|  |  |
| --- | --- |
| **TYRANNUS INTERNATIONAL MISSION(TIM)**  **Application Form**   |  | | --- | | This application form is intended to help you self-assess as a missionary candidate and to allow the TIM headquarters and the Onnuri Missionary Review Board to understand you better. It will not be used for any other purposes. Personal information obtained through this form will remain strictly confidential and will not be disclosed without prior consent. Please fill out this form sincerely and honestly before submitting it to the admissions officer. |   **\* Notice \***  1. Please answer all questions prayerfully, with sincerity, and in detail.  2. Please make sure to attach a photo ID when submitting the  application, and in the case of a couple, please fill out the application individually  3. Please state your testimony (page 4) in detail. (minimum 1 page, A4)  4. For other inquiries, please contact Tyrannus International Mission.  (070-4464-8101, info@tim.or.kr) |

**Tyrannus International Mission Application Form**

**1. Personal Information**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PHOTO** | | **Name** | Full name as shown on passport | | | | | **Sex** |  |
|  | | | | |
| Passport Number: | | | | |
| **Date of Birth** |  | | | | | | |
| **Address** |  | | | | | | |
| **Contact Information:** | **Mobile** |  | | **E-mail** |  | | |
| **Marital Status** |  | **Occupation** |  | **Position**  **within Organization** |  | **Church Role/Title** |  | | |

### 2. Spiritual Background

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Church information** | | | | | | |
| Current Church  (Senior pastor’s name) | Registration Date | | Church where baptized/year | | Name of pastor who performed baptism | |
|  |  | |  | |  | |
| **Ministry in Church** | | | | | | |
| Department | Detail | | Dates | | Notes | |
|  |  | |  | |  | |
|  |  | |  | |  | |
|  |  | |  | |  | |
| **One-To-One discipleship** | | | | | | |
| Completion date Mentee’s School  (Moentor’s Name) |  | | Completion date Mentor’s School  (Instructor’s Name) | |  | |
| One-To-One discipleship experience | YES/NO | | Number of disciples | |  | |
| **Spiritual Training**  **(including various training programs both inside and outside the church)** | | | | | | |
| Program | Dates | Training organization | | Detail | | Notes |
|  |  |  | |  | |  |
|  |  |  | |  | |  |
|  |  |  | |  | |  |
|  |  |  | |  | |  |
| **Short-term mission or outreach experience** | | | | | | |
|  |  |  | |  | |  |
|  |  |  | |  | |  |
| **Preferred ministry region (choose 1)** | ① Northeast Asia region (China/Mongolia) ② Central Asia/Asia Minor region ③ South Asia region ④ Middle East/North Africa region (Preferred region: ) | | | | | |

**3. Social background**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Educational background** | | | | | | | | | |
| **Dates** | **School name** | | | **Major** | | | | **Degree** | **Notes** |
|  | High school | | |  | | | |  |  |
|  | University/College | | |  | | | |  |  |
|  |  | | |  | | | |  |  |
|  |  | | |  | | | |  |  |
| **Language Skills** | | | | | | | | | |
| **Language** | **Proficiency, from 5 to 1 (5: Fluent / 1: Elementary)** | | | | | | | **Official test score** | **Official test score report (Check yes if attached)** |
| **Speaking** | | **Listening** | **Reading** | **Writing** | | |
|  |  | |  |  |  | | |  |  |
|  |  | |  |  |  | | |  |  |
|  |  | |  |  |  | | |  |  |
| **Work experience** | | | | | | | | | |
| **Employer** | **Dates** | | | **Position** | | | **Job Description** | | **Notes** |
|  |  | | |  | | |  | |  |
|  |  | | |  | | |  | |  |
|  |  | | |  | | |  | |  |
|  |  | | |  | | |  | |  |
|  |  | | |  | | |  | |  |
|  |  | | |  | | |  | |  |
|  |  | | |  | | |  | |  |
| **Special Skills** | | | | | | | | | |
| **Skill / Certificate Title** | | **Date of acquisition** | | | | **Issuing organization** | | | **Attachment of certificate copy (Check yes if attached)** |
|  | |  | | | |  | | |  |
|  | |  | | | |  | | |  |
|  | |  | | | |  | | |  |

