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LINDA CHINN MINISTRIES INSTITUTE OF BIBLICAL STUDIES (LCM-IBS) APPLICATION

Please complete this form honestly, to the best of your ability, and in its entirety.

Today's Date:

PERSONAL INFORMATION

Full Name: Sex: M F DOB:

Address:

City: State: Zip:

Phone: (H) (C) (W)

Email:

Marital Status: Single Married Widowed Divorced Separated Remarried

Spouse: # of Children under 18:

Have you ever been arrested? Yes No

If yes, give date(s), circumstances and disposition(s).

HEALTH INFORMATION

Please rate your general health. Excellent Good Fair Poor
 If fair or poor, please explain.

Do you have any physical limitations that would make it difficult to teach? Yes No

Would you require any special accommodations? Yes No
 If yes, please explain.

Please indicate if you currently or have previously experienced any of the following conditions.

	Currently	Previously	√ if you were/are prescribed medication	√ if you were hospitalized
Severe Depression				
Nervous Breakdown				
Anxiety (w/ public speaking)				
Frequent Headaches				

If you answered yes to any of the above, give the date(s) and a brief description of your condition(s).

EDUCATIONAL BACKGROUND

Are you currently enrolled in any type of educational program (formal or informal)? Yes No
 If yes, provide the name of the program, location and area of focus.

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List any college, university, trade and/or technical schools you have attended.

Name/Address of Institution	Major	Degree Received	Dates Attended

List all educational honors and achievements.

Date	Honor/Achievement	Date	Honor/Achievement

List any seminars and/or workshops attended in the past three years.

Date	Name	Area of Focus

WORK EXPERIENCE

Are you currently employed outside of the home? Yes No

If so, please provide information about your current position.

Company Name:	
Title/Position:	
Employment Dates:	

Do you have any direct reports? Yes No

List your key responsibilities and role in your current position.

Are you self-employed? Yes No

If so, please provide information about your self-employment.

Business Name:	
Type of Business:	
Start Date:	

List additional employment experience beginning with the position before your current job.

Employment Dates	Company Name/Location (City, State)	Position/Type of Work

MINISTRY EXPERIENCE

What church do you currently attend (name and location)?

Are you a member? Yes No

If so, how long?

List any other church memberships you've held in the past 10 years and your reason for leaving.

Church Name/Location (City, State)	Dates Attended	Reason for Leaving

List all ministry-related employment (full-time, part-time or volunteer) beginning with the most recent.

Employment Dates	Ministry Name/Location (City, State)	Position/Type of Work

SOCIAL / INTELLECTUAL INFORMATION

Other than the Bible, what is the best book (title and author) that you have read so far this year?

...in the last 5 years?

...in your lifetime?

What is your favorite book of the Bible?

What is your favorite Bible verse?

What magazines, websites, blogs, and social media accounts do you regularly read/follow?

Magazines:	
Websites:	
Blogs:	
Twitter:	
Facebook:	
Instagram:	

Rate yourself on a scale of 1-10 in the following areas by clicking on the corresponding number in each category.

	Not at All			Moderately So			Extremely So			
Adaptable	1	2	3	4	5	6	7	8	9	10
Dynamic	1	2	3	4	5	6	7	8	9	10
Humorous	1	2	3	4	5	6	7	8	9	10
Composed	1	2	3	4	5	6	7	8	9	10
Stable	1	2	3	4	5	6	7	8	9	10
Graphic	1	2	3	4	5	6	7	8	9	10
Excitable	1	2	3	4	5	6	7	8	9	10
Poised	1	2	3	4	5	6	7	8	9	10
Creative	1	2	3	4	5	6	7	8	9	10
Effective relational skills	1	2	3	4	5	6	7	8	9	10
Neat appearance	1	2	3	4	5	6	7	8	9	10
Interesting	1	2	3	4	5	6	7	8	9	10
Casual	1	2	3	4	5	6	7	8	9	10
Ambitious	1	2	3	4	5	6	7	8	9	10
Flexible	1	2	3	4	5	6	7	8	9	10
Warm	1	2	3	4	5	6	7	8	9	10
Friendly	1	2	3	4	5	6	7	8	9	10
Organized	1	2	3	4	5	6	7	8	9	10
Self-confident	1	2	3	4	5	6	7	8	9	10
Conscientious	1	2	3	4	5	6	7	8	9	10
Shy	1	2	3	4	5	6	7	8	9	10
Technologically savvy	1	2	3	4	5	6	7	8	9	10
Effective communicator	1	2	3	4	5	6	7	8	9	10
Effective teacher	1	2	3	4	5	6	7	8	9	10
Effective preacher	1	2	3	4	5	6	7	8	9	10
Effective exhorter	1	2	3	4	5	6	7	8	9	10
Effective motivator	1	2	3	4	5	6	7	8	9	10
Scholar	1	2	3	4	5	6	7	8	9	10
Transparent	1	2	3	4	5	6	7	8	9	10
Able to engage the heart	1	2	3	4	5	6	7	8	9	10
Forgiving	1	2	3	4	5	6	7	8	9	10
Practical	1	2	3	4	5	6	7	8	9	10
Goal-oriented	1	2	3	4	5	6	7	8	9	10
People-oriented	1	2	3	4	5	6	7	8	9	10

Do you have any nervous mannerisms? Yes No

If yes, please explain.

What do you believe are your strengths in teaching?

What challenges do you believe you need to overcome to be an effective teacher?

Describe the most creative thing(s) you have done in ministry in the past year (yours or others').

List your hobbies and interests.

How do you think your childhood has affected who and what you are today?

If you had no constraints, what would you prefer to be doing 5 years from now? What do you see when you look down at your dream world from your mental helicopter?

Based on your current conditions and potential obstacles, what are your goals for the next 5 years?

If accepted as a LCM-IBS Instructor, how do you plan to fit it into your schedule?

Share your beliefs and practices in the areas below.

Church Attendance

Community Involvement

Personal Evangelism

Personal Discipleship

Drinking

Do you believe that Jesus is God in the flesh? Yes No

Do you believe that Jesus is really coming again? Yes No

Do you believe hell is a real place? Yes No

Who do you believe will go to heaven and why?

Do you believe Noah was a real person? Yes No

Do you believe the flood really happened? Yes No

Do you believe person must speak in tongues to be spiritual? Yes No

Do you believe a person can go to heaven without experiencing water baptism? Yes No

Share your beliefs in the areas below.

Regeneration

Local Church vs. Universal Church

Eternal Security

Millennium

Limited vs. Unlimited Atonement

Empty rectangular box for notes on Limited vs. Unlimited Atonement.

Creation vs. Evolution

Empty rectangular box for notes on Creation vs. Evolution.

Divorce & Remarriage

Empty rectangular box for notes on Divorce & Remarriage.

Abortion

Empty rectangular box for notes on Abortion.

Please describe the circumstances surrounding your conversion.

In 250-300 words, please give your personal testimony as you would use it as an evangelistic tool.

Apart from your conversion, what is the single most significant spiritual experience you have had?

What is/are your spiritual gift(s)?

What area(s) of your life are you currently working to improve or to change?

Briefly describe your regular devotional life.

What do you think are two (2) major problems individual Christians face today?

1.

2.

What do you think are two (2) major problems the Church faces today?

1.

2.

What is your position on the following doctrinal issues?

Inerrancy

Tongues

Literal Interpretation

REFERENCES

NOTE: *References should not include family members. Please include friends, co-workers, employers, etc. Please inform your references that Dr. Chinn or a representative of LCM-IBS will be contacting them.

Be sure to double-check phone numbers and email addresses for accuracy. We will initially attempt to contact your references by email and then by phone if we do not receive a response to the email in a timely manner.

Professional Reference

Provide the name of one (1) person you currently or previously reported to directly in a work setting who can evaluate you professionally.

Name:		Title:	
Company:		Years Known:	
Phone:	(Primary)		(Secondary)
Email:			

Personal References

Provide three (3) references* who can evaluate your personal and family life. If available, include two (2) daytime phone numbers and an email address.

1.

Name:			
Relationship:		Years Known:	
Phone:	(Primary)		(Secondary)
Email:			

2.

Name:			
Relationship:		Years Known:	
Phone:	(Primary)		(Secondary)
Email:			

3.

Name:			
Relationship:		Years Known:	
Phone:	(Primary)		(Secondary)
Email:			

Teaching References

Provide three (3) DIFFERENT references* who can evaluate your Biblical teaching skills and impact. If available, include two (2) daytime phone numbers and an email address.

1.

Name:			
Relationship:		Years Known:	
Phone:	(Primary)		(Secondary)
Email:			

2.

Name:			
Relationship:		Years Known:	
Phone:	(Primary)		(Secondary)
Email:			

3.

Name:			
Relationship:		Years Known:	
Phone:	(Primary)		(Secondary)
Email:			

Please attach a clear, recent headshot / picture / snapshot.

A \$25.00 non-refundable processing fee can be paid by credit card or PayPal at the time of application through the LCM website www.lindachinn.com.

If you have any questions, comments or concerns, please feel free to give us a call and leave a message at either (770) 609-7280 or (770) 630-2996 or email us at info@lindachinn.com.