



### YOUR MINISTRY

Do you have a definite call of God on your life to enter the FULL – TIME MINISTRY?  Yes  No

Are you  Licensed?  Ordained?  Denomination/Organization -----

Identify the area(s) of ministry to which you feel God is calling (or has called) you:

Pastor  Teacher  Evangelist  Administration  Serving Ministry  
 Designate activities in which you have been or are involved. Check "F" – Formerly: "P" – Presently

- |  |                          |                               |  |                          |                          |        |                          |                          |                  |                          |                          |                   |                          |                          |                       |                          |                          |                 |                          |                          |            |                          |                          |                 |                          |                          |                 |                          |                          |                   |                          |                          |                       |                          |                          |                     |                          |                          |          |   |          |          |  |                          |                          |                               |                          |                          |                     |                          |                          |                      |                          |                          |               |                          |                          |                   |                          |                          |                       |                          |                          |                           |                          |                          |                  |                          |                          |                  |                          |                          |                     |                          |                          |                     |                          |                          |       |
|--|--------------------------|-------------------------------|--|--------------------------|--------------------------|--------|--------------------------|--------------------------|------------------|--------------------------|--------------------------|-------------------|--------------------------|--------------------------|-----------------------|--------------------------|--------------------------|-----------------|--------------------------|--------------------------|------------|--------------------------|--------------------------|-----------------|--------------------------|--------------------------|-----------------|--------------------------|--------------------------|-------------------|--------------------------|--------------------------|-----------------------|--------------------------|--------------------------|---------------------|--------------------------|--------------------------|----------|---|----------|----------|--|--------------------------|--------------------------|-------------------------------|--------------------------|--------------------------|---------------------|--------------------------|--------------------------|----------------------|--------------------------|--------------------------|---------------|--------------------------|--------------------------|-------------------|--------------------------|--------------------------|-----------------------|--------------------------|--------------------------|---------------------------|--------------------------|--------------------------|------------------|--------------------------|--------------------------|------------------|--------------------------|--------------------------|---------------------|--------------------------|--------------------------|---------------------|--------------------------|--------------------------|-------|
| <table border="0"> <tr><td><b>F</b></td><td><b>P</b></td><td></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Pastor</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Associate Pastor</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Minister of Music</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Minister of Education</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Missionary Work</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Evangelist</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Street Ministry</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Prison Ministry</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Hospital Ministry</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Nursing Home Ministry</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Visitation Ministry</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Radio/TV</td></tr> </table> | <b>F</b>                 | <b>P</b>                      |  | <input type="checkbox"/> | <input type="checkbox"/> | Pastor | <input type="checkbox"/> | <input type="checkbox"/> | Associate Pastor | <input type="checkbox"/> | <input type="checkbox"/> | Minister of Music | <input type="checkbox"/> | <input type="checkbox"/> | Minister of Education | <input type="checkbox"/> | <input type="checkbox"/> | Missionary Work | <input type="checkbox"/> | <input type="checkbox"/> | Evangelist | <input type="checkbox"/> | <input type="checkbox"/> | Street Ministry | <input type="checkbox"/> | <input type="checkbox"/> | Prison Ministry | <input type="checkbox"/> | <input type="checkbox"/> | Hospital Ministry | <input type="checkbox"/> | <input type="checkbox"/> | Nursing Home Ministry | <input type="checkbox"/> | <input type="checkbox"/> | Visitation Ministry | <input type="checkbox"/> | <input type="checkbox"/> | Radio/TV | <table border="0"> <tr><td><b>F</b></td><td><b>P</b></td><td></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Formed Non-Profit Corporation</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Writing/Publication</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Revivals – Preaching</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Tape Ministry</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Teaching Ministry</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Church Administration</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Conduct Funerals/Weddings</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Teaching – Adult</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Teaching – Youth</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Teaching – Children</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Prayer Group Leader</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Other</td></tr> </table> | <b>F</b> | <b>P</b> |  | <input type="checkbox"/> | <input type="checkbox"/> | Formed Non-Profit Corporation | <input type="checkbox"/> | <input type="checkbox"/> | Writing/Publication | <input type="checkbox"/> | <input type="checkbox"/> | Revivals – Preaching | <input type="checkbox"/> | <input type="checkbox"/> | Tape Ministry | <input type="checkbox"/> | <input type="checkbox"/> | Teaching Ministry | <input type="checkbox"/> | <input type="checkbox"/> | Church Administration | <input type="checkbox"/> | <input type="checkbox"/> | Conduct Funerals/Weddings | <input type="checkbox"/> | <input type="checkbox"/> | Teaching – Adult | <input type="checkbox"/> | <input type="checkbox"/> | Teaching – Youth | <input type="checkbox"/> | <input type="checkbox"/> | Teaching – Children | <input type="checkbox"/> | <input type="checkbox"/> | Prayer Group Leader | <input type="checkbox"/> | <input type="checkbox"/> | Other |
| <b>F</b>   | <b>P</b>                 |                               |  |                          |                          |        |                          |                          |                  |                          |                          |                   |                          |                          |                       |                          |                          |                 |                          |                          |            |                          |                          |                 |                          |                          |                 |                          |                          |                   |                          |                          |                       |                          |                          |                     |                          |                          |          |   |          |          |  |                          |                          |                               |                          |                          |                     |                          |                          |                      |                          |                          |               |                          |                          |                   |                          |                          |                       |                          |                          |                           |                          |                          |                  |                          |                          |                  |                          |                          |                     |                          |                          |                     |                          |                          |       |
| <input type="checkbox"/>   | <input type="checkbox"/> | Pastor                        |  |                          |                          |        |                          |                          |                  |                          |                          |                   |                          |                          |                       |                          |                          |                 |                          |                          |            |                          |                          |                 |                          |                          |                 |                          |                          |                   |                          |                          |                       |                          |                          |                     |                          |                          |          |   |          |          |  |                          |                          |                               |                          |                          |                     |                          |                          |                      |                          |                          |               |                          |                          |                   |                          |                          |                       |                          |                          |                           |                          |                          |                  |                          |                          |                  |                          |                          |                     |                          |                          |                     |                          |                          |       |
| <input type="checkbox"/>   | <input type="checkbox"/> | Associate Pastor              |  |                          |                          |        |                          |                          |                  |                          |                          |                   |                          |                          |                       |                          |                          |                 |                          |                          |            |                          |                          |                 |                          |                          |                 |                          |                          |                   |                          |                          |                       |                          |                          |                     |                          |                          |          |   |          |          |  |                          |                          |                               |                          |                          |                     |                          |                          |                      |                          |                          |               |                          |                          |                   |                          |                          |                       |                          |                          |                           |                          |                          |                  |                          |                          |                  |                          |                          |                     |                          |                          |                     |                          |                          |       |
| <input type="checkbox"/>   | <input type="checkbox"/> | Minister of Music             |  |                          |                          |        |                          |                          |                  |                          |                          |                   |                          |                          |                       |                          |                          |                 |                          |                          |            |                          |                          |                 |                          |                          |                 |                          |                          |                   |                          |                          |                       |                          |                          |                     |                          |                          |          |   |          |          |  |                          |                          |                               |                          |                          |                     |                          |                          |                      |                          |                          |               |                          |                          |                   |                          |                          |                       |                          |                          |                           |                          |                          |                  |                          |                          |                  |                          |                          |                     |                          |                          |                     |                          |                          |       |
| <input type="checkbox"/>   | <input type="checkbox"/> | Minister of Education         |  |                          |                          |        |                          |                          |                  |                          |                          |                   |                          |                          |                       |                          |                          |                 |                          |                          |            |                          |                          |                 |                          |                          |                 |                          |                          |                   |                          |                          |                       |                          |                          |                     |                          |                          |          |   |          |          |  |                          |                          |                               |                          |                          |                     |                          |                          |                      |                          |                          |               |                          |                          |                   |                          |                          |                       |                          |                          |                           |                          |                          |                  |                          |                          |                  |                          |                          |                     |                          |                          |                     |                          |                          |       |
| <input type="checkbox"/>   | <input type="checkbox"/> | Missionary Work               |  |                          |                          |        |                          |                          |                  |                          |                          |                   |                          |                          |                       |                          |                          |                 |                          |                          |            |                          |                          |                 |                          |                          |                 |                          |                          |                   |                          |                          |                       |                          |                          |                     |                          |                          |          |   |          |          |  |                          |                          |                               |                          |                          |                     |                          |                          |                      |                          |                          |               |                          |                          |                   |                          |                          |                       |                          |                          |                           |                          |                          |                  |                          |                          |                  |                          |                          |                     |                          |                          |                     |                          |                          |       |
| <input type="checkbox"/>   | <input type="checkbox"/> | Evangelist                    |  |                          |                          |        |                          |                          |                  |                          |                          |                   |                          |                          |                       |                          |                          |                 |                          |                          |            |                          |                          |                 |                          |                          |                 |                          |                          |                   |                          |                          |                       |                          |                          |                     |                          |                          |          |   |          |          |  |                          |                          |                               |                          |                          |                     |                          |                          |                      |                          |                          |               |                          |                          |                   |                          |                          |                       |                          |                          |                           |                          |                          |                  |                          |                          |                  |                          |                          |                     |                          |                          |                     |                          |                          |       |
| <input type="checkbox"/>   | <input type="checkbox"/> | Street Ministry               |  |                          |                          |        |                          |                          |                  |                          |                          |                   |                          |                          |                       |                          |                          |                 |                          |                          |            |                          |                          |                 |                          |                          |                 |                          |                          |                   |                          |                          |                       |                          |                          |                     |                          |                          |          |   |          |          |  |                          |                          |                               |                          |                          |                     |                          |                          |                      |                          |                          |               |                          |                          |                   |                          |                          |                       |                          |                          |                           |                          |                          |                  |                          |                          |                  |                          |                          |                     |                          |                          |                     |                          |                          |       |
