

# Alaska Ministry Worker Application - 2021 "The Net"

AFLC Alaska Mission  
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Plymouth, MN, 55441  
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Name: Last	First	Middle	Former
Mailing Address: Number & Street	City/State/Zip	Country	Phone
Date of Birth (m/d/y)	Birthplace (City, State)	Country of Citizenship	U.S. Immigration Status
E-mail Address	Driver's License #		
Emergency Contact	Relationship	Address	Phone

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## Church Affiliation:

What Church do you attend?

Church Mailing Address: Number & Street City/State/Zip

Are you a member?  Yes  No

How long have you regularly attended? \_\_\_\_\_

Denomination/Conference \_\_\_\_\_

Pastor's Name & Telephone Number \_\_\_\_\_

**What position(s) are you interested in (check all that apply):** Greeter \_\_\_\_\_ Ministry Worker \_\_\_\_\_ Baker \_\_\_\_\_ Team Cook \_\_\_\_\_

How many hours per day are you able/willing to work? \_\_\_\_\_

**Workers are needed during the period of June 10<sup>th</sup> – July 27<sup>th</sup>, 2019**

Check all dates you are available: June 10<sup>th</sup> – 22<sup>th</sup> \_\_\_\_\_ June 24<sup>th</sup> – July 6<sup>th</sup> \_\_\_\_\_ July 8<sup>th</sup> – 27<sup>th</sup> \_\_\_\_\_ Other \_\_\_\_\_

Suggested Travel Dates: (6-9 & 6-23) (6-23 & 7-7) (7-7 & 7-28)

## Educational Background:

List high school credentials and any colleges or universities you have attended.

High School: \_\_\_\_\_

Bible School, College or University	Dates Attended	Degrees or Credits
1) _____	From _____ To _____	_____
2) _____	From _____ To _____	_____

## Employment Background:

Give current and previous employment information, beginning with the most recent.

1) Employer \_\_\_\_\_ Position \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Dates of employment \_\_\_\_\_ Reason for leaving \_\_\_\_\_

2) Employer \_\_\_\_\_ Position \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Dates of employment \_\_\_\_\_ Reason for leaving \_\_\_\_\_

## References:

Each applicant must include two references (such as pastors, teachers, advisors and employers – do not use friends or family).

1) \_\_\_\_\_  
Name: Last First Middle Contact Information

2) \_\_\_\_\_  
Name: Last First Middle Contact Information

**Previous Ministry Experiences:**

List any previous experience, dates and positions you have held: \_\_\_\_\_

**Abilities and Interests:**

Spanish \_\_\_\_\_ Other languages (list) \_\_\_\_\_

Guitar \_\_\_\_\_ Other musical instruments (list) \_\_\_\_\_

Do you enjoy board games? \_\_\_\_\_ Do you enjoy working on jigsaw puzzles? \_\_\_\_\_

Do you enjoy sharing the Bible? \_\_\_\_\_ Do you enjoy talking with strangers? \_\_\_\_\_ Do you enjoy baking? \_\_\_\_\_

List your hobbies and interests: \_\_\_\_\_

What would you say are your greatest strengths? \_\_\_\_\_

What would you say are your greatest weaknesses? \_\_\_\_\_

List any considerations not already mentioned that you think might impact your role as an Alaska Ministry Worker: \_\_\_\_\_

Are there any significant medical issues we should be aware of? \_\_\_\_\_

**Life and Witness:**

Are you currently a member in good standing with your local congregation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How would you rate your relationship with your pastor (5 being highest)	<input type="checkbox"/> 1	<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Have you ever been charged with a crime?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been judged guilty of a crime?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your lifestyle reflect a commitment to personal purity? (This includes freedom from addiction to pornography, alcohol, illegal drugs or tobacco)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently married or involved in a romantic relationship? If so, for how long? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you believe in the Lord Jesus Christ as the eternal Son of God?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you received the Lord Jesus Christ as your personal Savior?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If accepted for this ministry, are you willing to follow the spiritual leadership of the AFLC Home Missions Director, Alaska Mission Coordinator, Pastor and Board under which you serve?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Application Statement**

**My signature below indicates that all information in this application is honestly presented, factually correct and complete. I understand that failure to submit truthful and open answers may result in the denial of this application. As an Alaska Ministry Worker with AFLC Home Missions, I will seek to live the Christian life in accordance with accepted practices and above all to be pleasing to the Lord Jesus Christ.**

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_



**MAIL THIS APPLICATION TO:**  
**Bobbie Overgaard, Manager**  
**1327 Harmon Street**  
**Santa Barbara, CA 93103**  
[\*\*sbchilebean@gmail.com\*\*](mailto:sbchilebean@gmail.com)

**Please attach two photos of yourself to this application.**

*Thanks for applying to the AFLC Home Missions Alaska Ministry Worker program.*