

## **Important – Read This First**

### **Directions for Completing The Personnel Information Form**

This guide contains:

- Instructions on completing the Personnel Information Form (PIF)
- A copy of the North American Mission Board Missionary Personnel Policies
- Personnel Information Form

#### **Convention Partner Alert:**

- Please review the NAMB Missionary Personnel Policies with the prospective applicant.
- Please ensure that all parties sign the appropriate endorsement section of the PIF.
- Please inform the candidate and/or proper endorsing agent to complete this form using a word processor.
- You do have the ability to print the form and have the candidate type it on a typewriter.

#### **General Information**

- This document has been designed as a fill-in word document. You can move into the fill-in sections by using your Tab key or with your mouse.
- The form must be completed in **English**.
- **Abbreviate**, if necessary, to fit within the form
- **Dates** should be entered MM/DD/YYYY, (you need to include the forward / ) for example, 10/12/1952 [on dates of employment you can approximate the day and month if necessary].

#### **Personal Information**

- **Name:** Provide the full legal name.
- **Social Security Number:** Why do we ask for Social Security Number? The Social Security Number is the way we identify you to receive support funding of any kind.
- **Form I-9 Employment Eligibility Verification:** The Immigration Reform and Control Act made all U.S. employers responsible to verify the employment eligibility and identity of all employees hired to work in the United States after November 6, 1986. To implement the law, employers are required to complete Employment Eligibility Verification forms (Form I-9) for all employees, including U.S. citizens.

#### **Marital Status**

- Individuals who are divorced and/or divorced and remarried should consult the North American Mission Board Policy and Guidelines to ensure that they meet requirements for receiving funding.
- If you have a question do not hesitate to contact Missionary Personnel, North American Mission Board (770-410-6000).

#### **Dependent Children**

- List only dependent children – those you can claim on your IRS exemption as dependent children.
- If a child is adopted, please indicate (adopted) by their name

#### **Reference:**

- References are required except if the individual is applying for *Congregational Assistance (5210)*. If you have a question contact your state convention.

#### **Belief and Practice Statement**

- **Missionary Policy and Guidelines:** All jointly funded missionaries must meet the Missionary Policy and Guidelines requirements. A copy of the Manual can be accessed through the Missionary Resource Center or requested through your state office. A copy can also be acquired by contacting Missionary Personnel at 770-410-6469 or mp\_processing@namb.net.
- **Conversion Experience:** Be brief as possible but include the following information: circumstances of your conversion (who or how you were led to accept Christ as your Lord and Savior; where did you repent). If there is a difference between the age of conversion and baptism, please give an explanation.
- **Call to Christian Service:** Be brief as possible but include at the minimum: where you were, how God called you, and what you did when you received the call.
- **In Belief Question 13: Do you have any leadership or sympathy toward the Cooperative Baptist Fellowship?:** the term "sympathy" means "approval," "agreement," or "support" of the theology and practice of the Cooperative Baptist Fellowship.

## Applicant's Certification , Agreement And Background Check Authorization

- This is for use by your State Convention Partner
- The Background Check Authorization allows your convention partner, should they so desire, to conduct a criminal and credit background check.
- If not already filled, in the indicated form box please type in the name of your State Convention.

### Steps For Completing This Form

#### 1. Candidate

- Complete the form and in the space provided under the **Applicant's Certification and Agreement** sign/type in your name and date.
- Save a copy under your name (for example: John Doe PIF) and then
- Forward your application as an email attachment to the **Local Employer** for **Endorsement**. Your local employer is the individual/organization which will issue a W-2 for IRS purposes. If you are uncertain contact your State Convention office for information.
- **Local Employer**
  - **Form I-9 Employment Eligibility Verification:** The Immigration Reform and Control Act made all U.S. employers responsible to verify the employment eligibility and identity of all employees hired to work in the United States after November 6, 1986. To implement the law, employers are required to complete Employment Eligibility Verification forms (Form I-9) for all employees, including U.S. citizens. **You are responsible to make certain that Form I-9 Employment Eligibility Verification is on file.**
  - Thoroughly Check the form and in the space provided under the **Local Employer Endorsement** sign/type in your name, indicate your position/title, and date.
  - Save a copy for your files.
  - If requested by the State Convention forward as an email attachment to the **Associational Office** for their endorsement.
- **Association Endorsement**
  - Thoroughly Check the form and in the space provided under the **Association Endorsement** sign/type in your name, indicate your position/title, and date.
  - Save a copy for your files.
  - Forward the application to the State Convention.
- **State Convention Partner**
  - Thoroughly Check the form and in ensure that
    - all applicants meet NAMB Missionary Policy and Guidelines
    - all endorsers have signed the form as well.
  - Sign and date the Approval section
  - Save a copy and then forward the application as an email attachment to **mp\_process@namb.net**

## MISSIONARY PERSONNEL POLICIES & GUIDELINES

### PERSONNEL POLICIES

#### 1. *Divorce*

The North American Mission Board desires that Missions Personnel receiving NAMB support who are appointed or approved, or those endorsed as Chaplains, set the finest possible example in terms of marriage and family in keeping with biblical teachings. Therefore, divorced people will rarely, and only under unusual circumstances, be appointed, approved or endorsed for mission service.

The biblical rationale for divorce is recognized as:

- A. For cause of sexual unfaithfulness. (Matthew 5:32; 19:1-12)
- B. For cause of desertion on the part of the unbelieving spouse. (I Corinthians 7:10-17)

#### Pastoral Role

No one will be considered for appointment, approval, or endorsement for service in a pastoral role, unless the divorce is biblically- based and the person has not remarried. In the same manner, the wife cannot be divorced and remarried.

#### Other Roles

Divorced people may be considered for missions personnel appointment, approval or endorsement to other types of service if the divorce is determined to be biblically based.

Guidelines Regarding Divorce For Use By Missionary Personnel Staff For Evaluating Paid Missions Personnel Candidates and Chaplains:

1. From the official date of divorce, the missions personnel or chaplaincy candidate shall have waited two years before remarriage.
2. In the event of remarriage, the missions personnel or chaplaincy candidate will have experienced five years of successful years of second marriage.
3. In the event of divorce and no remarriage, a candidate will be considered after five years from the date of divorce to the date of appointment, approval or endorsement.
4. People now serving who have been divorced and remarried shall remain in service.
5. All missions personnel and chaplains who are currently serving and who get a divorce and/or remarry after acceptance of this policy, as it pertains to them, will be evaluated under the term of this policy.
  1. This means that appointed or approved missions personnel serving prior to June 19, 1997, and chaplains serving prior to May 3, 2000, who have been divorced and/or remarried shall remain in service.
  2. This also means that appointed or approved missions personnel serving after June 19, 1997, and chaplains serving after May 3, 2000, and divorcing and/or remarrying will be evaluated under the terms of this divorce policy.

#### 2. *Glossolalia*

No person who is actively participating in or promoting glossolalia shall be appointed, approved or endorsed by NAMB. This includes having a private prayer language. A representative of NAMB shall counsel any missions personnel serving under NAMB appointment, approval or endorsement, who becomes involved in glossolalia. Continued participation will result in termination.

#### 3. *Women Pastors*

No salary assistance from NAMB will be given to a congregation whose pastor is a woman.

#### 4. *Ordination*

Women serve in numerous institutional settings and roles that are not that of "pastor." They are called and gifted to serve in many caring roles and have a tremendous role in evangelism and spiritual care as they minister on the edge of crisis.

The issue of ordination is not addressed in the Baptist Faith and Message and the Bible does not clearly set forth a detailed description of the practice of ordination as it is commonly observed today. However, Southern Baptists, following Scriptural principles, have developed a rich and meaningful tradition of ordaining God called men into the ministry. The generally agreed upon understanding held by the most Southern Baptists is that ministerial ordination is related to a man's being "set aside" for the office of a pastor. In 1984, the Southern Baptist Convention passed a resolution encouraging "the service of women in all aspects of church life and work other than pastoral functions and leadership roles entailing ordination." Most Southern Baptists are not comfortable with the practice of ordaining women into the ministry.

The trustees of the North American Mission Board, SBC, affirm this resolution and follow its guideline in all appointments. The trustees who serve on the Missions Personnel Subcommittee are entrusted with the responsibility of approving all NAMB missionary appointments. Effective October 9, 2002, we will refrain from appointing ordained women as missionaries, unless they are willing to rescind their ordination. Furthermore, women under appointment who seek or accept ordination will be asked to resign their appointment with the North American Mission Board.

Contact Missionary Personnel, North American Mission Board, for more information (770-410-6000).

**PERSONNEL INFORMATION FORM FOR FIELD PERSONNEL ASSISTANCE**



4200 North Point Parkway, Alpharetta, GA 30022-4176

Revised May 2007

**Favor de contestar todas las preguntas en ingles**

**Personal Information**

Name (Last)		First		Middle	
Preferred Name		Date of Birth		Social Security Number	
Place of Birth (City)		State or Country		Zip or Postal code	
Address (Home)		City		State	Zip Code
Address (Office)		City		State	Zip Code
Email Address	Home Phone No.		Work Phone No.		Cell Phone No.

**Alert:** You are required by law to have filed Form I-9, Employment Eligibility Verification with your employer.

**Marital Status**

(Choose One Of The Five Options Below)

1. <input type="checkbox"/> Single	3. <input type="checkbox"/> Married Date of Marriage	4. <input type="checkbox"/> Divorced & Single Date of Marriage: Date of Divorce:	5. <input type="checkbox"/> Divorced and Remarried Date of 1 <sup>st</sup> Marriage; Date of Divorce: Date of Remarriage:
2. <input type="checkbox"/> Widowed			

If you are divorced and single complete A below. If you are divorced and remarried complete both A and B below. Please read the Missionary Policy and Guidelines – a copy has been provided to you in the directions above. If you have questions, please contact Missionary Personnel, NAMB at 770-410-6000.

<b>A.</b> My divorce meets the Biblical rationale for divorce as stated in the Missionary Personnel Policy and Guidelines. <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>B.</b> My remarriage meets the Missionary Personnel Policy and Guidelines on Divorce and Remarriage. <input type="checkbox"/> Yes <input type="checkbox"/> No
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**If “No” to either A or B please give a short explanation (if you need more space go to Additional comments below):**

**Spouse Information**

Name (Last)	First	M. I	Social Security Number
Preferred Name	Place of Birth		Birth Date
Age of Conversion:	Age of Baptism:	Do you engage in public or private glossolalia (speaking in tongues)?	
Place of Conversion:	Place You were Baptized:	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Is this your first marriage?  Yes  No If No, Date of First Marriage: \_\_\_\_\_ Date of Divorce: \_\_\_\_\_

If you are divorced please complete both A and B below. Please read the Missionary Policy and Guidelines – a copy has been provided to you in the directions above. If you have questions, please contact Missionary Personnel, NAMB at 770-410-6000..

<b>A.</b> My divorce meets the Biblical rationale for divorce as stated in the Missionary Personnel Policy and Guidelines. <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>B.</b> My remarriage meets the Missionary Personnel Policy and Guidelines on Divorce and Remarriage. <input type="checkbox"/> Yes <input type="checkbox"/> No
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**If “No” to either A or B please give a short explanation (if you need more space go to Additional comments below):**

Dependent Children			
Name	Date of Birth	Name	Date of Birth
1.		2.	
3.		4.	
5.		6.	
7.		8.	

Religious Information				
<input type="checkbox"/>	Date	By Whom (Church Name)	City	State/Country
Licensed				
<input type="checkbox"/>	Date	By Whom (Church Name)	City	State/Country
Ordained				
Age of Conversion:		Age You were Baptized:		Age You Made A Decision for Church Related Vocation
Place of Conversion		Place you were Baptized		Place you Made a Decision for Church Related Vocation

**State briefly your Conversion Experience.** Be brief as possible but include the following information: circumstances of your conversion (who or how you were led to accept Christ as your Lord and Savior; where did you repent) and indicate when and where you were baptized:

**State briefly your Call to Christian Service.** Be brief as possible but include at the minimum, where you were, how God called you, and what you did when you received the call:

**Belief and Practice Statement**  
**All Jointly Funded Missionaries Must Meet the Missionary Policy and Guidelines Requirements**

Current Church Membership (Name of Church)	City	Zip
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1. Is the above church of which you are a member a Southern Baptist Church?	<input type="checkbox"/> Yes <input type="checkbox"/> No
The North American Mission Board (NAMB) along with the Southern Baptist Convention (SBC), has adopted the 2000 Baptist Faith and Message Statement as a framework for its work and the approval of personnel. <i>[Please indicate your agreement with the first two statements by typing your name in the space provided]</i>	
2. I have read and am in agreement with the 2000 Baptist Faith and Message	
3. In accountability to the North American Mission Board and Southern Baptists, I covenant to carry out my responsibility in accordance with and not contrary to the current Baptist Faith and Message as adopted by the Southern Baptist Convention	
4. Do you agree with the 2000 Baptist Faith and Message including the statement that the Scriptures are "truth without any mixture of error"?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Do you believe that the miracles and historical events recorded in the Bible actually occurred?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Do you believe that Jesus Christ is the virgin-born Son of God who died for our sins, rose bodily from the grave and is coming again?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Do you recognize immersion of believers as scriptural mode of baptism?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Do you actively engage in verbal evangelism?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Do you give regularly to your church and encourage others to do so?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Will you lead your church to give to the Cooperative Program, Lottie Moon and Annie Armstrong Mission Offerings?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Have you been a member of a Southern Baptist Church for the last two (2) years?	<input type="checkbox"/> Yes <input type="checkbox"/> No

***If you replied "No" to any above questions 3 through 11, please give an explanation:***

12. Do you engage in public or private glossolalia (speaking in tongues)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Do you have any leadership or sympathy toward the Cooperative Baptist Fellowship?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Have you consumed alcohol as a beverage in the last twelve (12) months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Have you used illegal drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Is there anything in your life which, if known would hinder your witness or reflect negatively on the North American Mission Board? For instance, have you viewed pornography?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Have you ever been convicted of a crime other than a minor traffic offense? If "Yes," in the space provided below, give the date(s), time(s), location(s), circumstance(s), and dollar amount of fine(s). Include any condition of your parole and/or probation, if applicable. A conviction will not necessarily automatically disqualify you for approval. Each case is considered on its individual merits. <i>Lack of requested information is basis for rejecting an application.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

***If you replied "Yes" to any above questions 12 through 17, please give an explanation:***

Education & Training					
High School Equivalent: Successful completion of: <input type="checkbox"/> GED <input type="checkbox"/> USAFI <input type="checkbox"/> Other					
High School: Name of School:				Date of Graduation:	
College, University, Seminary and/or Professional School			Dates of Attendance		Degree Received Nongrad, BA, MDiv, PhD, etc.
Name of School	City, State		From	To	
1.					
2.					
3.					
4.					
5.					
Employment Record (List Last Four (4) Church Related and/or Secular Jobs – List Most Recent First)					
From	To	Position (Type of Work)	Organization	Location (City/State)	
Volunteer Religious Service (In Churches, Associations, Assemblies, Conferences, Etc. – List Most Recent First)					
From	To	Position (Type of Volunteer Work)	Organization	Location (City/State)	
References (List Four Persons, Other Than Relatives Who Have Knowledge of Your Work Experience and/or Education)					
Name (First, MI, Last)	Mailing Address		Telephone No.	Email Address	
Questionnaire					
The following information will be used by NAMB for research and statistical purposes only. Your participation is voluntary and would be greatly appreciated. This information will be kept separate and confidential and will not be used to make any approval decision. Choose one ethnic group with which you most closely identify:					
<input type="checkbox"/> I	American Indian or Alaskan Native. (All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.)				
<input type="checkbox"/> B	Black. (Not of Hispanic origin: All persons having origins in any of the Black racial groups)				
<input type="checkbox"/> A	Asian/Pacific Islander. (All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.)				
<input type="checkbox"/> H	Hispanic. (All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.)				
<input type="checkbox"/> W	White. (Not of Hispanic origin. All persons having origins in any of the original people of Europe, North Africa, or the Middle East.)				

Applicant's Certification , Agreement And Background Check Authorization

1. I hereby certify that the facts set forth in the above application are true and complete to the best of my knowledge and authorize the North American Mission Board (NAMB) and its designated agents and representatives to verify their accuracy. I understand that misrepresentation or omission of facts called for in this form is cause for rejection of application or termination of funding without notice.
2. I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me to NAMB or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.
3. I understand that, if I am approved, I will fully adhere to the Missionary Policy and Guidelines.
4. I do hereby authorize (name of convention) to conduct a criminal background investigation and credit history.
5. I hereby release, indemnify and forever hold harmless the (name of convention) , North American Mission Board, and their agents, officials, representative, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all claims and/or liabilities for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request for release.. Further, I release, indemnify and forever hold harmless any person, corporation, company, institution or individual and their agents and assigns who may act upon authority of this release.
6. I authorize and certify that a photocopy or electronic facsimile of this Application and Release shall serve with the same authority as the original. Further, if any county or state requires a notarized copy of this document before a background check can be completed, such notarized copy will be provided.

Signature of Applicant:  
Date:

**Endorsements For Convention Partnership Use**

**Local Employer Endorsement  
(This would be the organization issuing the W-2)  
(If requested by the State Convention)**

- I have reviewed this application and recommend this person as being qualified to serve a Southern Baptist congregation and receive financial assistance from the State Convention and North American Mission Board.
- I have confirmed that the above individual has filed Form I-9, Employment Eligibility Verification and is eligible to work within the United States.
- I authorize and certify that a photocopy or electronic facsimile of this Application and Release shall serve with the same authority as the original.

Signature:  
Position/Title:  
Date:

**Association Endorsement  
(If requested by the State Convention)**

- I have reviewed this application and recommend this person as being qualified to serve a Southern Baptist congregation and receive financial assistance from the State Convention and North American Mission Board.
- I authorize and certify that a photocopy or electronic facsimile of this Application and Release shall serve with the same authority as the original.

Signature:  
Position/Title:  
Date:

**Required Endorsements For NAMB Missionary Personnel Committee Board Of Trustees**

**State Convention Endorsement**

- I have reviewed this application and am satisfied that it meets all NAMB requirements, to include CGA guidelines, Ecclesiological Guidelines to Inform Southern Baptist Church Planters, Field Personnel Assistance guidelines, and Missionary Personnel Policy and Guidelines.
- I authorize and certify that a photocopy or electronic facsimile of this Application and Release shall serve with the same authority as the original.

Signature:  
Position/Title:  
Date:

**Missionary Personnel Approval:** I have reviewed this application and am satisfied that it meets all NAMB requirements, to include CGA guidelines, Ecclesiological Guidelines to Inform Southern Baptist Church Planters, Field Personnel Assistance guidelines, and Missionary Personnel Policy and Guidelines.

Signature of Missionary Personnel:  
Date:

Missionary Personnel Note: