

Freedom School of Ministry (FSM)

Application Form

Guide to Completing the Freedom Application

Thank you for applying to Freedom! May the Lord impart His wisdom and grace as you seek His direction. In order for us to process your application, we must receive all the following completed forms. If a question does not apply to you, write N/A in the blank. Husbands and wives enrolling as students must complete separate applications. Please make a copy for your spouse if applicable.

1) **Entry Application Form.** Please answer all questions and return the form along with the other items listed below.

2) **Personal History.** Please prayerfully and concisely answer the following questions on a separate sheet of paper (print or type) and attach it to your application form if you need more room. Your answers will be significant in the application process.

a) Please describe your conversion experience and present spiritual relationship with the Lord. (not more than one page)

b) What areas of your character are you presently seeking God to further develop and improve?

c) Please describe your spiritual and/or ministry goals, including missionary service goals.

d) Please describe your relationship with your local church, i.e. areas of ministry, service leadership experience, gifts and abilities.

e) Please describe your business, professional, missions, or other significant experiences.

f) Please describe your relationship with your family and how they feel about your plans to enroll in Freedom.

4) **Reference Forms.** After you sign each form and enter the course date, give one form to your pastor, one to an employer or teacher, and one to a friend. Ask them to complete the form and mail it directly to the FSM address. Please include a list of their names, addresses and telephone number with your application. We must receive at least two of these reference forms (Pastor's form must be one) before we can process your application.

5) **Health Form.** Please complete this form and return it directly to the FSM. These forms must also be submitted for children if accompanying you.

Important: All students are encouraged to apply early as course may fill up many weeks in advance. US citizens should apply no later than three weeks prior to the start of the school, and for non-US citizens, no later than two months, due to visa processing.

Send all forms to:

New Auburn Seventh Day Baptist Church, Freedom School of Ministry, 503 S East St, New Auburn, WI 54757

Phone: (715) 237-2616, E-mail: pastor@nasdbc.org

Freedom School of Ministry (FSM)

Application Form

Date of Application: _____
School applying for: _____ Fall _____ Spring Year _____
Mr./Mrs./Miss _____

Current Address:
Street/PO Box _____
City, State, Zip _____
Phone _____
Fax Number _____ E-mail address _____
Age _____ Birthday: Month _____ Day _____ Year _____
Sex: M ___ F ___
Birthplace (city and country) _____
Citizenship _____
Social Security Number (US) _____ - _____ - _____

Do you have a Passport: ___ Yes ___ No Visa: ___ Yes ___ No

Marital Status:
___ Single ___ Engaged ___ Divorced ___ Separated ___ Remarried
___ Widowed ___ Married Anniversary: Month ___ Day ___ Year ___

Spouse's name _____

Names of Children : _____

Will they be coming ? (Each will incur a cost) ___ Yes ___ No

Background Information

Does your pastor know you are sending this application? Yes ___ No ___

Is he/she in agreement with your plans? Yes ___ No ___

Pastor's Name _____

Church name _____

Street/PO Box Address _____

City, State, Zip _____

Church E-mail address _____

Denomination _____

How long have you attended the above church? _____

How long have you been a "born-again" Christian? _____

Previous ministry/missions experience (Please list when, where, program and leader) _____

What is your purpose in applying for the Freedom?

Occupation _____ Occupational Skills _____

Musical ability and other talents _____

Spiritual Gifts _____

Highest Educational Level Completed (date completed) _____

Languages (list in order of proficiency) _____

Financial Information

Do you have your complete school fees? Yes ___ No ___

If no, from what source will they come?

Do you have any outstanding debts? Yes ___ No ___

If yes, please explain. _____

I certify that all this information is complete and accurate.

Applicant's Signature _____ Date _____

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Release Form

Release of Liability:

I/We do hereby release New Auburn Seventh Day Baptist Church, its ministry outreaches (including Freedom), its staff, agents, and volunteer assistants from any liability whatsoever arising out of any injury, damage, or loss which may be sustained by said person(s) during the course of involvement with Freedom.

Applicant's Signature _____ Date ____/____/____

Acknowledgment of Financial Responsibility:

I understand that payment of the required school tuition fees must be made in US currency prior to or upon my arrival, unless otherwise approved in writing by the School Leadership before my departure for New Auburn. Further, I agree to meet in a timely manner, prior to the completion of school, all expenses incurred during my involvement with Freedom.

Applicant's Signature _____ Date ____/____/____

Consent for Treatment:

In case of emergency, I/We hereby agree to the performance of such treatment, including anesthesia and surgery, that the attending doctor or physician may deem necessary. I/We also accept full responsibility for expenses related to medical care.

Applicant's Signature _____ Date ____/____/____

Emergency Information:

In case of emergency, contact _____

Relationship _____ Phone Number _____

Specify any drugs you are allergic to _____

I have completed all portions of this application accurately for admission to the program for which I am applying. I have read the policies and if I am accepted by FSM, I will abide by the spirit, rules, and schedules of the program.

Applicant's Signature _____ Date ____/____/____

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Confidential Health Form

Name _____

School applying for: _____ Fall _____ Spring Year _____

Your Address: _____

Do you have medical insurance? ___ yes ___ no

If yes, name of Insurer _____ Policy Number _____

Personal History:

Height _____ Weight _____ Blood Type _____

Have you ever had, or do you have, any of the following?

___ Allergy: _____	___ Surgery: _____	___ Jaundice
___ Penicillin	___ Appendectomy	___ Hepatitis
___ Sulfonamides	___ Tonsillectomy	___ Kidney Disease
___ Serum	___ Hernia Repair	___ Gall bladder problems
___ Intestinal troubles	___ Broken bones	___ Recurrent diarrhea
___ Skin Conditions	___ Dislocation of joints	___ Shortness of breath
___ Eye trouble	___ Rheumatism/Arthritis	___ Ulcers
___ Ear trouble	___ Back problems	___ Mental/nervous disorder
___ Recurrent Headaches	___ Paralysis	___ Depression
___ Fainting spells	___ Head Injury	___ Insomnia
___ Epilepsy	___ Hay fever	___ asthma
___ Heart trouble	___ High Blood Pressure	___ Low Blood Pressure
___ Weakness	___ Venereal Disease	___ HIV
___ Diabetes	___ Cancer	___ Anxiety attacks

___ Other-specify _____

___ Other-specify _____

FEMALES ONLY

___ Irregular periods ___ Severe cramps ___ Hysterectomy

Are you pregnant? ___ Yes ___ No

Do you have any special dietary needs?

Are you now under doctor's care for any condition? ___ no ___ yes (specify)

Are you taking medication at this time? ___ no ___ yes (specify)

Do you have any handicaps? ___ no ___ yes (please describe)

Do you now or have you ever had any involvement with smoking, drugs, or alcohol abuse? If yes, please list which ones and the most recent dates of involvement. _____

Applicant's full name _____

Please attach a copy of your shot records.

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To the Physician:

The above named person has applied for service with Freedom. This is a Ministry Develop Training School in which there may be some strenuous physical exertion. Please answer the following questions regarding the applicant's health. Thank you for your time and honesty.

1. Would he/she be able to walk 3-4 miles per day? ___ yes ___ no
2. Would you consider the applicant to be in good health? ___ yes ___ no
3. Do you certify the applicant to be non-contagious? ___ yes ___ no

NOTE: Please use the space below to make additional comments regarding the applicant's health or special limitations affecting physical, mental, or emotional capabilities.

Comments/Concerns:

Doctor's signature or stamp _____

Doctor's full name printed _____ Date _____

Office Address:

Street/PO box _____

City, State, Zip _____

Phone # _____ email _____

FAX # _____

Thank you for your time and honesty. God bless you!

Freedom School of Ministry (FSM)

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Pastor's Reference Form (p.1)

To the Applicant: Please complete the information below and provide a stamped envelope addressed to FSM for the person completing the reference.

Name of Applicant _____
 School applying for: ___ Fall ___ Spring Year _____
 ___ Summer Mini-session _____

I, the above named applicant, WAIVE any right I have to read or obtain copies of this recommendation knowing that this waiver is NOT required as a condition for admission.

Applicant's signature _____ Date _____

The above applicant has applied for participation in Freedom, a ministry development training school emphasizing short-term mission opportunities. Its purposes include training, challenging and channeling Christians to fulfill Christ's command: "Go ye into all the world and preach the gospel to every creature." (Mark 16:15)

Serious consideration will be given to your comments; therefore, we ask that you complete this form carefully. Thank you for your assistance. Please check the following and comment where necessary.

	Superior	Above Avg.	Average	Below Avg.	Inferior
Initiative					
Social Adaptability					
Concern for others					
Ability to follow					
Leadership					
Judgment/Decision					
Making					
Emotional Stability					
Health					
Personal Appearance					
Comments:					

Please check the appropriate response.

