



Dear Applicant,

Greetings!

We appreciate your interest in missionary training at Empower Global Leadership Academy. God is truly raising up a new breed of missionaries for this generation!

Enclosed, please find a complete application packet containing:

- Application Cover Page
- Application Form
- Recommendation Forms (3)
- Applicant Questionnaire
- Financial Questionnaire
- Waiver and Liability Release Form
- Medical Information and Release Form

Please follow these instructions to ensure a simple and prompt application process:

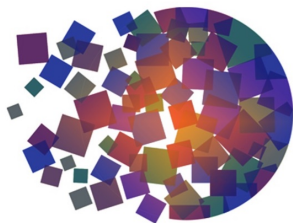
- Read all information contained within this packet
- Complete the application and forms (signed and dated)
- Attach a recent color photo of yourself
- Attach a copy of the photo page of your passport
- Distribute recommendation forms to people who know you well (2 ministry leaders and 1 personal)
- Submit all forms to Empower International (Recommendation forms are to be submitted separately, directly to the Empower)
- Receive acceptance/denial from Empower International

If you have any questions or if we can be of further assistance to you in any way, please don't hesitate to contact us.

We look forward to hearing from you soon.

Sincerely,

Todd M Powers  
Empower International



# EMPOWER INTERNATIONAL

P.O. Box 4868 Chicago, IL 60680 | [www.empower.global.org](http://www.empower.global.org)

Please attach photo  
here.

(Head and shoulders  
only.)

Application will not  
be processed without  
a photo.

## Empower Global Leadership Academy Application

### 1. Personal Details

Name as on Passport:

Name you prefer/nickname:

Social Security Number:

Passport Number:

Expiration Date:

Date of birth (Day/Month/Year):

Gender: ☐ Male ☐ Female

Nationality:

Country of residence:

Address:

Telephone (Home):

(Cell/Mobile):

Email:

Skype:

Marital status: ☐ Single ☐ Married ☐ Widowed ☐ Separated

Name of Spouse:

Social Security Number:

Spouse's Passport Number:

Expiration Date:

Please list all dependent children:

Name of Child

Age

Gender

Passport Number

Are you and your spouse in agreement about attending Empower Global Leadership Academy? ☐ Yes ☐ No

Name of emergency contact:

Relationship to person:

Email:

Telephone:

City/State:

## 2. Education

Include vocational qualifications, secular and Christian:

Name of Institution	Time period	Qualification/Certificate

## 3. English Ability

Is English your first language?

If no, what is?

Speaking: ☐ Native ☐ Good ☐ Fair ☐ Poor

Written and Reading: ☐ Native ☐ Good ☐ Fair ☐ Poor

What other languages do you speak? Please indicate fluency level:

## 4. Health

General health: ☐ Excellent ☐ Good ☐ Fair ☐ Poor Blood Type:

Do you currently suffer from any illness, disability or allergy?

Are you currently taking any prescribed medication? ☐ Yes ☐ No

If yes, what?

Are you currently undergoing medical treatment? ☐ Yes ☐ No

If yes, for what?

If you feel there are any other specific health issues we should be aware of, please give details:

Valid Health/Travel Insurance is required for the duration of your training. Please attach proof of insurance.

## 5. Criminal Record

Do you have a criminal record? ☐ Yes ☐ No

If yes, please provide details on a separate sheet.

## 6. Christian Background

When did you receive Jesus as your personal Lord and Savior?

Briefly describe your born again experience:

What denomination were you raised in?	
Do you sense a call of God on your life to enter full-time ministry? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you sense a call of God on your life to do missionary work in foreign lands? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a licensed or ordained minister of the Gospel? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, with which organization?	
Name of church which you currently attend:	
Web Address:	City/State:
Name of your Pastor:	Email:
How long have you been attending this church?	
If less than two years, name and email of previous church attended:	
How long did you attend the previous church?	
Explain why you left your previous church:	
<b>7. Ministry Involvement</b>	
Please list your current/past areas of ministry involvement:	
Please write a brief description of what you think your strengths and weaknesses are.	
Strengths:	
Weaknesses:	

## 8. Missions Experience and Training

Have you received missionary training? ☐ Yes ☐ No

If yes, what school did you attend?

Years:

Have you lived on the mission field before? ☐ Yes ☐ No

If yes, where did you live?

Years:

What missions organization did you work with?

What were your primary responsibilities while serving on the mission field?

For what reason did you leave the mission field?

Have you taken short-term mission trips? ☐ Yes ☐ No

If yes, please list where and when:

## 9. Other Interests/Skills

Please list any that are applicable.

## 10. Recommendations

Each applicant is required to provide two ministry leader's recommendations and one personal recommendation form.

Please provide the names and email addresses of the people who will be completing your recommendation forms.

\*Reminder: Before your application can be processed, all three recommendation forms must be received.

Name of Ministry Leader:	Email:
Name of Ministry Leader:	Email:
Name of Personal:	Email:

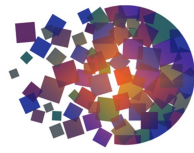
I certify that all information given to Empower International in this application is true and factual to the best of my knowledge. I also give Empower International the right to use my picture, voice and/or testimony in any form of promotional or advertising materials. My enclosed signature signifies my approval of limitations listed above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return to Empower International by email: [todd@empower.global](mailto:todd@empower.global)

Or by mail to:

Empower International  
 178/236 Moo 7, WCL  
 T. Nong Kway, A. Hang Dong  
 Chiang Mai, 50230  
 Thailand



## Empower Global Leadership Academy Recommendation Form

Name of Applicant:

### 1. To the Applicant

I understand that this confidential statement is being submitted directly to Empower International and that it's contents will not be revealed to me. I hereby waive my right to see the confidential statement submitted on this form.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

### 2. To the Evaluator

Thank you for your assistance in completing this recommendation, your comments will be held in the strictest confidence. Serious consideration will be given to your comments, therefore we ask that you complete this form carefully. Please note that the application process will not proceed until this form is completed and returned to our office.

Name:

Email:

Address:

Telephone:

### 3. Candidate Information

How long have you known the applicant?

How well do you know the applicant?

What do you consider the applicant's strong points? (Include positive personal traits)

What do you consider the applicant's weak points? (Include negative personal traits)

Do you believe the applicant is called into full-time ministry and specifically missions?

In your opinion, is the applicant (and family, if married) a good candidate for missionary training?

How do you rate this person in the following areas?

	Weaker					Stronger
	1	2	3	4	5	
Genuine Love for People						
Leadership						
Responsibility						
Christian Commitment						
Perseverance						
Initiative						
Cooperativeness						
Personal Appearance						
Health						
Social Adaptability						
Good Attitude						
Integrity and Honesty						
Emotional Stability						

Please share any information you may have about the applicant that would help in our evaluation. This information could cover recent experiences or incidents in the applicant's life, or even a general personality appraisal.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return to Empower International by email: [todd@empower.global](mailto:todd@empower.global)





## Empower Global Leadership Academy Applicant Questionnaire

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1. What do you believe your role in World Missions is?

2. What is your motivation for being involved in World Missions?

3. What made you consider attending Empower Global Leadership Academy?

4. As you reflect on your strengths, what areas of ministry do you believe you can be most effective in?

5. List five things you desire to learn/experience during your time at Empower Global Leadership Academy:

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- 
- 
- 
-

6. List five expectations you have of yourself during your time with Empower Global Leadership Academy:

- 
- 
- 
- 
- 

7. List at least five expectations you have of Empower Global Leadership Academy:

- 
- 
- 
- 
- 

8. Are there any ministry projects/activities, in general, you have heard of that you would enjoy participating in?

9. What do you see yourself doing in five years? What strategy do you have to fulfill this?

## Empower Global Leadership Academy Financial Questionnaire

The Staff of Empower International are fully persuaded that God's perfect will is to supply all of your needs in an abundant way. We also believe that a person desiring to serve God with excellence will be committed to fulfill their financial responsibilities. We desire to be an example of financial integrity not only in the operation of this organization, but also in each team member who would represent Empower. Therefore, we would like you to answer a few simple questions that will help us to ensure that the financial integrity and excellence of each team member and this organization are maintained to the highest standard.

Name of Applicant:

Do you have sufficient funds already available to amply provide for all your financial needs for the duration of your training with Empower Global Leadership Academy? ☐ Yes ☐ No

If yes, please state the amount of funds you have available:

If you do not already have sufficient funds on-hand, how will you be financially supported for the duration of your training?

Do you have any debt? (car, home, credit card, school, etc.) ☐ Yes ☐ No

If so, how much total debt?

What is your combined monthly payment?

What is your projected pay-off date?

Do you have sufficient funds available now to purchase round-trip tickets for you (and your family)?

☐ Yes ☐ No

If you have school-aged children, do you have sufficient funds available to provide for child-care during your training?

Will your home church be assisting you financially while you are attending Empower Global Leadership Academy?

☐ Yes ☐ No

If yes, how much?

Please explain how you intend to generate sufficient funds to sustain you (and your family) for the duration of your training at Empower Global Leadership Academy:

Is there any other pertinent information you would like to share regarding your financial plan for your training?

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**MEDICAL INFORMATION AND MEDICAL RELEASE FORM**

Empower Global Leadership Academy

Full Name: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Spouses Name: \_\_\_\_\_

In case of emergency please notify: \_\_\_\_\_

#1 Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Other Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#2 Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

Cellular Number: \_\_\_\_\_ Other Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

In the event of an emergency, please help us take good care of you by listing any necessary information that might help us make quality decisions on your behalf:

Please list your blood type: \_\_\_\_\_

Do you have any physical handicaps or conditions preventing you from performing certain types of activities?    ☐ Yes    ☐ No

If yes, please explain:

Do you have any known medical conditions that we should be aware of? (Diabetes, sleep apnea, addictions, etc.)

Do you have any allergies, especially to nuts or fish?    ☐ Yes    ☐ No

Are you able to handle extreme weather conditions, hot and humid and/or cold? .

\_\_\_\_\_Yes      \_\_\_\_\_No

Are you susceptible to car sickness? \_\_\_\_\_Yes \_\_\_\_No

Are you able to handle long road trips, approximately 3-5 hours in length? \_\_\_\_\_Yes \_\_\_\_No

Are you allergic to any medications? (please list any) \_\_\_\_\_Yes      \_\_\_\_\_No

Are you taking any medications? (please list any)      \_\_\_\_\_Yes      \_\_\_\_\_No

Is there any other information that could be helpful when safely treating you, for any reason:

I give permission to use medical means to treat my injuries/illnesses in the event I am unable to respond or make decisions.

Signature:\_\_\_\_\_Date:\_\_\_\_\_

Print Name:\_\_\_\_\_