

CMA Application Checklist

Please include ***all** of the following documents when sending in your Campus Missionary Associate application:

- Completed application with signatures from campus pastor
- Copy of your social security card—this is required to be on file before you can be paid.
- Copy of the front of your driver's license and Social Security card included with the application.
- Signed I-9: AGUSM Policy requires all applicants to complete **Section 1** of the I-9. Please note that U.S. Missionaries are not employees, any compensation through open ministry accounts is considered self-employment and will generate an annual 1099MISC. However, the applicant does need to sign (electronically or handwritten) on the employee's signature line for the form to be accepted.
- Completed background and consent form (with five years of residency listed)
- Christian conciliation form with two witness signatures and addresses
- An open account memo (if applicant wants a national account open)
- Direct Deposit form
- High-resolution digital photo emailed to xacma@ag.org
- Names of three references who have observed you in ministry with their email address
- Short Essay

If you are married, the following must also be submitted:

- Completed spouse application
- Copy of your spouse's social security card and driver's license included with the application

IMPORTANT: Please make sure you are filling out the most up-to-date CMA application. The most recent application can be found at chialpha.com.

***We cannot begin to open your national account without all these documents.**



CHI ALPHA CAMPUS MINISTRIES

1445 N. Boonville Ave
Springfield, MO 65802
(417) 862-2781 Ext. 1425
(417) 865-9947 – Fax
xacma@ag.org

CAMPUS MISSIONARY ASSOCIATE APPLICATION

Instructions: Please print clearly. If sufficient room is not available to respond to any questions, please write the question and your response on a separate sheet of paper. The application and other documents can be mailed to the address above. Please send a high-resolution digital photo to the above email address. Headshot style images are preferred.

Please include a copy of your Social Security card (needed before payment can be made) and driver's license. Applications cannot be accepted without these documents.

I. Personal Information

Date Completed _____

A. Full Name (first/middle/last) _____

B. Nickname/Preferred Name _____ Gender Male Female

C. Spouse Name (first/middle/last) _____

D. Address _____

E. City/State/Zip _____

F. Phone: Home _____ Cell _____

G. E-mail _____

H. Birth Date (month/day/year) _____ Spouse Birth Date _____

I. Social Security Number _____ Spouse SSN _____

J. Country of Citizenship _____ If you have a green card, what type? _____

K. Marital Status (current) Single Engaged Married
Provide information if you have ever been Separated Divorced Widowed

L. Wedding Anniversary (month/day/year) _____

M. Ethnicity:

Arab/Middle Eastern Asian Black/African American
 Caribbean Hispanic/Latino Jewish

- Native American Pacific Islander White/Caucasian
 Other _____

II. Family Background of Missionary Associate Applicant

- A. Name of Parents _____
- B. Address _____
 City/State/Zip _____
- C. Parents' Church Membership _____
 Are they Christians? Yes No

III. Ministry/Ministerial Background

- A. Do you currently hold ministerial credentials with the Assemblies of God? Yes No

What date and where did you receive your credentials?

Certified Minister Date _____ District _____
 Ministerial License Date _____ District _____
 Ordination Date _____ District _____

- B. What has been the nature of your involvement in secular campus ministry? Include ministry names and locations and describe tasks and responsibilities specifically.

- C. Outside of campus ministry, what other ministry/leadership responsibilities have you had? Provide tasks, dates, places, and responsibilities.

- D. Have you ever attended:

Student Activist Leadership Training (SALT)? Yes No
 Campus Ministers Conference (CMC)? Yes No
 Christian Institute of Campus Ministry (CISC)? Yes No
 Reach the University Institute (RUI – formerly ICM)? Yes No
 Reach the University Institute-Church Track (formerly ICM-CS)? Yes No

- E. Have you completed a nationally approved CMIT program? Yes No

If so, what year(s) did you participate in the CMIT program? _____

At which campus did you complete the CMIT program? _____

- F. Have you read the national five-fold Chi Alpha Mission Statement? Yes No

- G. Do you fully subscribe to the national Chi Alpha Mission Statement? Yes No

IV. Character/Relational

A. List any serious illnesses, emotional difficulties, learning disabilities, substance abuse problems, special diets you, your spouse, or your children have now or have had in the past.

