

Please attach a recent photograph here for identification purposes

Application for Admission to School of Ministry - Fall 2010

The decision to apply for Joshua Springs Calvary Chapel School of Ministry should not be taken lightly. The application process is fairly long and involved. Please pray before and during the process. It requires extensive thought and personal reflection and should be approached as the first assignment in the program. Your effort and attention in the application process will tell the pastors and teachers of the program a great deal about your commitment and ability to complete the program, so consider carefully your attention to these questions.

If any concerns or questions arise as to the nature of the school, scheduling, etc., please feel free to e-mail us at equipthesaints@gmail.com. You will also want to read the SOM Catalog, which will be available at our website, before and after services at JSCC, or in the church office.

Steps for Application Process: (necessary for admission to SOM)

1. A complete application
2. Signed Liability & Consent Form
3. Two Personal References (one from church leadership, other than SOM leadership)
4. \$25 non-refundable application fee
5. Mail to JSCC – **application deadline is September 1, 2010**

Biographical Information

Name: _____

Last

First

MI

SSN: _____ - _____ - _____ Date of Birth: _____ / _____ / _____ Age: _____

Gender: Male Female

Mailing Address: _____

City: _____ State: _____ Zip: _____

Residence Address (if different from above):

City: _____ State: _____ Zip: _____

Phone: (_____) _____ E-Mail: _____

Occupation or Trade: _____

Employer: _____

If accepted for admission to Joshua Springs Calvary Chapel's School of Ministry, you will be expected to enroll as a full-time student for the entire **9-month** duration. You cannot attend part time. Do you foresee a problem with this? Yes No

Marital Status: Single Married

If married, have you discussed the rigors of the program and the 9-month commitment with your spouse? Is your spouse in full agreement with your decision to pursue this rigorous program of study? Yes No

Medical Information

(If you need to write more than space allows, please include a separate sheet of paper, clearly marked.)

1. Are you in good health? Yes No

2. Do you have any physical disabilities? Yes No If yes, please explain.

3. List any major illnesses you have had and the year(s) in which you experienced them.

4. Do you have any communicable diseases? Yes No If yes, please explain.

5. Are you presently on medication or under a physician's care for a specific condition?

Yes No If yes, please explain.

6. Do you have any allergies? Yes No If yes, please explain.

7. Have you ever been, or are you presently under psychiatric or psychological care, counseling, or psychotherapy? Yes No If yes, please explain.

8. Have you ever been hospitalized or admitted to a treatment facility for any reason? Yes No If yes, when and where? Explain.

Education

Please list all schools attended from high school to present:

<i>Name of School</i>	<i>Dates of Attendance</i>	<i>Degree/Diploma</i>	<i>Major/Minor</i>	<i>GPA</i>

Spiritual Profile

Please answer the following questions on a separate sheet of paper (typed, no more than two pages in length):

1. Please describe in detail your testimony of when and how you became a Christian.
2. Please describe your current relationship with the Lord in terms of your devotional and prayer life.
3. How long have you been a part of Joshua Springs Calvary Chapel (if a different church, insert church name)? How often do you go to church? What ministries are you currently involved in?
4. Why do you want to attend the School of Ministry?
5. What are your future plans and heart's desires in ministry?

Doctrinal Beliefs

On a separate sheet of paper, please type out a one-paragraph (per item) statement of your beliefs according to the following:

1. The Bible
2. God
3. Jesus Christ
4. Holy Spirit
5. Sin
6. Salvation
7. God's sovereignty and man's free will in regard to salvation
8. Baptism with the Holy Spirit
9. The Rapture of the Church
10. Eternal Security

Release of Liability

I do hereby release Joshua Springs Calvary Chapel, its employees, and agents from any liability whatsoever arising out of any injury, damage, or loss which may be sustained by said person during the course of involvements with the School of Ministry.

Applicant's Name: _____

Applicant's Signature: _____ Date: _____

Consent for Treatment

In case of emergency, I hereby agree to the performance of such treatment, including anesthesia and surgery, as the attending doctor or physician may deem necessary.

Applicant's Name: _____

Applicant's Signature: _____ Date: _____

For emergency purposes, please give us the name, address, and phone number of your nearest living relative or other emergency contact:

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____

Church Leadership Recommendation Form

To be completed by someone in ministry to whom you are accountable and who is well acquainted with you.

Applicant's Name: _____

In seeking admission to the Joshua Springs Calvary Chapel School of Ministry, the above applicant has been asked to have this form completed by a leader in ministry. We as a school are endeavoring to admit those students who would successfully complete the program. If you feel this form is not adequate for the depth of your remarks, please feel free to provide your response in any form you choose.

CONFIDENTIALITY – Federal Law gives students the option of waving their right to see specific letters of recommendation. If the applicant has not signed the waiver at the bottom of this form, it will be assumed you are submitting information with the full knowledge that it may be seen by the applicant if he or she is accepted and enrolls in the School of Ministry.

Please describe the type of relationship you have with the applicant and how long you have known him or her.

Please evaluate the applicant in the following areas by checking the appropriate response:

	<i>Excellent</i>	<i>Very Good</i>	<i>Average</i>	<i>Poor</i>	<i>Not Observed</i>
Christian faith and commitment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic competence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to communicate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spiritual maturity	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Potential for leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative and perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How would you summarize this person's strengths?

How would you summarize this person's weaknesses?

Would you be comfortable with this person as a leader in your church?

Yes No Unsure (please comment)

I highly recommend, recommend, recommend with reservations, do not recommend this person to the Joshua Springs Calvary Chapel School of Ministry.

Your Name: _____ Church: _____

Phone: (_____) _____ Date: _____

Please mail to: JSCC School of Ministry, 57373 Joshua Lane, Yucca Valley, CA 92284, (760) 365-0769

Applicant: The Family Education and Privacy Act of 1974 provides applicants the right of access to information provided by their references after the applicants have been accepted by and enrolled at the Joshua Springs CC School of Ministry. This law also allows applicants the privilege to waive this right of access, an action that may protect the integrity of recommendations and references. No school, however, can require an applicant to sign such a waiver, nor can it discriminate in any way against an applicant who does not waive his or her access. Applicant, please check one:

I waive my right to review this form I do not waive the right to review this form

Signature: _____ Date: _____

Personal Reference Form

Applicant's Name: _____

In seeking admission to the Joshua Springs Calvary Chapel School of Ministry, the above applicant has been asked to have this form completed by a close acquaintance. We as a school are endeavoring to admit those students who would successfully complete the program. If you feel this form is not adequate for the depth of your remarks, please feel free to provide your response in any form you choose.

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Please describe the type of relationship you have with the applicant and how long you have known him or her.

Please evaluate the applicant in the following areas by checking the appropriate response:

	<i>Excellent</i>	<i>Very Good</i>	<i>Average</i>	<i>Poor</i>	<i>Not Observed</i>
Christian faith and commitment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Ability to communicate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential for leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative and perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How would you summarize this person's strengths?

How would you summarize this person's weaknesses?

I *highly recommend*, *recommend*, *recommend with reservations*, *do not recommend* this person to the Joshua Springs Calvary Chapel School of Ministry.

Your Name: _____ Church: _____

Phone: (_____) _____ Date: _____

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 I waive my right to review this form I do not waive the right to review this form

Signature: _____ Date: _____