**4. Health**

|  |  |  |  |
| --- | --- | --- | --- |
| **Health** | | | |
| **Current health** | | **Excellent, Good, Average, Bed, Very bed (Choose 1)** | |
| **Medical history** | **Past** | Medical condition: | |
| Treatment method: | |
| Post-treatment condition and current status: | |
| **Present** | Medical condition: | |
| Name of hospital, doctor, contact information: | |
| Treatment method: | |
| **How do you manage your health?** | |  | |
| **Comprehensive health check-up** | | Date of the final comprehensive check-up/Hospital name:  Special notes (Refer to doctor's opinion): | Attachment of related documents (Yes, No) |
| Scheduled date for a comprehensive medical check-up/Hospital Name: | Relevant documents will be required later. |

**5.** **Family**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Family details** | | | | | | | |
| **Relationship** | **Name** | **Date of**  **birth** | **Highest level of education** | **Job** | **Religion** | **Church**  **Name** | **Church position** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**I confirm that the above information is true and accurate.**

**Day Month Year**

**Name**

**Faith Testimony**

- Please write a detailed testimony of about one A4 page focusing on your background, life up to now, church life, personal encounter with Jesus Christ, and life walking with the Lord.

**Mission Vision Testimony**

* Briefly describe your motivation for committing to missions and your mission vision using the "5Ws and 1H" method.

**Ⅰ. Short/Long-term Missionary Calling**

1. **When and how did you receive your calling to become a missionary?**
2. **Explain how you learned about Onnuri Church’s short/long-term missionary training and your motivation for applying.**
3. **What are your expectations from TIM?**
4. **Write about your desired mission field and ministry area**
5. Region:
6. Motivation for selecting this region:
7. Ministry field/content:
8. **Answer the following about your gifts and ministry:**
9. What gifts has God given you as a minister?
10. What specific gifts are you praying for to support your missionary work
11. Evaluate your abilities as a minister based on your experience and ministry activities.
12. **Questions about evangelism:**
13. Have you received evangelism training? If yes, provide details (training name, duration, trainer).
14. Have you actively evangelized? If yes, how many people?
15. Describe your personal evangelism strategy in detail.
16. How do you continuously care for and manage your evangelism contacts?

**7. Personal Definitions of Values**

(1) Gospel

(2) Salvation

(3) Faith

(4) Holiness

(5) Obedience

(6) Dedication

1. **Vision Statement**

(Write your own Vision Statement: An expression of the ideas, values, and principles that play a crucial role in pursuing my life vision.)

**9. Expertise for Mission Work**

(1) Current Qualifications/Skills/Experience

(2) Expertise Under Training/Development

**Ⅱ. Personal Background**

1. **Was your childhood happy?**

* If yes, briefly explain.
* If no, explain why you think your childhood was not happy.

1. **Are there aspects of your personality or temperament you wish to change?**

* Why do you desire this change, and how are you specifically working towards it?

1. **What do you consider your strengths?**

* What do others say are your strengths?

1. **What do you consider your weaknesses?**

* What do others say are your weaknesses?

1. **What activities give you a sense of achievement or satisfaction?**

* How do you overcome feelings of failure or frustration?

1. **Spiritual Lifestyle:**

* How do you maintain fellowship with God? (Include time, place, and methods in detail.)
* How do you perceive and confirm God’s guidance in your life?
* How are you currently practicing a missionary lifestyle? (e.g., diet, health management, cultural training through contact with foreigners, financial stewardship)

1. **Personal Values:**

* Have you experienced frequent feelings of guilt in daily life? If yes, explain the cause and how you overcame it.
* What causes you to feel sadness or depression in daily life, and how do you resolve it?
* How do you typically respond to stress, and what methods do you personally use to relieve it?

### Relational Aspects

### **Among the people you have known so far, describe someone with whom you felt a deep connection, especially explaining in detail what made that connection meaningful (school, workplace, church friends).**

1. **How do you respond to or resolve psychological wounds in interpersonal relationships? Please provide specific examples.**

### 9. Authority Aspects

1. **Have you ever experienced a particularly serious conflict?**  
   If "Yes," briefly explain the subject and situation of the conflict.
2. **What was your own issue contributing to the formation of the conflict?**
3. **How did you resolve the issue?**

### 10. Miscellaneous

1. **Among mass media (TV, newspapers, radio, books, internet, etc.), what is your primary source of information?**  
   What kind of information are you interested in?
2. **Do you have any hobbies that contribute to your emotional growth or personal culture?**
3. **What personal methods do you use for physical fitness or health improvement?**

### III. Views on Marriage (For Singles)

1. **Are you currently in a relationship?**  
   If "Yes," please provide details about the person you are dating (name, duration of relationship, plans for marriage, etc.).
2. **What are your thoughts on marriage? Briefly describe your definition of marriage, its relationship to ministry, and your perspective on it.**
3. **If you were to serve as a missionary in singleness, how do you plan to address emotional challenges such as loneliness? Please share your thoughts.**

### III. Views on Marriage (For Married Individuals)

1. **Are your and your spouse's calling to missions, direction of ministry, and mission field in alignment?**
2. **How do you and your family practice a spiritual life together?**
3. **Marital Relationship**
   1. What issues commonly cause disagreements between you and your spouse?
   2. Have you ever faced serious conflicts in your marriage? If "Yes," what was the cause?

**- How did you resolve those conflicts?**

1. **Who has been more active or taken the lead in child-rearing, you or your spouse?**
2. **If you have any principles for parenting, please share them.**
3. **What are your plans for raising or educating your children on the mission field?**
4. **Do you set aside specific time to spend with your family (spouse and children)? What activities do you engage in together?**

### IV. Family

1. **How spiritually mature are your parents? Please describe their spiritual training, experience, church involvement, and interest in missions.**
2. **What is your family's opinion about you becoming a missionary?**

- If negative, what is the reason?

1. **How will you support your parents after being sent to the mission field?**

### V. Finances

### ****Do you have any financial debts?**** If "Yes,"

1. What is the reason for the debt, and how much do you owe?
2. What is your plan for repayment?
3. **Do you currently have regular financial supporters?**  
   **If "Yes,"**
4. How many financial supporters do you have in total?
5. What is the total amount of financial support you receive?

**If "No,"**

1. After becoming a missionary, how do you plan to cover the necessary finances? Please explain in detail.
2. **Before your calling as a missionary, what were your financial principles?**
3. **As a missionary, what financial principles do you plan to establish and implement?**

### VI. Health

1. **In the past three months, have you received any abnormal findings or diagnoses during a health checkup?**  
   (Please note that if a disease is discovered within six months of admission, acceptance into Tyrannus International Mission may be declined.)
2. **Have you ever experienced addiction to substances such as drugs, alcohol, or nicotine?**

If "Yes," please provide details:  
 (1) Addictive substance

(2) Symptoms

(3) Treatment duration

(4) Recovery status

1. **Are there any events or incidents in your life that have significantly impacted you? (Include spiritual, physical, emotional, or mental aspects.)**

### Declaration

I hereby affirm that the above information is accurate and true. I understand that any falsehoods discovered later may result in disadvantages, which I will accept.

**Date:**

**Name:**

**Signature:**

"And this gospel of the kingdom will be preached in the whole world as a testimony to all nations, and then the end will come."  
**Matthew 24:14**