B. Have you ever been convicted of a crime? If yes, please describe. _____

C. Is your sexual orientation heterosexual, homosexual, or bisexual? _____

D. Describe your primary strengths of character. Answer fully. _____

V. Religious Background

A. Describe **when and where** you were converted to Christ. _____

B. Have you received the baptism in the Holy Spirit? Yes No

When, where, and how did you know you had received the baptism in the Holy Spirit? _____

C. Have you been baptized in water? Yes No

D. Are you an active member of a local church in your community? Yes No

What church? _____

In what ways do you serve this church? _____

VI. Education

A. High School _____

City/State _____ Dates Attended _____

B. College/University(ies) _____

City/State _____ Dates Attended _____

Highest Degree Earned: _____

GPA from college/university _____

C. List special awards and/or areas of academic excellence. _____

VII. Campus Ministry

A. Campus missionary/minister who led the Chi Alpha campus ministry you attended:

Name _____

Address _____

City/State/Zip _____

Phone _____ E-mail _____

B. "I give permission to the campus missionary/minister processing this application and the National Chi Alpha Ministry Center to contact the person listed section in VII, A to provide a character reference on me." Yes No Please initial and date. _____

By entering your initials, you agree to accept the terms of the above document with an electronic signature.

C. How do your parents view you intentions to become a Campus Missionary Associate? Please explain.

D. How will your finances be provided during your Campus Missionary Associate experience?

Do you have a home church willing to help you financially? Yes No

E. Do you have debt? Yes No
If yes, list the total amount, type (i.e. school loan, credit card), and payment plan during your CMA term.

F. Have you ever attended The World Missions Summit? Yes No

If yes, what role, if any, did TWMS play in the formation of your sense of calling to missions with Chi Alpha?

VIII. Emergency Contact

Please list someone other than your spouse if applicable.

A. Name _____
 Address _____
 City/State/Zip _____
 Phone (Home) _____ (Work) _____
 Relationship _____

B. Name _____
 Address _____
 City/State/Zip _____
 Phone (Home) _____ (Work) _____
 Relationship _____

IX. Campus Ministry Selection

What local Chi Alpha campus ministry do you wish to serve as a Campus Missionary Associate?
Please list first and alternate choices.

First choice: _____
 Alternate choice: _____

X. Short Essay

Please attach your answers to these questions. Be brief but descriptive.

Please state your primary motivation to serve as a Campus Missionary Associate. How and in what ways would you like to serve? What benefit do you desire to receive from this experience? How long do you anticipate serving as a Campus Missionary Associate? What apprehensions do you have about this experience?

XI. Photo/Video Release

I release to Chi Alpha the right to utilize my photo or a video of myself during the current academic year. I understand that Chi Alpha will utilize only tasteful and appropriate images that help communicate the vision, values and mission of Chi Alpha Campus Ministries, U.S.A. If you do not wish to provide Chi Alpha with a photo/video release during the current academic year, please email us at xacma@ag.org.

Signature _____ Date _____
 Applicant
 Signature _____ Date _____
 Spouse of Applicant

By entering your name, you agree to accept the terms of the above document with an electronic signature.

XII. Abstinance from Alcohol, Tobacco, Marijuana, and Illegal Drug Use Agreement

In keeping with the Assemblies of God Position Papers on abstinance, I understand and agree as a Campus Missionary Associate (CMA) to abstain from alcohol, tobacco, marijuana, and illegal drug use while on assignment with Chi Alpha Campus Ministries, U.S.A.

Signature _____ Date _____
Applicant

Please refer to http://ag.org/top/Beliefs/Position_Papers/index.cfm for more information.
By entering your name, you agree to accept the terms of the above document with an electronic signature.

XIII. I have answered all questions truthfully.

Signature _____ Date _____
Applicant

Signature _____ Date _____
Spouse of Applicant

By entering your name, you agree to accept the terms of the above document with an electronic signature.

Approval of Campus Missionary/Minister

I have reviewed this Campus Missionary Associate candidate and will accept him/her into the Chi Alpha ministry at the campus I serve. Their term of service will begin (month/year) _____ and will conclude (month/year) _____. I have fully reviewed the national Associate policies with the candidate and we both are willing to fully comply with the policies. I have also prepared the budget form with the candidate and approve this amount.

I have notified my DXAR and received their approval for him/her to become a Missionary Associate. I am also aware that each campus pastor is required to send in \$40.00 in order to process the Missionary Associate's application.

Signature of Campus Missionary/Minister _____

Printed name of Campus Missionary/Minister _____

Campus _____

Date _____

By entering your name, you agree to accept the terms of the above document with an electronic signature.

