

APPLICATION FORM

All information given in this form is kept strictly confidential.

A. PERSONAL DATA

1. FULL NAME

Last Name: _____

First name: _____

What name do you go by? _____

Home Phone #: (____) _____

Cell Phone #: (____) _____

Mailing Address: _____

City, State: _____ Zip Code: _____

E-mail Address: _____

4. **BIRTH PLACE:** City / Town: _____

GENDER: Male Female

DATE OF BIRTH: _____ AGE: _____

5. LANGUAGE ABILITIES:

What is your native language? _____

LANGUAGE FLUENCY

Which other languages do you know and how well can you speak, read and write them?

E - excellent: **G** - good: **F** - fair: **P** - poor:

LANGUAGE	SPEAK	READ	WRITE

6. PASSPORT DETAILS

Country of residence: _____ Country of citizenship: _____

Do you have a passport?* Yes: _____ No: _____

Passport number: _____ Country of issue: _____

Date of issue: _____ Date of expiration: _____

*If you do not have a passport, it will be necessary to acquire one before starting the school. Passports will be needed for our international outreaches.

7. DRIVERS LICENSE

Do you have a driver's license? Yes No

If so, when does it expire? _____

8. SOCIAL MEDIA

FACEBOOK Account Name: _____
TWITTER Account Name: _____
INSTAGRAM Account Name: _____
SNAPCHAT Account Name: _____
YOUTUBE Account Name: _____

9. NEAREST RELATIVE (NOT SPOUSE) TO BE NOTIFIED IN CASE OF AN EMERGENCY

Title: Mr Mrs Miss Ms Other _____
First Name: _____ Last Name: _____
Relationship: _____
Telephone Numbers: Home: (____) _____ Work: (____) _____
E-Mail Address: _____
Home Address: _____
City/State: _____ Zip Code: _____

ACADEMIC

1. DID YOU GRADUATE FROM HIGH SCHOOL? Yes: ____ No: ____

If so, from where and when? _____

2. HIGHER EDUCATION INSTITUTIONS ATTENDED

List any university, college, graduate school attended:

NAME OF SCHOOL	MAJOR/ DEGREE / ETC	STUDY PERIOD

3. HAVE YOU EVER BEEN SUSPENDED OR EXPELLED FROM ANY EDUCATIONAL INSTITUTE?

Yes No

If yes, please explain briefly; _____

B. MARITAL STATUS AND FAMILY INFORMATION

1. MARITAL STATUS: Single Engaged Married Widower
Separated Divorced Remarried Widow

3. RELIGIOUS INVOLVEMENT

What are your habits concerning your church attendance and involvement?

List any volunteer work or community activities you participated in during the past year:

What are your habits regarding your devotional life? What devotional materials do you regularly use?

What areas of your spiritual walk do you most want to improve or grow in?

4. COUNSEL

Have you sought professional counseling in the last six months about a personal or family problem? Yes No

If yes, please explain briefly: _____

7. CONDUCT (Answers will be confidential)

Since your conversion, have you been involved in any of the following? (Check Yes or No)

Y	N	ACTIVITY	BRIEF EXPLANATION	PERIOD
		Homosexuality		
		Sexually active		
		Pornography		
		Sexual abuse		
		Pregnant / fathered a child		
		Gang activity		
		Been arrested		

		Contemplated suicide	
--	--	----------------------	--

8. ADDICTIVE HABITS (Answers will be confidential)
 Since your conversion, have you used any of the following? (Check Yes No)

Y	N	SUBSTANCE	BRIEF EXPLANATION	LAST USED
		Tobacco		
		Alcohol		
		Drugs (Specify)		

9. RELATIONSHIPS
 Are you currently in a dating relationship with someone? Yes No
 Are you engaged to be married? Yes No

D. CHURCH BACKGROUND AND REFERENCE

1. IN WHICH CHURCH / DENOMINATION DO YOU CONSIDER YOURSELF TO HAVE BEEN RAISED?

2. CURRENT CHURCH DETAILS

Church Name: _____

Physical Address: _____

City / State: _____ Zip Code: _____

Tel No: (Church Office): (_____) _____

3. PASTOR'S DETAILS

Pastor's Name: _____

Email Address: _____

4. CHURCH ATTENDANCE

How long have you attended your local church? _____ If less than a year, explain: _____

