia or other disorder of the blood?	_____	_____	_____ _____

	Yes	No	Comments:
k. Enlargement of lymph nodes (glands), chronic diarrhea, unusual or persistent skin lesions or chronic infections?	_____	_____	_____ _____
2. Have you, in the past five years:			
a. Been a patient in a hospital, clinic, medical facility?	_____	_____	_____
b. Had an electrocardiogram, x-ray, or other diagnostic test?	_____	_____	_____
c. Been advised to have any diagnostic test, hospitalization, or surgery which was not completed?	_____	_____	_____
3. Are you presently taking any prescribed medication?	_____	_____	_____ _____ _____
4. Do you presently have any deformity, lameness, amputation or other physical disability?	_____	_____	_____
5. Have you ever:			
a. Used barbiturates, heroin, cocaine, marijuana, or any other illegal, restricted or controlled substance except as prescribed by a physician?	_____	_____	_____
b. Used alcoholic beverages?	_____	_____	_____
c. Smoked cigarettes?	_____	_____	_____
d. Been counseled, sought help or treatment, or been advised to undergo counseling or treatment for alcohol or drug problems?	_____	_____	_____
e. Been arrested for alcohol or drug use or drug distribution?	_____	_____	_____
f. If yes to any of the above, how long since the last occurrence?			_____ _____ _____ _____
6. Have you lost or gained more than 25 pounds in the past year? If yes, indicate amount of gain or loss and how long current weight has been constant.	_____	_____	_____ _____

7. **Has a member of the medical profession ever diagnosed you as having or treated you for AIDS (Acquired Immune Deficiency Syndrome), ARC (AIDS Related Complex) or any other immunological disorder?**

8. **If a female applicant, have you ever had:**

a. Any disorder of breast, uterus, ovaries?

b. Any medical problem during pregnancy?

c. Are you pregnant now?

Anticipated date of delivery:

9. **Family History: Has an immediate member of your family had tuberculosis, diabetes, cancer, high blood pressure, heart or kidney disease, mental illness or suicide?**

Age, if living

Age, at death

Cause of death

Father

Mother

Brother

Brother

Sister

Sister

To the best of my knowledge, the statements made on this survey are true.

Signed: _____

Date: _____



Baptist Church Planters

Robert & Donna Bennett-Candidate Coordinators

Dear friend,

We at Baptist Church Planters thank you for the interest you have expressed in church planting in the United States. We firmly believe that America is a needy mission field, with great challenges and abundant opportunities.

We at Baptist Church Planters are looking and praying for men and women with strong Biblical convictions who are willing to take significant steps of faith and follow the Lord in the great ministry of church planting. You will notice brochures describing the various opportunities of ministry with Baptist Church Planters. Take time to prayerfully consider these ministry opportunities. If you are not sure which ministry is best suited for you, go ahead and complete the application process. Your sending Pastor and the administration of Baptist Church Planters will provide council and help.

A checklist for the required forms is provided for your benefit. If the Lord so leads you, carefully complete the application and supply all of the information requested. If you have any questions, please contact us at any time. We are here to help you in any way possible. We will be praying much for you. *"Meeting America's Greatest Need"* is much more than a catchy motto for us; it is our heartfelt passion and daily purpose. Would you seriously pray and consider becoming part of the great family of missionary partners who daily strive to help in *"Meeting America's Greatest Need?"*

Sincerely in Christ,

Bob and Donna Bennett
Candidate Coordinators
bbennett@bcpusa.org
dbennett@bcpusa.org