I am someone who has observed the applicant in ministry and am willing to be a reference for the applicant. Yes No

XIV. References

As a benefit of being a CMA with Chi Alpha Campus Ministries, U.S.A., we are providing liability insurance coverage for each of our applicants. One of the requirements for this coverage is that we collect credible references who have observed you in ministry. Please provide three names and email addresses below of people to whom you would like reference forms sent. Please make your references aware they will receive a reference form from the National Chi Alpha Ministry Center that can be electronically filled out and signed. **Your application process will not be completed without these personal references, so please follow up to make sure that this process is fully complete.** These references are only required once and not on an annual basis.

1. Name _____

Email _____

2. Name _____

Email _____

3. Name _____

Email _____

Campus Missionary Associate Budget Worksheet

The Associate Budget Worksheet is to be filled out jointly by the associate and the campus missionary/minister supervising the associate. Column A provides a **sample monthly budget** for an associate whose marital status is **single**.

This sample monthly budget may be adjusted either up or down. However, the maximum total Campus Missionary Associate Budget for a single is \$1878.00 per month. Please fill in the amounts you have mutually agreed upon for each item in Column B. Then sign, date, and mail it to the National Chi Alpha Ministry Center for ratification. Please note that once a budget worksheet is received, it may take up to a month to open the account.

Campus Missionary Associate Monthly Budget – SINGLE

Personal Allowance	Column A	Column B
Personal expenses: rent, utilities, tithes, savings, loans, personal items, etc.	<i>\$1574.10</i>	
Health insurance (major medical required)	<i>\$95.00</i>	
Conference/Retreat: registration, travel, meals	<i>\$70.00</i>	
Newsletter: printing, postage	<i>\$35.00</i>	
Office Expenses: supplies	<i>\$10.00</i>	
Total Personal Allowance	<i>\$1784.10</i>	
Adjusted for DHM 5% Administrative Fee	<i>\$93.90</i>	
Total Aide Monthly Budget – SINGLE	<i>\$1878.00</i>	

Please open a national Campus Missionary Associate account for the person listed below:

Campus Missionary Associate Signature _____ Date _____

Campus Missionary/Minister Signature _____ Date _____

By entering your name, you agree to accept the terms of the above document with an electronic signature.

Send to: Chi Alpha Campus Ministries, 1445 N. Boonville Ave, Springfield, MO 65802

Campus Missionary Associate Budget Worksheet

The Associate Budget Worksheet is to be filled out jointly by the Associate and the campus missionary/minister supervising the Associate. Column A provides a **sample monthly budget** for an Associate whose marital status is **married**.

This sample monthly budget may be adjusted up or down. However, the maximum total Campus Missionary Associate Budget for a married couple is \$2209.00 per month. Please fill-in the amounts you have mutually agreed upon for each item in Column B. Then sign, date, and mail it to the National Chi Alpha Ministry Center for ratification. Please note that once a budget worksheet is received, it may take up to a month to open the account.

Campus Missionary Associate Monthly Budget – MARRIED

Personal Allowance	Column A	Column B
Personal expenses: rent, utilities, tithes, savings, loans, personal items, etc.	<i>\$1808.55</i>	
Health insurance (major medical required)	<i>\$150.00</i>	
Conference/Retreat: registration, travel, meals	<i>\$100.00</i>	
Newsletter: printing, postage	<i>\$30.00</i>	
Office Expenses: supplies	<i>\$10.00</i>	
Total Personal Allowance	<i>\$2098.55</i>	
Adjusted for DHM 5% Administrative Fee	<i>\$110.45</i>	
Total Aide Monthly Budget –MARRIED	<i>\$2209.00</i>	

Please open a national Campus Missionary Associate account for the person listed below:

Campus Missionary Associate Signature _____ Date _____

Campus Missionary/Minister Signature _____ Date _____

By entering your name, you agree to accept the terms of the above document with an electronic signature.

Send to: Chi Alpha Campus Ministries, 1445 N. Boonville Ave, Springfield, MO 65802

ASSEMBLIES OF GOD U.S. MISSIONS

BACKGROUND INVESTIGATION CONSENT

I, _____ hereby authorize Assemblies of God U.S. Missions and/or its agents to make an independent investigation of my background, references, character, past employment, education, credit history, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for U.S. Missions status now and, if applicable, during the tenure of my ministry with Assemblies of God U.S. Missions.

I release Assemblies of God U.S. Missions and/or its agents and any person or entity that provides information pursuant to this authorization from any and all liabilities, claims or lawsuits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

_____ Full Name (Printed)

_____ Maiden Name or Other Names Used

_____ Date of Birth _____ Social Security Number _____ Driver's License Number _____ State of License

Please list below all residences where you have lived in the **past 5 years**. If necessary, use an attached sheet to complete this request.

<p>Current Residence:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Years of residence: _____</p> <p>Previous Residence:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Years of residence: _____</p> <p>Previous Residence:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Years of residence: _____</p>	<p>Previous Residence:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Years of residence: _____</p> <p>Previous Residence:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Years of residence: _____</p> <p>Previous Residence:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Years of residence: _____</p>
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_____ Signature _____ Date

By entering your name, you agree to accept the terms of the above document with an electronic signature.

ASSEMBLIES OF GOD U.S. MISSIONS
CHRISTIAN CONCILIATION AND ARBITRATION AGREEMENT

In consideration of the following terms and provisions, and other valuable consideration the receipt of which I acknowledge, the undersigned parties hereby agree as follows:

They accept the Bible as the inspired word of God. They believe that God desires that they resolved their dispute with one another within the Church and that they be reconciled in their relationships in accordance with the principles stated in 1 Corinthians 6:1-8, Matthew 5:23-24, and Matthew 18: 15-20.

Accordingly, the undersigned parties hereby agree that, if any dispute or controversy arises between them and is not resolved in private meetings between the parties pursuant to Matthew 5:23-24 and 18:15, then the dispute or controversy will be settled by biblically based mediation and, if necessary, legally binding arbitration, in accordance with the *Rules of Procedure for Christian Conciliation* (Rules) of the Institute for Christian Conciliation, a division of Peacemaker Ministries (rules available at www.HisPeace.org). The undersigned parties agree that these methods shall be the sole remedy for any dispute or controversy between them and, to the full extent permitted by applicable law, expressly waive their right to file a lawsuit in any civil court against one another for such disputes, except to enforce arbitration decision, or to enforce this dispute resolution agreement. Any mediated settlement agreement, or arbitrated decision hereunder shall be final and binding, and fully enforceable according to its terms in any court of competent jurisdiction.

Signature

Date

Spouse Signature

Date

Witness's Name: _____

Witness's Signature: _____

Address _____

Witness's Name: _____

Witness's Signature: _____

Address: _____

By entering your name, you agree to accept the terms of the above document with an electronic signature.



Campus Missionary Associate
REQUEST TO OPEN ACCOUNT MEMO

Date: _____

To: National Chi Alpha Campus Ministries

From: _____

Address:

Subject: Request to open national Missionary Associate account.

I HAVE RECEIVED NATIONAL APPROVAL TO BE A CAMPUS MISSIONARY ASSOCIATE. I AM REQUESTING CHI ALPHA CAMPUS MINISTRIES TO OPEN A NATIONAL CMA ACCOUNT FOR THE PURPOSE OF RECEIPTING AND DISBURSING FUNDS DURING MY CMA PROGRAM.

THANK YOU FOR YOUR ATTENTION TO THIS MATTER.

SIGNED: _____

DATE: _____

By entering your name, you agree to accept the terms of the above document with an electronic signature.

Attention: It may take up to one month to open your account from time this form is received.



DIRECT DEPOSIT FORM

Filling out this form will enable you to receive your monthly check much earlier than receiving it by conventional mail. It takes approximately 24-48 hours from our closing for the check to be posted to your bank account.

AGUSM Account Name: _____

Account Number: _____
(To be filled out by U.S. Missions.)

Bank Name: _____

Bank Address: _____

Bank Phone #: _____
(Please provide the number of the local branch.)

Your Bank Account Number: _____

Your Bank Routing Number: _____
(You will need to call your bank for this information.)

I want this to go to savings account.

This form must be received by the 25th of the month for the change to go into effect for the current month end disbursement. Changes received after the 25th will be held until the following month.

AGUSM Finance Office Use: Verified with Bank: <input type="checkbox"/> Update USMIA: <input type="checkbox"/> Initials/Date: _____

Return form to:
Assemblies of God
Chi Alpha Campus Ministries
1445 N Boonville Ave
Springfield, MO 65802
Fax: (417) 865-9947
E-Mail: chialpha@ag.org



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ START HERE. Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ▼
Date of Birth (mm/dd/yyyy)		U.S. Social Security Number		E-mail Address		Telephone Number

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States *(See instructions)*
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. *(See instructions)*

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

3-D Barcode
Do Not Write in This Space

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____ ▼

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. *(See instructions)*

Signature of Employee:	Date (mm/dd/yyyy): _____
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Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.)*

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:		Date (mm/dd/yyyy): _____	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ▼
			Zip Code



Employer Completes Next Page

