

THE CENTER

APPLICATION PROCESS

ENTRANCE QUALIFICATIONS

APPLICATION

Our application process is designed to select those applicants who will thrive in The Center. Entrance will be determined by your application, references, an interview and prayer consideration.

APPLICATION CHECK LIST

- Application forms
- Essay
- Two Recommendations
- \$35 application fee
- Two recent (Different) photos (will not be returned)
- Pledge of Honor
- Background Check

COMPLETING THE APPLICATION

1. Please print legibly in ink. Make sure to complete each page of the application.
2. Enclose the \$35 non-refundable application fee payable to The Center.
3. Request two recommendation using the forms included in the application. One must be completed by a pastor, and one must be completed by someone who has known you for over 2 years (non-family). Recommendations are to be mailed directly to The Center.
4. Pledge of Honor must be signed.

SUBMITTING THE APPLICATION

The Center is a 10 month program from August to May. Applications must be received by August 10th.

TUITION

The cost of tuition is \$500 per year plus the cost of living and schooling through Global University. (See Global Application)

THE CENTER APPLICATION

PERSONAL INFORMATION

Name: (Last) _____ (First) _____ (Middle) _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-Mail _____

Age _____ Birthday _____

Marital Status: ___ Single ___ Engaged ___ Married ___ Divorced ___ Separated

FAMILY INFORMATION

Father/Guardian's Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

Mother/Guardian's Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

How does your family feel about you entering The Center? _____

What is your family environment? _____

HEALTH

Please describe your general health _____

Please describe any physical limitations, disabilities, or health issues you may have. _____

Do you have any medical illnesses (current and past)? _____

List any serious allergies. _____

Are you currently taking medication prescribed by a doctor? _____

If yes, please explain _____

CHURCH INFORMATION

Home Church _____

Church Mailing Address _____

Phone _____ Pastors Name _____

How long have you been attending this church? _____

PERSONAL SKILLS AND EXPERIENCE

Music/ Worship _____

Children's Ministry _____

Media/Audio/Television _____

Missions _____

Outreach _____

Administration _____

Computer Design/Graphic _____

Carpentry _____

Other _____

PERSONAL HISTORY/LIFESTYLE

Please answer the following questions accordingly. Any special concerns can be discussed with the director. If you answer yes to any of the following, please include an explanation on a separate piece of paper.

Have you been born again? ____ Yes ____ No If so, date or year:_____

Have you been baptized in water? ____ Yes ____ No If so, date or year:_____

Have you been filled with the Holy Spirit? ____ Yes ____ No If so, date or year:_____

Have you ever been convicted of a criminal offense (excluding minor traffic violations)? ____ Yes ____ No

Have you or do you use tobacco or drink alcohol? ____ Yes ____ No

Have you or do you use illegal drugs? ____ Yes ____ No

Have you ever gone through treatment for alcohol or drug abuse? ____ Yes ____ No

Have you been sexually active in the past 12 months? ____ Yes ____ No

Have you ever had sexual relations with any minor after you became an adult? ____ Yes ____ No

Have you ever been accused or convicted of any form of child abuse? ____ Yes ____ No

Are you willing to be fingerprinted for State Criminal Convictions Clearing? ____ Yes ____ No

Do you have life dependency issues (gambling, pornography, smoking, etc.)? ____ Yes ____ No

Are you currently struggling with any personal issue or problem of which we need to be made aware? ____ Yes ____ No

Have you ever been asked to leave a church for any reason? ____ Yes ____ No

PERSONAL EVALUATION

Please give an honest evaluation of yourself in the following areas. 1-10 (10 being the highest)

_____ Team Work _____ Obedience _____ Making New Friends

_____ Listening _____ Spiritual Maturity _____ Good Attitude

_____ Submission to Authority _____ Response to Correction _____ Punctuality

_____ Financial Discipline _____ Self-Confidence _____ Leadership Abilities

APPLICATION ESSAYS

Please answer these questions on a separate piece of paper.

Write your testimony of how you became a Christian?

How would you describe your spiritual journey now?

Why do you want to be involved in The Center?

What spiritual gifts do you feel you have, and how would you like to use them in ministry?

What are your strengths? What are your weaknesses?

THE CENTER
WHAT I BELIEVE

WHAT I BELIEVE:

YES NO UNSURE

- In the infallibility of the Scriptures?
- That there is one true God?
- In the virgin birth and deity of our Lord Jesus Christ?
- That all have sinned and are worthy of punishment?
- That Jesus is God's Son and the only acceptable sacrifice for our sin?
- That man must be born again to receive eternal life?
- In eternal reward for the believer? (Heaven)
- In eternal damnation for the lost? (Hell)
- That divine healing is available to all believers as a result of Christ's suffering and death on the cross?
- That involvement in ministry is a response to divine call and is God's will for all believers?
- That Jesus arose bodily from the dead and in the resurrection of all believers?
- In the in-filling of the Holy Spirit?
- That the Baptisms of the Holy Spirit and gifts of the Holy Spirit are still relevant today?
- That Christ is coming again? This is the time to rule and reign.

THE CENTER
REFERENCE

REFERENCE FORM:

Name of Applicant (last) _____ (first) _____

The person above is applying for admission to The Center for Ministry Training at Brownsville Assembly. Please keep this form confidential and mail it directly to The Center at 3100 W. DeSoto St. Pensacola, FL 32505 or fax it to us at 850-430-2101.

