

**Application for Membership  
In  
Yielded Evangelical Servants, Inc. (Y.E.S.)**

**Instructions:** Please complete an application for each individual/family member who is applying for membership and submit it electronically to Y.E.S. at [info@yeservants.org](mailto:info@yeservants.org) or submit it by mail to  
Y.E.S.

P.O. Box 700697  
St. Cloud, FL 34770-0697

**Personal Information**

**Last Name:** \_\_\_\_\_ **S.S. Number:** \_\_\_\_\_

**First Name:** \_\_\_\_\_ **Birthday:** \_\_\_\_\_

**Nationality:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Spouse's Name:** \_\_\_\_\_ **Anniversary:** \_\_\_\_\_

**Nationality:** \_\_\_\_\_

**Sending Church Name and Address**

\_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I am interested in serving in a:**

Y.E.S. Developed Ministry

My Own Ministry

Other Ministry Organization

(Please Circle One)

**Have you ever been ordained?** \_\_\_Yes \_\_\_No (If yes, please attach a copy of the certificate. Also note that being "commissioned" by a "sending" church is not the same as being ordained.)

**Desired Start Date:** \_\_\_\_\_



**Financial Status:** Please describe your current financial condition including any debts, IRS debts, cash on hand as well as any support you have already garnered. Feel free to use additional paper. I

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**Comments:** Feel free to use additional paper.

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**I have read the Y.E.S. Doctrine and accept it as my own statement of faith.**

\_\_\_\_\_ (*initials*)

**I understand Y.E.S. member services and requirements are maintained in the Y.E.S. Member Handbook and I will comply with the requirements.**

\_\_\_\_\_ (*initials*)

**I understand that my “sending” church is responsible for my spiritual oversight, training and development.**

\_\_\_\_\_ (*initials*)

**Other Application Requirements:** Please include the following with your application.

- 3 letters of reference. Two must be from pastors, one of which must be the pastor of your “sending” church.
- Any Certificate of Ordination, if applicable.

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

**Witness:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Board Action:**

\_\_\_\_ **Approved**    \_\_\_\_ **Disapproved**    **Date:** \_\_\_\_\_

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**MISSIONARY INFORMATION**

**Name:** \_\_\_\_\_ **S.S. Number:** \_\_\_\_\_

**Minor Children**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Nationality: \_\_\_\_\_ Nationality: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Nationality: \_\_\_\_\_ Nationality: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Nationality: \_\_\_\_\_ Nationality: \_\_\_\_\_

**Address in the Field (include country)**

\_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Address at Home (include country)**

\_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## AUTHORIZATION AGREEMENT FOR AUTOMATED DEPOSITS (ACH CREDITS)

COMPANY  
NAME Yielded Evangelical Servants, Inc.

COMPANY  
ID NUMBER 54-1558343

I (we) hereby authorize Yielded Evangelical Servants, Inc., hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) Checking, Savings account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and /or debit the same to such account.

DEPOSITORY  
NAME \_\_\_\_\_ BRANCH \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
TRANSIT/ABA NO. \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME (S) \_\_\_\_\_

DATE \_\_\_\_\_ SIGNED \_\_\_\_\_

**Please attach a voided check here.**

**Please mail to:**

**Y.E.S.  
P.O. Box 700697  
St. Cloud, FL 34770**

**Or scan and email to  
accounting@yeservants.org**

# Yearly Budget Worksheet

<u>INCOME:</u>	<b>Actual Amount</b>	<b>Budgeted</b>
Salary, Interest, Dividends, (Minus)	<u>\$0.00</u>	<u>\$0.00</u>
1. Tithes and Offerings: BTD	<u>\$0.00</u>	<u>\$0.00</u>
2. Taxes: State, Federal Self-employment (Equals)	<u>\$0.00</u>	<u>\$0.00</u>
<b>TOTAL GROSS INCOME</b>	<u>\$0.00</u>	<u>\$0.00</u>

## **TOTAL GROSS INCOME LESS TITHE AND TAXES = NET SPENDABLE INCOME**

<u>EXPENSES:</u>	<b>Actual Amount</b>	<b>Budgeted</b>
3. Housing: Mortgage, Taxes, Insurance, Utilities, Maintenance	<u>\$0.00</u>	<u>\$0.00</u>
4. Food: Groceries, Lunches, Outside Meals	<u>\$0.00</u>	<u>\$0.00</u>
5. Auto: Gas, Oil, Insurance, License, Maintenance	<u>\$0.00</u>	<u>\$0.00</u>
6. Insurance: Life, Disability, Liability	<u>\$0.00</u>	<u>\$0.00</u>
7. Debts: Credit cards, Installment, Loans	<u>\$0.00</u>	<u>\$0.00</u>
8. Entertainment/Recreation: Vacation, Gifts, Misc.	<u>\$0.00</u>	<u>\$0.00</u>
9. Clothing: Clothes, Shoes, Dry Cleaning	<u>\$0.00</u>	<u>\$0.00</u>
10. Savings/Investment: Bank IRA, 401K	<u>\$0.00</u>	<u>\$0.00</u>
11. Medical: Physicians, Dentist, Prescriptions, Eyeglasses, Insurance	<u>\$0.00</u>	<u>\$0.00</u>
12. Household: Cleaning supplies, Personal, Hair Styling	<u>\$0.00</u>	<u>\$0.00</u>
13. Ministry: Office supplies, Mail/Postage, Telephone, etc.	<u>\$0.00</u>	<u>\$0.00</u>
<b>TOTAL MONTHLY EXPENSES</b>	<u>\$0.00</u>	<u>\$0.00</u>

## **NET SPENDABLE INCOME LESS MONTHLY EXPENSES = DISPOSABLE INCOME/DEBT**

## SENDING CHURCH INFORMATION

**Missionary Name:** \_\_\_\_\_

You have received this form because your church has been designated as the sending church for the missionary listed above. Being a sending church for a missionary is a great responsibility. We have required that the missionary have this form completed to ensure that they have a church willing to take on that responsibility. That responsibility requires the sending church to hold the missionary/missionaries accountable through prayer, monitoring their prayer letters and updated reports. Also when feasible visiting them on the field. Supporting them in the way the Lord leads you.

**Church Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Service:** Please describe in what capacity the missionary has been active in your church and their length of service. Please use additional paper if required

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### You understand that:

1. The missionary is required to submit an annual budget to Y.E.S. that shows both ministry and personal/family expenses by November 1<sup>st</sup> for the following calendar year.
2. Y.E.S. is required by IRS to provide oversight of how financial support/donations are used.
3. Y.E.S. will have discretion over the distribution of all funds designated for the missionary; however, it is the policy of Y.E.S. to honor donor designations to the maximum extent feasible of \$250,000.00 salary per year. Anything above that amount must be designated to particular missions project that Y.E.S and missionary agrees to.
4. Y.E.S. will provide your church with a monthly statement on each month a donation is made showing the amount of support provided for that month.
5. Y.E.S. will retain 3% of the financial support/donations received to cover its members' common, administrative, and emergency relief expenses, and "seeding" new projects, activities, and services.
6. "Since missionaries serve all ages of people, and to ensure their safety, we require that the sending church provide documentation of a successful criminal background check for all missionary applicants to Y.E.S. Ministries."

**Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_



If you require any training or speakers to better enable your church to be a sending church or you would like any additional information, please visit [www.yeservants.org](http://www.yeservants.org) or contact us using the information below.

**Yielded Evangelical Servants, Inc. (Y.E.S.)**

PO Box 700697

St. Cloud, FL 34770

*Telephone: 407-498-5128*

*Website: [www.yeservants.org](http://www.yeservants.org)*

In Christ,

Bernie LaTour  
President, Y.E.S.