| <input type="checkbox"/>   | <input type="checkbox"/> | Prison Ministry               |  |                          |                          |        |                          |                          |                  |                          |                          |                   |                          |                          |                       |                          |                          |                 |                          |                          |            |                          |                          |                 |                          |                          |                 |                          |                          |                   |                          |                          |                       |                          |                          |                     |                          |                          |          |   |          |          |  |                          |                          |                               |                          |                          |                     |                          |                          |                      |                          |                          |               |                          |                          |                   |                          |                          |                       |                          |                          |                           |                          |                          |                  |                          |                          |                  |                          |                          |                     |                          |                          |                     |                          |                          |       |
| <input type="checkbox"/>   | <input type="checkbox"/> | Hospital Ministry             |  |                          |                          |        |                          |                          |                  |                          |                          |                   |                          |                          |                       |                          |                          |                 |                          |                          |            |                          |                          |                 |                          |                          |                 |                          |                          |                   |                          |                          |                       |                          |                          |                     |                          |                          |          |   |          |          |  |                          |                          |                               |                          |                          |                     |                          |                          |                      |                          |                          |               |                          |                          |                   |                          |                          |                       |                          |                          |                           |                          |                          |                  |                          |                          |                  |                          |                          |                     |                          |                          |                     |                          |                          |       |
| <input type="checkbox"/>   | <input type="checkbox"/> | Nursing Home Ministry         |  |                          |                          |        |                          |                          |                  |                          |                          |                   |                          |                          |                       |                          |                          |                 |                          |                          |            |                          |                          |                 |                          |                          |                 |                          |                          |                   |                          |                          |                       |                          |                          |                     |                          |                          |          |   |          |          |  |                          |                          |                               |                          |                          |                     |                          |                          |                      |                          |                          |               |                          |                          |                   |                          |                          |                       |                          |                          |                           |                          |                          |                  |                          |                          |                  |                          |                          |                     |                          |                          |                     |                          |                          |       |
| <input type="checkbox"/>   | <input type="checkbox"/> | Visitation Ministry           |  |                          |                          |        |                          |                          |                  |                          |                          |                   |                          |                          |                       |                          |                          |                 |                          |                          |            |                          |                          |                 |                          |                          |                 |                          |                          |                   |                          |                          |                       |                          |                          |                     |                          |                          |          |   |          |          |  |                          |                          |                               |                          |                          |                     |                          |                          |                      |                          |                          |               |                          |                          |                   |                          |                          |                       |                          |                          |                           |                          |                          |                  |                          |                          |                  |                          |                          |                     |                          |                          |                     |                          |                          |       |
| <input type="checkbox"/>   | <input type="checkbox"/> | Radio/TV                      |  |                          |                          |        |                          |                          |                  |                          |                          |                   |                          |                          |                       |                          |                          |                 |                          |                          |            |                          |                          |                 |                          |                          |                 |                          |                          |                   |                          |                          |                       |                          |                          |                     |                          |                          |          |   |          |          |  |                          |                          |                               |                          |                          |                     |                          |                          |                      |                          |                          |               |                          |                          |                   |                          |                          |                       |                          |                          |                           |                          |                          |                  |                          |                          |                  |                          |                          |                     |                          |                          |                     |                          |                          |       |
| <b>F</b>   | <b>P</b>                 |                               |  |                          |                          |        |                          |                          |                  |                          |                          |                   |                          |                          |                       |                          |                          |                 |                          |                          |            |                          |                          |                 |                          |                          |                 |                          |                          |                   |                          |                          |                       |                          |                          |                     |                          |                          |          |   |          |          |  |                          |                          |                               |                          |                          |                     |                          |                          |                      |                          |                          |               |                          |                          |                   |                          |                          |                       |                          |                          |                           |                          |                          |                  |                          |                          |                  |                          |                          |                     |                          |                          |                     |                          |                          |       |
| <input type="checkbox"/>   | <input type="checkbox"/> | Formed Non-Profit Corporation |  |                          |                          |        |                          |                          |                  |                          |                          |                   |                          |                          |                       |                          |                          |                 |                          |                          |            |                          |                          |                 |                          |                          |                 |                          |                          |                   |                          |                          |                       |                          |                          |                     |                          |                          |          |   |          |          |  |                          |                          |                               |                          |                          |                     |                          |                          |                      |                          |                          |               |                          |                          |                   |                          |                          |                       |                          |                          |                           |                          |                          |                  |                          |                          |                  |                          |                          |                     |                          |                          |                     |                          |                          |       |
| <input type="checkbox"/>   | <input type="checkbox"/> | Writing/Publication           |  |                          |                          |        |                          |                          |                  |                          |                          |                   |                          |                          |                       |                          |                          |                 |                          |                          |            |                          |                          |                 |                          |                          |                 |                          |                          |                   |                          |                          |                       |                          |                          |                     |                          |                          |          |   |          |          |  |                          |                          |                               |                          |                          |                     |                          |                          |                      |                          |                          |               |                          |                          |                   |                          |                          |                       |                          |                          |                           |                          |                          |                  |                          |                          |                  |                          |                          |                     |                          |                          |                     |                          |                          |       |
| <input type="checkbox"/>   | <input type="checkbox"/> | Revivals – Preaching          |  |                          |                          |        |                          |                          |                  |                          |                          |                   |                          |                          |                       |                          |                          |                 |                          |                          |            |                          |                          |                 |                          |                          |                 |                          |                          |                   |                          |                          |                       |                          |                          |                     |                          |                          |          |   |          |          |  |                          |                          |                               |                          |                          |                     |                          |                          |                      |                          |                          |               |                          |                          |                   |                          |                          |                       |                          |                          |                           |                          |                          |                  |                          |                          |                  |                          |                          |                     |                          |                          |                     |                          |                          |       |
| <input type="checkbox"/>   | <input type="checkbox"/> | Tape Ministry                 |  |                          |                          |        |                          |                          |                  |                          |                          |                   |                          |                          |                       |                          |                          |                 |                          |                          |            |                          |                          |                 |                          |                          |                 |                          |                          |                   |                          |                          |                       |                          |                          |                     |                          |                          |          |   |          |          |  |                          |                          |                               |                          |                          |                     |                          |                          |                      |                          |                          |               |                          |                          |                   |                          |                          |                       |                          |                          |                           |                          |                          |                  |                          |                          |                  |                          |                          |                     |                          |                          |                     |                          |                          |       |
| <input type="checkbox"/>   | <input type="checkbox"/> | Teaching Ministry             |  |                          |                          |        |                          |                          |                  |                          |                          |                   |                          |                          |                       |                          |                          |                 |                          |                          |            |                          |                          |                 |                          |                          |                 |                          |                          |                   |                          |                          |                       |                          |                          |                     |                          |                          |          |   |          |          |  |                          |                          |                               |                          |                          |                     |                          |                          |                      |                          |                          |               |                          |                          |                   |                          |                          |                       |                          |                          |                           |                          |                          |                  |                          |                          |                  |                          |                          |                     |                          |                          |                     |                          |                          |       |
| <input type="checkbox"/>   | <input type="checkbox"/> | Church Administration         |  |                          |                          |        |                          |                          |                  |                          |                          |                   |                          |                          |                       |                          |                          |                 |                          |                          |            |                          |                          |                 |                          |                          |                 |                          |                          |                   |                          |                          |                       |                          |                          |                     |                          |                          |          |   |          |          |  |                          |                          |                               |                          |                          |                     |                          |                          |                      |                          |                          |               |                          |                          |                   |                          |                          |                       |                          |                          |                           |                          |                          |                  |                          |                          |                  |                          |                          |                     |                          |                          |                     |                          |                          |       |
| <input type="checkbox"/>   | <input type="checkbox"/> | Conduct Funerals/Weddings     |  |                          |                          |        |                          |                          |                  |                          |                          |                   |                          |                          |                       |                          |                          |                 |                          |                          |            |                          |                          |                 |                          |                          |                 |                          |                          |                   |                          |                          |                       |                          |                          |                     |                          |                          |          |   |          |          |  |                          |                          |                               |                          |                          |                     |                          |                          |                      |                          |                          |               |                          |                          |                   |                          |                          |                       |                          |                          |                           |                          |                          |                  |                          |                          |                  |                          |                          |                     |                          |                          |                     |                          |                          |       |
| <input type="checkbox"/>   | <input type="checkbox"/> | Teaching – Adult              |  |                          |                          |        |                          |                          |                  |                          |                          |                   |                          |                          |                       |                          |                          |                 |                          |                          |            |                          |                          |                 |                          |                          |                 |                          |                          |                   |                          |                          |                       |                          |                          |                     |                          |                          |          |   |          |          |  |                          |                          |                               |                          |                          |                     |                          |                          |                      |                          |                          |               |                          |                          |                   |                          |                          |                       |                          |                          |                           |                          |                          |                  |                          |                          |                  |                          |                          |                     |                          |                          |                     |                          |                          |       |
| <input type="checkbox"/>   | <input type="checkbox"/> | Teaching – Youth              |  |                          |                          |        |                          |                          |                  |                          |                          |                   |                          |                          |                       |                          |                          |                 |                          |                          |            |                          |                          |                 |                          |                          |                 |                          |                          |                   |                          |                          |                       |                          |                          |                     |                          |                          |          |   |          |          |  |                          |                          |                               |                          |                          |                     |                          |                          |                      |                          |                          |               |                          |                          |                   |                          |                          |                       |                          |                          |                           |                          |                          |                  |                          |                          |                  |                          |                          |                     |                          |                          |                     |                          |                          |       |
| <input type="checkbox"/>   | <input type="checkbox"/> | Teaching – Children           |  |                          |                          |        |                          |                          |                  |                          |                          |                   |                          |                          |                       |                          |                          |                 |                          |                          |            |                          |                          |                 |                          |                          |                 |                          |                          |                   |                          |                          |                       |                          |                          |                     |                          |                          |          |   |          |          |  |                          |                          |                               |                          |                          |                     |                          |                          |                      |                          |                          |               |                          |                          |                   |                          |                          |                       |                          |                          |                           |                          |                          |                  |                          |                          |                  |                          |                          |                     |                          |                          |                     |                          |                          |       |
| <input type="checkbox"/>   | <input type="checkbox"/> | Prayer Group Leader           |  |                          |                          |        |                          |                          |                  |                          |                          |                   |                          |                          |                       |                          |                          |                 |                          |                          |            |                          |                          |                 |                          |                          |                 |                          |                          |                   |                          |                          |                       |                          |                          |                     |                          |                          |          |   |          |          |  |                          |                          |                               |                          |                          |                     |                          |                          |                      |                          |                          |               |                          |                          |                   |                          |                          |                       |                          |                          |                           |                          |                          |                  |                          |                          |                  |                          |                          |                     |                          |                          |                     |                          |                          |       |
| <input type="checkbox"/>   | <input type="checkbox"/> | Other                         |  |                          |                          |        |                          |                          |                  |                          |                          |                   |                          |                          |                       |                          |                          |                 |                          |                          |            |                          |                          |                 |                          |                          |                 |                          |                          |                   |                          |                          |                       |                          |                          |                     |                          |                          |          |   |          |          |  |                          |                          |                               |                          |                          |                     |                          |                          |                      |                          |                          |               |                          |                          |                   |                          |                          |                       |                          |                          |                           |                          |                          |                  |                          |                          |                  |                          |                          |                     |                          |                          |                     |                          |                          |       |

