

**APPLICATION FOR RECEIVING THE SERVICES OF
ASSISTING CHRISTIAN INDIVIDUALS INTERNATIONAL**

LAST NAME FIRST NAME MIDDLE INITIAL SPOUSE'S FIRST NAME

U.S. MAILING ADDRESS APT # (*PLEASE TYPE OR PRINT IN BLACK INK*)

CITY STATE ZIP CODE TELEPHONE #

FIELD MAILING ADDRESS (IF APPLICABLE) FIELD TELEPHONE #

E-MAIL ADDRESS

RECOMMENDED BY RELATIONSHIP WITH ACI INTERNATIONAL

REFERENCE (*PASTOR OR SPIRITUAL AUTHORITY*) RELATIONSHIP WITH YOU

ADDRESS CITY STATE ZIP CODE

EMAIL ADDRESS TELEPHONE #

TO WHOM WILL YOU BE ACCOUNTABLE ON THE FIELD? YOU ARE REQUIRED TO BE UNDER THE AUTHORITY OF A HOME CHURCH. PLEASE LIST THE NAME, ADDRESS, PHONE, AND EMAIL IF NOT INDICATED ABOVE:

REFERENCE (*& EMERGENCY CONTACT*) RELATIONSHIP WITH YOU

ADDRESS CITY STATE ZIP CODE

TELEPHONE # EMAIL ADDRESS

EDUCATIONAL BACKGROUND

DESCRIPTION OF YOUR CONVERSION AND CALL *(USE REVERSE SIDE OR ATTACH SEPARATE SHEET)*

MINISTRY OR FIELD EXPERIENCE *(USE REVERSE SIDE OR ATTACH SEPARATE SHEET)*

MINISTRY GOALS *(USE REVERSE SIDE OR ATTACH SEPARATE SHEET)*

REASONS YOU ARE APPLYING FOR THE SERVICES OF ACI INTERNATIONAL

Please attach a complete mission statement (if not listed above) and proposed budget.

I have read the policy and requirements for service describing the services of ACI International, and if accepted, agree to abide by them.

APPLICANT

DATE

SPOUSE

This application should be mailed to ACI Int., PO Box 1131, Clifton, CO 81520 or emailed to: christine@aciint.org