Which church did you attend before? _____ For how long? _____

Reasons for leaving: _____

E. MINISTERIAL DETAILS

1. YOUR CALLING

Do you have a call of God to enter the ministry / full time missions? Yes No Not sure
 (You do not need to have had a call to attend the school)

If yes, explain what your calling is, and when, how and why you know that you are called by God: _____

2. Do you have a chronic illness, disability, medical, or psychological condition that might affect your ability to fully participate in this program? If yes, please describe:

3. **ARE YOU PRESENTLY TAKING ANY MEDICATION?** Yes No

If yes, name the medication/drug(s): _____ How often do you take it? _____

Name of attending physician: _____ *If currently on any medication for any sickness, or disorder, a written recommendation from your doctor must accompany this application.*

Have you taken any medication(s) for a long period? Yes No If yes, explain:

4. **DO YOU HAVE ANY KNOWN ALLERGIES?** Yes No

If yes, specify: _____

5. **DO YOU HAVE PHYSICAL DISABILITIES?** Yes No

If yes, specify: _____

6. **HAVE YOU EVER BEEN A PATIENT IN A MENTAL HOSPITAL/SANATORIUM?** Yes No

If yes, give dates, reason, name of hospital and doctor. _____

I. FINANCIAL FACTS

1. **Are you willing and able to raise the necessary funds to attend the school before it starts?**
[\$960 per month for 10 months; \$9,600 for the year]

Yes: _____ No: _____

How do you plan to raise the money (savings, work, donors/supporters, etc.):

2. **Are you willing to raise the necessary funds for the outreaches? (through fundraising efforts while at the school)**

Yes: _____ No: _____

3. **FINANCIAL OBLIGATIONS**

Are you currently in debt? Yes No

4. **PAYMENT WILL BE MADE THE FOLLOWING WAY (**

Please find enclosed my NON-REFUNDABLE application fee of \$50

YES

I understand that, upon acceptance, I must pay \$960 as a deposit to hold my space and which covers my payment for the 10th and last month of the school.

Signature: _____

I understand that I must bring \$960 with me upon arrival at the school to cover the first month of the school.

Signature: _____

J. RECOMMENDATION FORMS

1. MINISTER COMPLETING YOUR PASTOR'S RECOMMENDATION FORM

Pastor's name: _____

Work #: (_____) _____ Cell #: (_____) _____

E-mail Address: _____

2. PERSONS COMPLETING YOUR TWO PERSONAL RECOMMENDATION FORMS

(Someone who has known you for a year or more, but not a relative)

PERSON 1

Name: _____

Address: _____

Tel No Home: (_____) _____ Work (_____) _____

Cell: _____

E-mail Address: _____

PERSON 2:

Name: _____

Address: _____

Tel No Home: (_____) _____ Work (_____) _____

Cell: (_____) _____

E-mail Address: _____

K. DECLARATIONS

1. INVOLVEMENT WITH AMBASSADOR MISSION SCHOOL

Please explain, in your own words, why you would like to be a part of the Ambassador Mission School:

2. STATEMENT OF FAITH

- The Original manuscripts of the 66 books of the Bible to be the fully inspired, infallible and inerrant Word of God. The Bible is therefore our supreme authority in all matters of faith and life.
- There is one God, creator of all things, who is eternally existent in three persons: Father, Son and Holy Spirit.
- In the deity of Jesus Christ, in His virgin birth, in His humanity, in His sinless life, in His miracles, in His physical death on the cross, in His historical resurrection, in His bodily ascension to the right hand of God the Father, in His personal, visible return in power and glory.
- God the Holy Spirit indwells, regenerates, and empowers born-again Christian believers to enable obedience to God's truth as revealed in the Bible, in godly living and service, praise and worship, and spiritual gifts for effective service.
- Humankind was created in the image of God, perfect and in harmony with God. Sin entered the world through man and thus corrupted creation. As a result, all humankind are sinners and stand guilty before God thus deserving God's wrath in judgment.
- In the resurrection of all men: Believers will be resurrected to eternal life with God and unbelievers to eternal suffering apart from God.
- God, in Jesus Christ, provided the only way of salvation and therefore in keeping with Christ's command, the Gospel must be proclaimed and disciples made throughout the whole earth.
- God acted in love to provide a way for sinful humankind to be made righteous before Him. Jesus Christ's substitutionary death on the cross and victory over death in the resurrection are the sole and all-sufficient ground of redemption from sin. Humankind must accept God's grace through faith in Jesus Christ and repent of sin in order to be saved. While humankind is incapable of living a totally perfect life while on earth, Jesus Christ's righteousness is reckoned to them as they respond to the convicting work of the Holy Spirit and accept Him by faith.
- That all who are born again, through faith in Jesus Christ, compose the universal church, that the new birth and personal confession of Jesus Christ as Savior and Lord are essential for Church membership, and that local congregations of believers are important for instruction, worship, service, fellowship, and to carry out the Great Commission to all ethnic groups.

Having read the Statement of Faith:

- I agree with it as affirming in my own beliefs, and I desire, if accepted, to serve in accordance with it.
- I agree that should my views change regarding any point of the above statement of faith, I will immediately report the change to the appropriate officers.
- I agree to work cooperatively with other Christians who do not have the same viewpoint of all areas of doctrine as I have, but who subscribe to the World Mission Centre Statement of Faith.

Signature: _____

Date: _____

3. IF UNDER 21 YEARS, LEGAL CONSENT:

"I/We, the parent(s)/legal guardian(s) of the applicant, hereby consent to the applicant's intended involvement with the Ambassador Mission School. (Both parents need to sign, even if divorced.)

Signature of parent/guardian 1: _____ Date: _____

Signature of parent/guardian 2: _____ Date: _____

4. APPLICANT'S DECLARATION:

"I have submitted all documents, and a NON REFUNDABLE APPLICATION FEE, necessary for this application. I hereby state that all the information contained in this application is correct and true. I will inform the School of any interim changes. If the School is notified that any of this information is false, my application could be rejected. I understand that no item, submitted to the School as part of the application process, will be returned."

Signature of applicant: _____ Date: _____

PASTOR'S RECOMMENDATION
(CONFIDENTIAL QUESTIONNAIRE)

PROSPECTIVE STUDENT: _____

Surname

First Name

The above person has applied for enrolment as a student at the AMBASSADOR MISSION SCHOOL. Serious consideration will be given to your comments on this recommendation form, therefore we ask that you complete it carefully. Since we request a candid evaluation, your remarks will be held in strict confidence. The completed form should be returned directly to the School.

A. DETAILS OF RECOMMENDING PASTOR

1. NAME OF RECOMMENDING PASTOR: _____

Surname

First Name

2. NAME OF CHURCH: _____

3. ADDRESSES: CHURCH (Postal): _____

E-mail: _____

4. TELEPHONE NUMBERS Cell: (_____) _____ Work: (_____) _____

5. YOUR POSITION IN THE CHURCH: _____ How long have you held this position? _____

6. HAVE YOU HAD ANY EXPOSURE TO or been INVOLVED IN THE MINISTRY OF LIVE SCHOOL? Yes No
If Yes, explain how and when.

B. EVALUATION OF APPLICANT

1. RELATIONSHIP How long have you known the applicant? _____ Describe relationship: Close
 Casual Distant

Indicate your position in relationship: Pastor Personal Friend Co-worker Ministry friend Family Friend

Other (Specify) _____

2. EVALUATE APPLICANT'S CHARACTER AND LIFESTYLE (Check ✓ G = Good, F= Fair, P = Poor, U = Unknown):

G F P U

Christian life and family

Moral attitudes

Honesty and integrity

Emotional stability

Spiritual influence on others

G F P U

Leadership qualities

Consideration of others

Ability to work with others

Response to authority/instruction/discipline

Ability to minister

G F P U

Dependability

Financial responsibility

Diligence as a student/worker

Academic ability

Personal cleanliness

3. TO YOUR KNOWLEDGE, DOES APPLICANT:

Use tobacco? Yes No Unknown Abuse Alcohol? Yes No Unknown
Use illegal/habit-forming drugs? Yes No Unknown Gamble? Yes No Unknown
Live an immoral life? Yes No Unknown

4. FAMILY/SOCIAL LIFE: Describe applicant's marriage/family life: _____

Describe companions with whom applicant usually associates: _____

5. APPLICANT'S ATTITUDE TOWARD THE CHURCH AND ITS ACTIVITIES: Warm-hearted/Enthusiastic Tolerant/Passive
 Critical/Contemptuous

6. MINISTRY: Is the applicant currently involved in active ministry? Yes No Not Sure
Do you think the applicant has a definite call to missions? Yes No Not Sure
Do you recommend that the applicant be considered for the school enrolment? Yes No Not Sure

7. ADDITIONAL COMMENTS THAT WOULD BE HELPFUL IN EVALUATION OF THE APPLICANT (Please use reverse side or extra sheets of paper, if necessary):

Signature of Pastor: _____ Date: _____

PERSONAL RECOMMENDATION
(CONFIDENTIAL QUESTIONNAIRE)

PROSPECTIVE STUDENT: _____
Surname First Name

The above person has applied for enrolment as a student at the AMBASSADOR MISSION SCHOOL. Serious consideration will be given to your comments on this recommendation form, therefore we ask that you complete it carefully. Since we request a candid evaluation, your remarks will be held in strict confidence. The completed form should be returned directly to the AMBASSADOR MISSION SCHOOL.

A. DETAILS OF RECOMMENDING PERSON

8. NAME OF RECOMMENDING PERSON: _____
Surname First Name

TITLE: Mr Ms Mrs Miss Other: _____

9. NAME OF CHURCH: _____

10. HOME ADDRESSE: _____

E-MAIL: _____

11. TELEPHONE NUMBER: Home: (_____) _____ Work: (_____) _____

12. YOUR CURRENT OCCUPATION: _____ How long have you held this position _____

13. HAVE YOU HAD ANY EXPOSURE TO or been INVOLVED IN THE MINISTRY OF THE LIVE SCHOOL? Yes No

If Yes, explain how and when _____

B. EVALUATION OF APPLICANT

1. RELATIONSHIP How long have you known applicant? _____

2. Describe relationship: Close Casual Distant

Indicate your position in relationship: Pastor Personal Friend Co-worker Ministry friend
 Family Friend Other (Specify) _____

3. EVALUATE APPLICANT'S CHARACTER AND LIFESTYLE (Check ✓ G = Good, F= Fair, P = Poor, U = Unknown):
 G F P U G F P U G F P U

- | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Christian life and family
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Moral attitudes
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Honesty and integrity

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Emotional stability
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Spiritual influence on others | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Leadership qualities
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Consideration of others
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Ability to work with others

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Response to authority/
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Ability to minister | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Dependability
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Financial responsibility
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Diligence as a student/worker
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Academic ability
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Personal cleanliness |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

4. TO YOUR KNOWLEDGE, DOES APPLICANT:
- | | | | |
|-----------------------------------------|------------------------------|-----------------------------|----------------------------------|
| Use tobacco? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Abuse Alcohol? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Use illegal/habit-forming drugs? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Gamble? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Have a record of community disturbance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Lives an immoral life? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |

4. FAMILY/SOCIAL LIFE: Describe applicant's marriage/family life: _____

Describe companions with whom applicant usually associates: _____

5. APPLICANT'S ATTITUDE TOWARD THE CHURCH AND ITS ACTIVITIES:
 Warm-hearted/Enthusiastic Tolerant/Passive Critical/Contemptuous

6. MINISTRY: Is the applicant currently involved in active ministry? Yes No Not Sure
- Do you think the applicant has a definite call to missions Yes No Not Sure
- Do you recommend the applicant be considered for the Ambassador Mission School enrollment?
 Yes No Not Sure

7. ADDITIONAL COMMENTS THAT WOULD BE HELPFUL IN EVALUATING THE APPLICANT
 (Please use reverse side or extra sheets of paper, if necessary) _____

Signature: _____ Date: _____

STUDENT INDEMNITY FORM

I, the undersigned _____
(Full Name)

Hereby confirm that of my own free will, I am participating in the School and subsequent outreaches from September 5, 2017 to June 30, 2018, or any extended period agreed to by both parties. I also confirm that I am aware of possible risks that may lie ahead, I hereby give full indemnity for any claims of whatsoever, that may result from the above-mentioned project, to the organizers thereof and the School, concerning my participation in the project.

Signed on this _____ day of _____, 20____ .

STUDENT

WITNESS 1

WITNESS 2

I, the undersigned _____, legal guardian(s) hereby agree to and acknowledge the indemnity signed by the above mentioned.

SIGNATURE

RELATIONSHIP

NOTE: If under the age of 21, the signature of a parent or legal guardian is required. If parents are divorced and applicant is under 21, then both parents need to sign.