### CHRISTIAN EXPERIENCE

1. Please state briefly why you want to attend Destiny & Dominion Bible Training Center.

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2. Date you were born again. Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Briefly relate your conversion experience in the space provided below:

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3. Date you were filled with the Holy Spirit with the evidence of speaking in other tongues:

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

4. Were you raised in a Christian home? \_\_\_\_\_

5. If you are married or engaged, is your spouse or fiancé (e) born again and filled with the Holy Spirit with the evidence of speaking in tongues? \_\_\_\_\_

## EDUCATIONAL HISTORY

**EDUCATION:** (Circle highest level attained)

1 2 3 4 5 6 7 8 9 10 11 12 GED VOCATIONAL/TECHNICAL 1 2

University: 1 2 3 4 Masters Specialist Doctorate Other \_\_\_\_\_

Beginning with High School, list all educational institutions attended. **DIPLOMA OR TRANSCRIPT REQUIRED.**

Name of Schools	Dates	Majors	Diploma or Degree

Will you be applying for a transfer credit from another institution?  Yes  No

Are you applying to other colleges/universities?  Yes  No

Name of college or university \_\_\_\_\_

**TRANSCRIPTS – Please attach Transcripts; Certificates; or Diploma of previous High School, College, University or Trade Schools attended.** (If you are at least 19 years old and applying as a mature student, you may need proof of age).

### OCCUPATIONAL AND PROFESSIONAL HISTORY

**OCCUPATION** – Please list your previous work experience starting with LAST employer.

Name of Employer	Duties	Date

List special occupational or professional skills you possess.


Do you have a past criminal record?  Yes  No If so, attach letter explaining.

### LET US GET TO KNOW YOU!

In what ways have you been involved in ministry service for Christ?

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What areas of personal giftedness do you believe you possess?

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Do you consider yourself a committed follower of Jesus Christ? Please explain:

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How are you presently cultivating your Christian life and growth?

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### ALCOHOL, TOBACCO, ILLEGAL DRUGS

The following answers should be based on actual FACT and not FAITH.

Are you currently a smoker?  Yes  No

If no, when did you stop? \_\_\_\_\_

Have you ever abused alcohol?  Yes  No

Are you currently using illegal or habit-forming drugs?  Yes  No

If yes, what illegal or habit-forming drugs: \_\_\_\_\_

Date you were delivered from illegal or habit-forming drugs if applicable: \_\_\_\_\_

### MEDICAL CONSENT

I hereby grant permission to Destiny & Dominion Training Center, or its consulting physician, to render me to any emergency treatment, medical or surgical care that might be deemed necessary; also, when necessary for executing such care, I grant permission for hospitalization at an accredited hospital. ***You Must Circle YES or NO and sign.***

YES      NO      Signature: \_\_\_\_\_

If applicant is under 18, the signature of parent or guardian is required.

### EMERGENCY INFORMATION

Nearest relative (NOT husband or wife) to be notified in case of emergency:

Name:	Relationship:	Phone:	
Address:	City:	Province:	Postal Code: