

Pursuit School of Ministry Application

General Information

Last Name _____ First Name _____ Middle _____

Address _____

City _____ State _____ Zip _____

Cell Phone (_____) _____ Texting? ____ Home Phone (_____) _____

Email Address _____

Date of Birth _____ Gender ____ Male ____ Female

What is your T-shirt size: S ____ M ____ L ____ XL ____ XXL ____ XXXL ____

Family Information

Father/Guardian _____ Deceased ____ Living ____

Phone (_____) _____

Address _____ City _____ State _____ Zip _____

Mother/Guardian _____ Deceased ____ Living ____

Phone (_____) _____

Address _____ City _____ State _____ Zip _____

Health

Do you have a physical handicap, disability, or disease that might affect you ability to meet all the requirements in Pursuit School of Ministry? ____ Yes ____ No

If so, please explain _____

Do you have any chronic illnesses? ____ Yes ____ No

Are you currently on any medication? ____ Yes ____ No If yes, please explain:

Do you have health insurance? ____ Yes ____ No

If so, please explain _____

Are you currently receiving professional counseling? ____ Yes ____ No

If so, please explain what areas you are working on: _____

Please inform us of any other personal health information we might need to know:

Emergency Contact Information

Contact Name _____ Phone (____) _____ Relation _____

Contact Name _____ Phone (____) _____ Relation _____

Education

High School _____ Year Graduated _____

City _____ State _____

Other schooling _____ Dates attended _____

City _____ State _____ Degree/Diploma _____

Personal Information

Please check the four main ministries that interest you

- | | | |
|--|---|---|
| <input type="checkbox"/> Mission | <input type="checkbox"/> Worship Band | <input type="checkbox"/> Video/Tech/Media |
| <input type="checkbox"/> Outreach | <input type="checkbox"/> Drama | <input type="checkbox"/> Singles |
| <input type="checkbox"/> Evangelism | <input type="checkbox"/> Senior Adult | <input type="checkbox"/> Women's Ministry |
| <input type="checkbox"/> Sports | <input type="checkbox"/> Teaching | <input type="checkbox"/> Men's Ministry |
| <input type="checkbox"/> Children's Ministry | <input type="checkbox"/> Youth Ministry | <input type="checkbox"/> Other _____ |

Are you currently involved in church? ____ Yes ____ No

Describe your previous ministry involvement/ training:

What would you consider to be your talents, gifts and strengths?

What would you consider to be your weakness?

What led you to apply for this program?

Do you play an instrument? Yes No If yes, what instrument? _____

Do you currently have any financial debt? Yes No If yes, please explain:

Are you currently engaged or in a dating relationship? Yes No

Do you plan on bringing a vehicle to the internship? Yes No If no, please explain how

you will get transportation: _____

What are your goals for the future, including our life's vision and ministry plans?

What are your expectations for your time in the internship?

Personal Evaluation

Please assess yourself in the following:

	Uncertain	Weak	Good	Outstanding
Spiritual Maturity.....				
Devotion in Christ.....				
Integrity and honesty.....				
Openness to correction.....				
Self-discipline.....				
Working without supervision.....				
Willingness to serve.....				
Ability to get along with others.....				
Communication skills.....				
Leadership skills.....				
Reliability.....				
Teachability.....				
Emotional stability.....				
Physical health.....				