INFORMATION

Name _____

Phone Number _____

What relationship does the applicant have with you? _____

How well do you know the applicant? _____

PLEASE ANSWER THE FOLLOWING QUESTIONS

1. To your knowledge does the applicant:

Use Tobacco _____ Drink _____ Use Illegal Drugs _____

2. What do you consider to be the applicant's greatest strength? _____

3. Weakness? _____

Understanding that it is our desire that there be no conflict with parental or church authority, would you be supportive of these guidelines and standards? Yes ____ No ____

PLEASE RATE THE APPLIANT IN THE FOLLOWING AREAS:

On a scale of 1 to 5 (with 1 being low and 5 being high)

| | | |
|-------------------------|---------------------------|------------------------------|
| ____ Teamwork | ____ Personal Initiative | ____ Dependability |
| ____ Trustworthiness | ____ Attitude | ____ Pride in Work |
| ____ Commitment to Task | ____ Loyalty | ____ Spiritual Maturity |
| ____ Peer Relationships | ____ Emotional Maturity | ____ Conflict Resolution |
| ____ Punctuality | ____ Financial Discipline | ____ Submission to Authority |
| ____ Making New Friends | ____ Judgment | ____ Response to Correction |
| ____ Lifestyle Example | ____ Listening | ____ Self-Confidence |

Do you fully approve the applicant participating in The Center? Yes ____ No ____

Please describe and comments, reservations, or concerns: _____

THE CENTER
REFERENCE

RECOMMENDATION FORM: PASTORAL REFERENCE

Name of Applicant (Last) _____ (First) _____

The person above in applying for admission to The Center for Ministry Training at Brownsville Assembly. We respect the pastoral authority in student's lives, therefore, we request your cooperation in completing this form. Please keep this form confidential and mail it directly to The Center at 3100 W. DeSoto St. Pensacola, FL 32505 or fax it to us at 850-430-2101.

PASTORAL INFORMATION

Name _____
Church _____ Position _____
Address _____
City _____ State _____ Zip _____
Phone _____ E-mail _____

PLEASE ANSWER THE FOLLOWING QUESTIONS

Describe your relationship with the applicant _____

How long have you know the applicant _____

Does the applicant demonstrate Christ in his/her lifestyle? _____

What are the applicant's strong points? _____

What are the applicant's weaknesses? _____

Are you aware of any facts demonstrating that the applicant's ministry should be restricted?

Based on your knowledge of the applicant, which of the following best reflects your evaluation of the applicant's suitability for The Center? ___ Highly Recommended ___ Recommended ___ Neutral ___ Not Recommended

Describe the applicant's leadership ability: ___ Prefers to follow ___

Makes some effort to lead ___ Good Ability ___ Exception Ability

Do you fully approve the applicant participating in The Center? ___ Yes ___ No

Please describe and comments, reservations, or concerns: _____

Signature _____ **Date** _____

Plc

**THE CENTER
PLEDGE OF HONOR**

PLEDGE OF HONOR

As a Center student, you must comply with all aspects of the Pledge of Honor in order to remain eligible for The Center.

Intimacy

I pledge to grow in my relationship with God and make knowing Him my first priority.

Authority

I pledge to completely submit to the authority of The Center and Brownsville Assembly

Character

I pledge to act in ways which bring glory and honor to the Body of Christ.

Purity

I pledge to conduct myself morally, ethically and spiritually according to God’s work. I will abstain from all immoral and illegal acts including the use of alcoholic beverages, drugs, tobacco, and illicit sexual behavior.

Excellence

I pledge to behave with a spirit of excellence in my speech, appearance, conduct, and attitude.

Stewardship

I pledge to be a good steward in the area of finances, study, and time.

Faithfulness

I pledge to be faithful and prompt in my attendance to all prayer times, class times, and service times.

I _____ am fully convinced that it is God’s will for me to be enrolled in The Center for Ministry Training at Brownsville. I pledge that if I am admitted to The Center, I will conduct myself as a Christian and adhere to the guidelines. I have thoroughly considered the standards and commitment for The Center and am willing to apply myself to these requirements. I fully understand that I must comply with all aspects of the Pledge of Honor in order to remain eligible for The Center.

Signature _____ **Date** _____

THE CENTER
BACKGROUND CHECK

Brownsville Assembly of God

Volunteer Authorization for Release of Background Information

In connection with my application for volunteer service with **Brownsville Assembly of God** , I authorize **Brownsville Assembly of God** and, or, ACCUFAX Div., Southvest Inc., their agent, to solicit background information relative to my criminal record history. I understand that **Brownsville**

Assembly of God may conduct inquiries into my background that may include criminal records, motor vehicle records, personal references and other public record reports pertaining to me. When requested by an employer motor vehicle records or a driving history may be obtained. American Driving Records will provide motor vehicle records from the state of Louisiana.

I authorize without any reservation, any person, agency, or other entity contacted by Brownsville Assembly of God or ACCUFAX Div., Southvest Inc., their agent for purposes of obtaining background report information, to furnish the above-mentioned information.

I release **Brownsville Assembly of God**, their respective employees or ACCUFAX Div., Southvest Inc. their agent and employees and all persons, agencies and entities providing information or reports about me from any and all liability arising out of furnishing any such information or reports.

Requested by: 850-430-2100 **PLEASE PRINT INFORMATION BELOW**

FULL LEGAL NAME _____ DOB _____

OTHER NAMES USED _____ SS _____

DRIVERS LIC # _____ STATE ISSUED _____

Please note: If your address is a rural route, or post office box, we must have City & County where mail was delivered

Current Address _____ City _____ Co. _____ St. _____ Zip _____

How long at this address? (Months/Years) _____

Previous Address _____ City _____ Co. _____ St. _____ Zip _____

How long at this address? (Months/Years) _____

Previous Address _____ City _____ Co. _____ St. _____ Zip _____

How long at this address? (Months/Years) _____

SIGNATURE _____ **DATE** _____

LIST ALL CITY/STATES RESIDED AT SINCE AGE 18 AND HOW LONG IN EACH CITY/STATE: