



## Church Planter Assessment Application - Texas District, LCMS

- Complete this form on your computer using the spaces provided.
- SAVE the completed document on your computer.
- Print and sign page \_\_ and the Background Check Authorization Form.
- Mail the printed application with signatures to: **Office of the President**  
7900 East Hwy 290  
Austin, TX 78724

Who from the Texas District Mission Team referred you to be assessed as a potential church planter?

- Jon Braunersreuther    Yohannes Mengsteab    Steve Misch  
 Pete Mueller    Rick Pfaff    Larry Rietz

(If you have not received a referral, please contact the District President's Office: 512-926-4272)

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### A. Personal Information

Name \_\_\_\_\_ Date of Application \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 E-mail \_\_\_\_\_ Cell/Preferred Phone \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Place \_\_\_\_\_  
 Citizen of the United States:  Yes  No If not, residency status \_\_\_\_\_  
 Present Church Membership \_\_\_\_\_

### B. Family Information

Current Marital Status  Single  Married Date of Marriage \_\_\_\_\_  
 Have you ever been divorced?  Yes  No If yes, when? \_\_\_\_\_  
 Have you ever lost a spouse to death?  Yes  No If yes, when? \_\_\_\_\_  
 If not married, but engaged, date of wedding \_\_\_\_\_  
*(If you are engaged, please list information for your fiancé)*  
 Spouse's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Spouse's E-mail \_\_\_\_\_  
 Spouse's Occupation: \_\_\_\_\_  
 Currently employer: \_\_\_\_\_  
 Citizen of the United States:  Yes  No If not, residency status \_\_\_\_\_  
 Has your spouse ever been divorced?  Yes  No If yes, when? \_\_\_\_\_  
 Has your spouse ever lost a spouse to death?  Yes  No If yes, when? \_\_\_\_\_

**Children**

Name \_\_\_\_\_ Age \_\_\_\_\_ Living at Home \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Living at Home \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Living at Home \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Living at Home \_\_\_\_\_

**Health Review**

Your Health Status: \_\_\_ Excellent \_\_\_ Good \_\_\_ Fair \_\_\_ Poor

*Describe any limiting factors*

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Spouse Health Status: \_\_\_ Excellent \_\_\_ Good \_\_\_ Fair \_\_\_ Poor

*Describe any limiting factors*

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Child

Name: \_\_\_\_\_ Health Status: \_\_\_ Excellent \_\_\_ Good \_\_\_ Fair \_\_\_ Poor

*Describe any limiting factors*

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Child

Name: \_\_\_\_\_ Health Status: \_\_\_ Excellent \_\_\_ Good \_\_\_ Fair \_\_\_ Poor

*Describe any limiting factors*

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Child

Name: \_\_\_\_\_ Health Status: \_\_\_ Excellent \_\_\_ Good \_\_\_ Fair \_\_\_ Poor

*Describe any limiting factors*

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Child

Name: \_\_\_\_\_ Health Status: \_\_\_ Excellent \_\_\_ Good \_\_\_ Fair \_\_\_ Poor

*Describe any limiting factors*

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**Your Racial/Ethnic Origin**

\_\_\_ African American \_\_\_ American Indian \_\_\_ Asian \_\_\_ Caucasian \_\_\_ Hispanic

Other (please identify) \_\_\_\_\_

Are you bilingual? \_\_\_ Yes \_\_\_ No Primary Language \_\_\_\_\_

Secondary Language(if applicable) \_\_\_\_\_

**Your Spouse's Racial/Ethnic Origin**

\_\_\_ African American \_\_\_ American Indian \_\_\_ Asian \_\_\_ Caucasian \_\_\_ Hispanic

Other (please identify) \_\_\_\_\_

Are you bilingual? \_\_\_ Yes \_\_\_ No Primary Language \_\_\_\_\_

Secondary Language (if applicable) \_\_\_\_\_

**C. Education and Credentials (High school and beyond)**

Name of School	City	Date of Leaving	Degree Received

Other credentials or certification(s)

**Spouse's Education (High school and beyond)**

Name of School	City	Date of Leaving	Degree Received

Other credentials or certification(s)

**D. Personal Learning/Experiences**

- Briefly describe any conferences/workshops etc. that you have attended during the past two years (including tapes/CD/s, videos, webinars, etc.)
  
- What books of all types have you read during the last 12 months? This is to include books for courses as well as other reading.

**E. Church Experiences**

Complete all information for each church served. Start with current/last church.

Church \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Denomination \_\_\_\_\_

Position \_\_\_\_\_ Years Served \_\_\_\_\_

Location \_\_\_ rural \_\_\_ small-town \_\_\_ medium or large city \_\_\_ urban \_\_\_ suburban

Average worship attendance \_\_\_\_\_

Number of total baptisms \_\_\_\_\_ Number of adults baptized/confirmed \_\_\_\_\_

Church \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Denomination \_\_\_\_\_  
 Position \_\_\_\_\_ Years Served \_\_\_\_\_  
 Location \_\_\_ rural \_\_\_ small-town \_\_\_ medium or large city \_\_\_ urban \_\_\_ suburban  
 Average worship attendance \_\_\_\_\_  
 Number of total baptisms \_\_\_\_\_ Number of adults baptized/confirmed \_\_\_\_\_

Church \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Denomination \_\_\_\_\_  
 Position \_\_\_\_\_ Years Served \_\_\_\_\_  
 Location \_\_\_ rural \_\_\_ small-town \_\_\_ medium or large city \_\_\_ urban \_\_\_ suburban  
 Average worship attendance \_\_\_\_\_  
 Number of total baptisms \_\_\_\_\_ Number of adults baptized/confirmed \_\_\_\_\_

**F. Other Work Experience**

Begin with your most recent employment and work backwards. *Do not include church experience.*

Dates	Position	Company	City, State

Spouse's Work Experience (*Include church experience*)

Dates	Position	Company	City, State

**G. Financial Readiness**

How do you plan to support yourself and your family financially during your first 2 years of church planting?

Are you open to serve as a bi-vocational pastor? \_\_\_ Yes \_\_\_ No \_\_\_ Unsure

Amount of applicant's student loan debt: \$ \_\_\_\_\_  
 Amount of spouse's student loan debt: \$ \_\_\_\_\_  
 Amount of credit card debt: \$ \_\_\_\_\_  
 Other total debt: (*Examples: auto, mortgage, medical, etc.*) \$ \_\_\_\_\_

Have you ever filed for bankruptcy? \_\_\_ Yes \_\_\_ No

Has your spouse ever filed for bankruptcy? \_\_\_ Yes \_\_\_ No

## H. Statement of Faith and Denominational Affiliation

Have you been licensed or ordained?  Yes  No

If yes, which and by whom? \_\_\_\_\_ Date \_\_\_\_\_

Denomination or affiliation of ordaining church \_\_\_\_\_

If you have not been ordained, what program of The Lutheran Church—Missouri Synod will you be (or are you) enrolled in?  SMP  EIIT  CHS  CMC  LCMS Colloquy

**Please state briefly what your doctrinal position is on:**

*(Use Scripture passages to support your statements.)*

1. The Bible

2. Jesus

3. The Holy Spirit

4. God the Father

5. The Nature of Man

6. Justification *(How one is saved)*

7. Sanctification *(Living the Christian life)*

8. The role of the church planter

**I. Personal Christian Experiences**

1. When and how did you become a Christian?
2. When and how did your spouse become a Christian?
3. Give the names of the teachers, mentors, writers or leaders who have most influenced your walk with God and your thinking about ministry.

**J. General Information**

1. Describe your hobbies, special interests, and/or favorite forms of recreation
2. Describe any community involvement or volunteer service (*i.e. disaster relief, American Red Cross, Habitat for Humanity...*)
3. Where do you meet non-Christians and how do you normally share your faith?
4. Who have you discipled in the past 2 years and how did you disciple them?
5. What are your strong points (*gifts/talents*) in life/ministry?

6. What are your needed areas of growth in ministry?

## K. Church Planting

1. Do you definitely believe that God has called you to plant a church rather than serve an established one?    \_\_\_ Yes    \_\_\_ No    \_\_\_ Unsure
2. Who is your sending/sponsoring congregation(s)/other sponsoring entity?
  - a. Name \_\_\_\_\_ City \_\_\_\_\_
3. Describe what the ministry you'll be leading will look like.
4. Do you sense a call to a particular place, region, ethnic community, etc.? Explain
5. Is your spouse persuaded of this call?    \_\_\_ Yes    \_\_\_ No    \_\_\_ Unsure
6. Is your spouse currently involved in ministry?    \_\_\_ Yes    \_\_\_ No (If 'Yes,' how?)
7. What experiences have you had at starting something new (i.e. new ministries, new businesses, new ventures, new programs, new projects, etc.)? How did they turn out?
8. What other experiences have you had that you believe have prepared you to start a new church/ministry?
9. What will be your priorities in starting this ministry?

## L. To Be Completed by the Church Planter Candidate's Spouse

1. Are you supportive of your husband in being a church planter?    \_\_\_ Yes    \_\_\_ No    \_\_\_ Unsure  
*Explain.*

2. What would you list as your top three spiritual gifts?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. How do you currently use these gifts in your Christian life?

4. What will be your role in the church plant?

\_\_\_\_ A supportive role only

\_\_\_\_ A partner in leadership and ministry, fulfilling a distinctive role in the church

### M. References

Provide names, addresses, phone numbers and email addresses of two references whom we may contact and who could/would attest to your character as well as skills and attributes for mission planting.

#### Reference Number One

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Relationship to you \_\_\_\_\_

#### Reference Number Two

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Relationship to you \_\_\_\_\_

### N. Potpourri *(To be completed by the church planter candidate)*

Is there anything else you would like to share with the assessor team prior to the assessment?

Signature: \_\_\_\_\_ Date \_\_\_\_\_