

Armada Commission

Application Form

General Contact Information

Full Name	Date of Birth	Age	M	F
			Sex	
Social Security Number	USA:			
() () ()	Passport Number / Date of Issue / Date of Expiry			
Home Phone	Work Phone	Mobile Phone	Skype User Name	
Address		Email		
City, State, Zip Code		Email 2 / Web site / MySpace, etc.		

Emergency Contacts

Primary Emergency Contact	Secondary Emergency Contact		
() () ()	() () ()	() ()	() ()
Home Phone	Work Phone	Home Phone	Work Phone
Address		Address	
City, State Zip Code		City, State Zip Code	

Family Information

Marital status (engaged/married/single/divorced/separated)	Name of spouse or fiance(e)
Date of marriage, present or proposed:	Is your spouse saved?
Does your spouse speak with other tongues?	Is your spouse in full support of your entering the ministry?
Please explain any marital disagreements or complications:	

Medical and Liability Release

Hospital/Clinic Preference

Physician's Name

Phone Number

Insurance Company

Policy Number

Allergies/Special health considerations and how to treat them:

Within reason, will you eat anything set before you? Yes/No/Please explain

A mission trip may have some strenuous activity. Please rate your health, ten being optimal: 1 2 3 4 5 6 7 8 9 10

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for myself and waive my right to informed consent of treatment. This waiver applies only in the event that neither listed in subheading *emergency contacts* can be reached in the case of an emergency.

I release Church of the Word International, Inc. and Armada affiliates, their officers, directors, staff and other representatives from liability in case of accident to myself during activities related to the Armada Commission, foreign or domestic, as long as normal safety procedures have been taken.

Signature

Date

Education History

(Please circle the highest level(s) attained)

1 2 3 4 5 6 7 8 9 10 11 12 GED Vocational/Tech 1 2

College: 1 2 3 4 Bible School Associate Bachelor Master's Specialist Doctorate

List all higher education institutions attended and degrees earned:

Name of School

Dates

Major

Diploma/Degree

Personal History

Do you smoke?

Do you drink alcohol?

Do you use illegal drugs or narcotics?

Have you been involved in premarital/extramarital sex?

Have you been convicted of a crime?

Do you view pornographic materials?

Have you been involved in homosexual activities?

Do you have a communicable disease (HIV or AIDS)?

If you answered yes to any of the above, please explain:

Multiple horizontal lines for providing an explanation.

Understanding that a minister of the Gospel must maintain the highest moral and ethical standards, do you feel there is any area of your personal life that would hinder your ministry at this time? Please sign your name accordingly:

Yes

No

If you answered yes, please explain:

Multiple horizontal lines for providing an explanation.

Your Call

Have you received a definite call to full-time ministry?

When did you receive or realize this call to ministry?

Do you know which five-fold ministry gift you are called to?

What specifically have others indicated or said about your call?

Have you been ordained? (past or present)

If yes, by whom: (please include a copy of credentials)

Have you been in full time ministry before now?

Why did you stop or leave? Please explain:

Who has recognized your call to ministry that you respect? (minister/wife/friend)

Have you received confirmation from God concerning this call? Please explain:

Ministry History

Do you actively witness?

Have you ever led a person in a sinner's prayer?

Do you pray for the sick?

Have you ministered the baptism of the Holy Spirit to anyone?

Do you maintain a daily quiet time?

Have you read through the entire Bible?

Have you ever held a position of ministry? (Sunday school teacher/cell group leader/ Etc)

If yes, please explain:

Briefly explain your involvement in your local church.

List the name of the church which you attend, address, telephone number

Who is your Pastor?

How long have you attended this church? How long has he/she been your Pastor?

If less than one year, list the name of the church you formerly attended, including pastor's name, address and phone number. Also, list how long you attended and your reason for leaving.

What ministries or ministers have been influential in your life?

What books or authors have made an impact on your spiritual walk?

What hobbies or interests do you have?

Assess your personal strengths and weaknesses. Please list your strengths:

Please list your weaknesses:

Do you speak a second language? If so, which and please describe your education and/or fluency:

Have you been on a mission trip before? Please elaborate:

Applicant's Statement

The information contained in this application is correct to the best of my knowledge. I authorize any people who send you references to give any and all information they may have regarding my character and fitness for ministry. I release all such references from liability for any damage that may result from furnishing such evaluations to you and I waive any right that I have to inspect the references provided on my behalf.

In connection with my application, I authorize the dean of Armada Commission to solicit background information relative to my criminal record history.

I authorize without reservation any person, agency or other entity contacted by Armada Commission to furnish the above mentioned information.

Should my application be accepted, I agree to be bound by the rules of conduct of the Armada Commission, and submitted to the decisions of the acting Dean. I realize that I am free to approach the Dean on any questionable issue.

I am willing to protect the privacy and confidentiality of all students, teachers, employees, members, visiting guests, or any other person regarding anything I might read, hear, overhear, or see at any training function of the Armada Commission.

I recognize and affirm that I must notify the Dean, or teacher present, or support/office staff immediately once I have become aware of, or are confronted by, a situation that involves any: sexual abuse issues, suspected or known violence or abuse, suicidal suggestions or appearances.

I have read, understand and will comply with the above. I understand that violation of any of the above listed items may result in my immediate dismissal.

Signature

Date