

WI DISTRICT UPCI APPLICATION FOR MISSIONARY CHURCH PLANT

The following application must be submitted to the District Board for church status approval.

I. CONTACT INFORMATION:

Name: _____ Spouse's Name: _____
 Home Address: _____
 City: _____ St: _____ Zip: _____ Email: _____
 Home Phone: _____ Cell Phone: _____ Text: Yes No
 Spouse's Cell Phone: _____ Spouse's Email: _____

II. PERSONAL & FAMILY INFORMATION:

Applicant's Date of Birth: ____/____/____ Spouse's Date of Birth (if applicable): ____/____/____
 Marital Status: Single Married Divorced Widowed Number of Children: _____

Child's Name	Age	D.O.B.	Living at home

What is the status of your health? Good Average Poor
 What is the status of your spouse's health (if applicable)? Good Average Poor
 If you checked "Poor" on either question, please explain on separate sheet of paper.
 Have you considered the emotional and physical challenges of planting a new work? Yes No
 Do you have the full support of your pastor? Yes No
 If, no, please explain in a separate document
 Do you have the full support of your spouse and family in this endeavor? Yes No
 If, no, please explain in a separate document

III. EDUCATIONAL HISTORY:

High school: _____ City: _____ ST: _____
 Did you graduate? Yes No If, yes, what year? _____
 College: _____ City: _____ ST: _____
 Did you graduate? Yes No If, yes, what year? _____ Major: _____
 Bible College / PI: _____ City: _____ ST: _____
 Did you graduate? Yes No If, yes, what year? _____ Major: _____
 Please list any other ministry or church planter training you have been through:
 Launch Church Planter University Project Equip Other: _____

IV. FINANCIAL & EMPLOYMENT INFORMATION:

Are you presently employed? Yes No Full-time Part-time

If, employed, please list employer: _____

Is your spouse employed? Yes No Full-time Part-time

If, employed, please list employer: _____

Do you plan to continue working at this job while you pastor? Yes No

If, no, please outline what your source of income will be while planting this work: _____

Please describe your past secular work experience: _____

TOTAL MONTHLY INCOME (secular, ministerial, spouse's income, investments, etc.) \$ _____

TOTAL MONTHLY EXPENSES (mortgage, auto, medical, credit cards, utilities, etc.) \$ _____

Outstanding Debt: (Other than a mortgage and auto payments please list all outstanding debt)

Creditor:	Balance:

Are you current on all of your personal bills? Yes No

Are you current on all of your general and district ministerial dues? Yes No

Have you ever filed for bankruptcy? Yes No

If, yes, please provide details on a separate piece of paper.

V. MINISTRY INFORMATION & HISTORY:

Ministerial License: Local General Ordained

District Licensed In: _____; Date of most current license or upgrade: ____/____/____

What is your current ministry position? Pastor Assistant Pastor Evangelist Other (explain)

Please provide the name and address of the church you are currently serving at or basing out of:

Church name: _____ City/State: _____

Have you ever planted a church before? Yes No

If, yes, please provide a few details (location, dates, results): _____

(If you are currently a LEAD PASTOR, please answer the following questions):

When did you become the pastor? ____/____/____

Are you the founding pastor? Yes No

How much growth has the church experienced numerically under your leadership? _____

Total number of members when you started: _____ Total current membership: _____

Do you have a transition plan in place for your departure? Yes No

What is the financial state of the church you are presently pastoring? Healthy Fair Struggling

Previous Ministry Positions: (Please list any past ministry positions you have filled)

Position Held	Church Name	City/State	Duration

Are you actively involved in discipleship and as a Home Bible Study teacher? Yes No

Give a brief history of Bible studies taught and people won to the Lord in the past two years:

VI. MINISTERIAL REFERENCES:

Who is your current pastor?

Name: _____ City: _____ ST: _____

Mobil Phone: _____ Email: _____

Former Pastors: (Please list all former pastors below)

Name	City & State	Phone

Please submit the following letters of reference with this application:

1. A letter of recommendation from your current pastor
2. A letter of recommendation from your current superintendent, if outside of Wisconsin
3. A letter of recommendation from two (2) other ministers who are licensed with the UPCI

VII. CHURCH PLANT & TARGET CITY INFORMATION:

City chosen for a new church plant: _____ City Population: _____

County Population: _____ Section #: _____ Sectional Presbyter: _____

Why are you interested in this city particularly? _____

What is your perspective launch date? ____/____/____
Name of new church plant (If available): _____
Where do you plan to have services/Bible studies (if available)? _____

Church mailing address: Same as above Other: _____
If you are relocating, what date do you plan to be on site? ____/____/____
Do you have family or friends in the area of the new church plant? Yes No
Will you be bringing a team to help you plant this church? Yes No
Have you made contact with people in the city? Yes No
How will you handle potential transfers from other UPCI churches? _____

Please list other UPCI churches in the area of the church plant:
Church Name: _____ Pastor: _____
Distance _____ Has this pastor been notified about the new work? Yes No
Church Name: _____ Pastor: _____
Distance _____ Has this pastor been notified about the new work? Yes No
Church Name: _____ Pastor: _____
Distance _____ Has this pastor been notified about the new work? Yes No

VIII. PLANS:

How do you plan to fund this church plant? _____

- Personal funds you intend to invest: \$ _____
- Pledged funds from family, friends & ministerial colleagues: \$ _____
- Pledged support from other churches: \$ _____

Please submit a separate document with a one (1) year plan and a three (3) year plan for the proposed church plant. Plans should include a budget, meeting format, outreach efforts, personal development, and discipleship strategies.

IX. AFFIRMATION:

I do hereby certify that I have carefully read WI NAM Policy regarding Missionary Plants, and that I will practice the highest level of ministerial ethics, work in peace and harmony with all ministers, co-operate with all efforts of the organization, and be faithful to the Fundamental Doctrine and Articles of Faith of the UPCI.

Signature of Church Plant Applicant

_____/_____/_____
Date

Signature of Applicant's Spouse

_____/_____/_____
Date

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WI NAM Executive Committee has reviewed and checked all references? Yes No

Does this applicant have the recommendation of WI NAM Executive Committee? Yes No

WI North American Missions Director: _____ Date: ____/____/____

WI District UPCI Board met to consider this application on ____/____/____.

Determination: Approved Declined Deferred

WI District UPCI Superintendent / Secretary: _____ Date: ____/____/____