Mental ability: ___ quick to comprehend ___ average ___ delayed
 Industrious: ___ hard worker ___ average ___ lazy
 Reliability: ___ outstanding ___ average ___ unreliable
 Cooperativeness: ___ flexible ___ average ___ rigid
 Flexibility: ___ open to change ___ average ___ unyielding
 Christian Character: ___ well-balanced ___ average ___ unstable
 Disposition: ___ cheerful ___ average ___ passive
 Punctuality: ___ punctual ___ average ___ often late
 Financial Responsibility: ___ honors obligations ___ average ___ neglectful
 Comments: _____

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1. How well do you know the applicant? ___ very well ___ well ___ casually
 2. In what situations have you observed the applicant?
___ at home ___ at work ___ in social activities ___ in church relationships
 3. How long has the applicant attended your church? _____
 4. In what activities has the applicant participated since attending your church? _____
 5. In your association with the applicant, what has been the level of commitment you have seen exemplified?
___ Faithful ___ Average ___ Inconsistent ___ other _____
Please give details: _____
 6. Were you aware of the applicant's intention to participate in this FSM program? ___ yes ___ no
 7. Does he/she display high moral standards? ___ yes ___ no
 8. Is he/she prejudiced in any way? ___ no ___ yes (please explain)

 9. With reference to his/her Christian service, do you consider the applicant to be: ___ dedicated ___ average ___ casual
 10. In your consideration, which of the following would best describe the applicant's Christian experience?
___ mature ___ contagious ___ genuine & growing ___ over emotional ___ superficial
Comments: _____
 11. Overall, what do you consider to be the applicant's strong points?

 12. Please comment on the applicant's family background (if known)

 13. In your opinion, what are the applicant's motives for applying to Freedom?

 14. What could Freedom do to aid in the applicant's personal development?

 15. Please add any other remarks concerning medical, psychological, drug/alcohol use or other areas of his/her life that we should know more about, to be of better service to him/her.

 16. Would you recommend the applicant for acceptance by Freedom?
___ yes ___ with some reservation (please explain) ___ no (please explain)

 17. Has the applicant proven on any occasion to be unreliable, dishonest, or of questionable character? ___ no ___ yes (please explain)

 18. Would your church be willing to support this applicant?
___ financially ___ prayerfully Comments: _____
I have known _____ for _____ years and believe that he/she possesses the qualities indicated above.
- Signed _____ Date _____
Name (please print) _____ Position: **Pastor**
Address _____
Phone _____ E-mail address _____

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Thank you for your time and honesty. God bless you!

Reference Form - Page 1

To the Applicant: Please complete the information below and provide a stamped envelope addressed to Registrar for the person completing the reference.

Name of Applicant: _____
 School applying for: _____ Fall _____ Spring Year _____

I, the above named applicant, WAIVE any right I have to read or obtain copies of this recommendation knowing that this waiver is NOT required as a condition for admission.

Applicant's signature _____ Date _____

The above applicant has applied for participation in Freedom, a ministry development training school emphasizing short-term mission opportunities. Its purposes include training, challenging and channeling Christians to fulfill Christ's command: "Go ye into all the world and preach the gospel to every creature." (Mark 16:15) **Serious consideration will be given to your comments; therefore, we ask that you complete this form carefully.** Thank you for your assistance.

Please check the following and comment where necessary.

	Superior	Above Avg.	Average	Below Avg.	Inferior
Initiative					
Social Adaptability					
Concern for others					
Ability to follow					
Leadership					
Judgment/Decision					
Making					
Emotional Stability					
Health					
Personal Appearance					
Comments					

Please check the appropriate response.

Mental ability: ___ quick to comprehend ___ average ___ delayed
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 Punctuality: ___ punctual ___ average ___ often late
 Financial Responsibility: ___ honors obligations ___ average ___ neglectful
 Comments: _____

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Reference Form - Page 2

1. What's your relationship to the applicant? employer teacher friend
2. How well do you know the applicant? very well well casually
3. In what situations have you observed the applicant? home work
 school social activities church ministries other: _____
4. Does he/she display high moral standards? yes no
5. Is he/she prejudiced in any way? no yes (please explain)

6. With reference to his/her Christian service, do you consider the applicant to be: dedicated average casual
7. In your consideration, which of the following would best describe the applicant's Christian experience?
 mature contagious genuine & growing over emotional superficial
Comments: _____
8. Overall, what do you consider to be the applicant's strong points?

9. Please comment on the applicant's family background (if known)

10. In your opinion, what are the applicant's motives for applying to Freedom?

11. What could Freedom do to aid in the applicant's personal development?

12. Please add any other remarks concerning medical, psychological, drug/alcohol use or other areas of his/her life that we should know more about, to be of better service to him/her.

13. Would you recommend the applicant for acceptance by Freedom?
 yes with some reservation (please explain) no (please explain)
14. Has the applicant proven on any occasion to be unreliable, dishonest, or of questionable character? no yes (please explain)

15. Would you be willing to support this applicant?
 financially prayerfully Comments: _____

I have known _____ for _____ years and believe that he/she possesses the qualities indicated above.

Signed _____ Date _____
Name (please print) _____
Relationship with Applicant: _____
Address _____
Phone # _____ E-mail address _____

Thank you for your time and honesty. God bless you!