



APPLICATION FOR ADMISSION
Missionary Internship Training Program
(Please type or print)

ATTACH PERSONAL PHOTO HERE

Please indicate below to which session you are applying			
Spring 2009	<input type="checkbox"/>	Fall 2009	<input type="checkbox"/>

PART A

Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Pastor <input type="checkbox"/> Rev. <input type="checkbox"/> Dr.			
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Birth Date: / /	Age: years
Last Name:	First Name:	Middle Name:	
Street Address:			Apt.:
City:		State:	Zip:
Home Phone: () -	Mobile Phone: () -	Work Phone: () -	
Email Address:			
Emergency Contact Person: <i>(other than spouse)</i>		Emergency Contact Phone: () -	
Marital Status: <input type="checkbox"/> Single/Never Married <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Remarried			

Spouse's Name:	Birth Date: / /	Age: years
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Is your spouse applying with you? YES NO

Child's Name:	Age: years	Lives with You? <input type="checkbox"/> YES <input type="checkbox"/> NO
Child's Name:	Age: years	Lives with You? <input type="checkbox"/> YES <input type="checkbox"/> NO
Child's Name:	Age: years	Lives with You? <input type="checkbox"/> YES <input type="checkbox"/> NO

Current or Last Employer:	Your Job Title:	
Street Address:	City/State:	Zip:

Employed From: <i>(mo/yr)</i> /	Employed To: <i>(mo/yr)</i> /	Hrs. per Week?
May We Contact Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	Supervisor's Name:	Supervisor's Number: () -

PART B

Please List 2 References:

Person Completing your Minister's Recommendation:		
Name:	Street Address:	Apt./Suite:
City:	State/Zip:	Phone: () -

Person Completing your Personal Recommendation:		
Name:	Street Address:	Apt./Suite:
City:	State/Zip:	Phone: () -

If more space is required to elaborate, please attach additional information to this form.

When were you born again? / BRIEF Testimony: _____ _____ _____ _____ _____ _____ _____
When were you spirit-filled? / BRIEF Testimony: _____ _____ _____ _____ _____ _____

Please list your SECULAR education history:

Institution/Program:	City:	State:
Year Completed:	Received: <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate <input type="checkbox"/> Degree	
Institution/Program:	City:	State:
Year Completed:	Received: <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate <input type="checkbox"/> Degree	
Institution/Program:	City:	State:
Year Completed:	Received: <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate <input type="checkbox"/> Degree	

Please list your **BIBLICAL** education history. Include significant training schools and seminars, correspondence, or satellite programs:

Institution/Program:	City:	State:
Year Completed:	Received: <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate <input type="checkbox"/> Degree	
Institution/Program:	City:	State:
Year Completed:	Received: <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate <input type="checkbox"/> Degree	
Institution/Program:	City:	State:
Year Completed:	Received: <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate <input type="checkbox"/> Degree	

Where do you Attend Church?	City:	State:
Pastor:	Phone: () -	Are you a Member? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you Tithing to your Church? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Member, how long?	

If more space is required to elaborate, please attach additional information to this form.

To what areas of ministry have you been called? _____ Briefly describe your call: _____ _____ _____ _____ _____	
If married, is your spouse in agreement with your call to the ministry? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, please explain: _____ _____	
Is he/she in the ministry also? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe: _____ _____	
Please list your ministerial experience, or area of service in your church:	How long?
1.	
2.	
3.	
4.	
Are you involved in ministry now? <input type="checkbox"/> Yes <input type="checkbox"/> No Where?	If YES, is it: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time In what capacity?

Briefly describe why you are applying to the missionary internship training program:

Briefly explain previous cross-cultural ministry experiences:

Before you sign this application, please read the following carefully. Your signature below acknowledges that:

- √ The information in this application is true, to the best of your knowledge;
- √ You will commit yourself to a lifestyle, consistent with the principles of God's Word;
- √ You will submit to the operating policies and ministry of Victory World Church;
- √ You will seek to be a good steward of the gift of ministry, which the Lord has placed within you by offering yourself as a faithful servant to Him;
- √ You will respect your fellow participants by the use of edifying words and the demonstration of the fruit of the spirit;
- √ You will diligently seek to glorify the Father in word and in deed.

Applicant Signature:

Date: / /

Return to: 5905 Brook Hollow Parkway, Norcross, GA 30071
Or FAX it to: 770.849.9500, ATTN: Missions Department

Please include a non-refundable \$20 application fee with this application made payable to Victory World Church.