



2006 – 2007 Academic Year

**Application process is as follows:**

1. This application package consists of three sections. **We require that you complete and return each section in one packet.**

**Section A**

- Application
- Photograph
- Medical History

**Section B**

- Life History

**Section C**

- Personal References
- Pastor Recommendation

**Section D**

- Passport and Visa requirements (Requirements will be sent upon application acceptance)

2. If you are enrolling in the first year program or individual trimester, please complete and submit the above four sections **no later than August 15, 2006**. Late applications may need to wait until the start of the following trimester. Please mail your application with a \$25.00 administration fee to:

**Kingdom School of Ministry  
Attn: Cliff Capehart  
27632 El Lazo  
Laguna Niguel, CA 92677**

3. Once we have received your application, we will review it and notify you of your acceptance within days of receiving your application.
4. Upon acceptance, a letter and packet will be mailed with details of the upcoming trimester dates and school information.
5. Please email our office at [cliff@vccgn.org](mailto:cliff@vccgn.org) if you have any questions during the application process. If you do not have an email account, please make every effort to establish one, as this is how we will correspond with you.

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## KSOM ADMINISTRATION

Mike Hudgins, Senior Pastor	cliff@vccgn.org
Cliff Capehart, Administrator	cliff@vccgn.org
Kent Larson, Director - Kingdom Heart	klarson@vccgn.org
Rick Adams, Director - Kingdom Community Life	cliff@vccgn.org
Mike Hudgins/Cathy Greer, Director's - Kingdom & the Nations	cgreer@vccgn.org

## FINANCIAL INFORMATION 2006-2007

### Course Options

KSOM offers two distinct programs to meet the needs of our community on a broader scale. One is our full-time program which is unique in itself, offering exciting group training; internships with pastoral staff or Christian owned and operated businesses, and international mission trips to 3 different countries. The mission trips will each be approximately 1 month long and during these trips you will have the incredible opportunity of learning, teaching, and ministering along side leaders/students from different cultural backgrounds. Tentative locations for the 2006-2007 academic calendars include Cambodia, Costa Rico, and Mozambique, Africa. This program is like no other and will be limited to the number of students able to participate.

Our second option is our part-time program which is perfect for individuals desiring to deepen their relationship with Jesus Christ but are unable to dedicate time to an internship or travel for long periods of time overseas. Our part-time students will be learning alongside our full-time students while classes are in session at the KSOM/VCC campus. You will participate in all local outreaches, Mexico ministry trips, and conferences and all guest speakers.

### Tuition for both Full-time and Part-time students is as follows:

#### **Full-Time Students**

(Includes all textbooks, conferences, city outreaches, overseas travel, food and lodging)..... \$5,900.00

\*\*\*Further details to follow\*\*\*

#### **Part-Time Students**

(Includes all textbooks, local and Mexico outreaches, conferences/guest speakers)..... \$2,500.00

#### **Expenses not covered by tuition**

Health insurance, overseas medical insurance, required vaccinations, incidental expenses, passports or visas, nor travel insurance.

#### **Scholarships**

The School of Ministry is a non-profit organization. Due to limited finances; applicants will need to submit a letter of request for scholarships in your application package for consideration.

## **Withdrawal/Refund Policy**

Any student who wishes to withdraw from KSOM must arrange an appointment with the Administrator to discuss the reason for withdrawal from the school. Refunds can not be given after the first month of beginning the academic year as these funds are used to cover the expenses of the guest speakers, travel expenses, and general costs the school has budgeted for the academic year.

## **POLICIES**

### **Expectations and Values:**

KSOM students are expected to maintain a high degree of personal integrity and conform to a Biblical standard for morality. Matthew 18:15-17 serves as a general guideline for matters of discipline. Because students are training for leadership, for whom a stricter judgment is reserved (James 3:1; 1 Tim. 5:20), students may be dismissed or temporarily suspended from their programs even when the final step of church discipline would not be appropriate.

Because KSOM students are among those who aspire to become leaders, self-discipline and self-maintenance are greatly encouraged and emphasized. Students should be responsible not only to conduct their public lives in a manner worthy of the Gospel, but should regularly cultivate a life with God in secret through personal spiritual disciplines and the sanctifying influence of the Holy Spirit.

### **Attendance:**

Students are expected to attend classes **regularly and punctually**. During the course of this program, the maximum number of absences permitted is *four* days. Exceptions to this policy will be made for extreme circumstances and emergencies only. If a student's absences total more than 4 days, he or she will not receive a Certificate of Completion, but may still attend classes. If a student knows they are going to be out of class prior to absence they are to clear it with the administrator. If a person is sick or an emergency comes up they are to contact the administrator by phone or email.

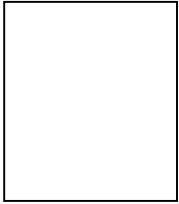
### **Discipline of Students:**

The KSOM environment of freedom requires a high level of self-management. Any student struggling to make wise choices will receive quick and direct confrontation. These encounters are designed to help students draw out the greatness within them. Our staff and pastoral teams are trained and empowered to apply strength and grace wherever our students may need it.

# Kingdom School of Ministry

## APPLICATION FORM

PLEASE PRINT OR TYPE ALL YOUR ANSWERS



Place one photo here (*Please enclose a second photo*)

Date of Application: M \_\_\_ D \_\_\_ Y \_\_\_\_

### Section A

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#### PERSONAL INFORMATION

Name: (Mr., Mrs., Miss.,) \_\_\_\_\_

Name, as you'd like it to appear on a name badge: \_\_\_\_\_

Country as you'd like it to appear on a name badge: \_\_\_\_\_

Telephone numbers:

Home# \_\_\_\_\_

Work# \_\_\_\_\_

Fax# \_\_\_\_\_

E-Mail \_\_\_\_\_

Current Address:

\_\_\_\_\_

\_\_\_\_\_

Permanent Address:

\_\_\_\_\_

\_\_\_\_\_

*(Please print as it would appear on a mailing label for your country)*

**Emergency Contact**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

**PLEASE READ FIRST**

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Welcome to the student application for the KSOM School of Ministry. Please carefully read and check the appropriate information.

<b>FULL-TIME PROGRAM</b> _____	Complete sections <b>A, B, C</b>
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<b>PART-TIME PROGRAM</b> _____	Complete sections <b>A, B, C</b>
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- Section A** Personal Information
  - Section B** Life History
  - Section C** References
  - Section D** Passport and Visa requirements
- 

How did you hear about this School?

<input type="checkbox"/> Friend	<input type="checkbox"/> Conference
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Webpage
<input type="checkbox"/> Other _____	

**Section A**

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**PERSONAL INFORMATION**

**Family Details**

**Birth date:** M \_\_\_ D \_\_\_ Y \_\_\_

**Age:** \_\_\_\_\_

**Sex:**  Male

Female

**Status:**  Single

Engaged

Married

Remarried

Divorced

Separated

Widowed

*(On a separate piece of paper, please give a brief history of the circumstances, including dates, if you have been separated, divorced, remarried, widowed or are engaged)*

**Spouse's name:** \_\_\_\_\_

**Birth date:** M \_\_\_ D \_\_\_ Y \_\_\_

**Age:** \_\_\_\_\_

**Nationality:** \_\_\_\_\_

**Birth place:** \_\_\_\_\_

**Date of Marriage:** \_\_\_\_\_ *(prospective date if engaged)*

**Names and ages of your children:**

\_\_\_\_\_

**Passport and/or Drivers License information**

Name on passport and/or Drivers License \_\_\_\_\_

Citizenship \_\_\_\_\_

City or Country where Passport and/or Drivers License was issued

\_\_\_\_\_

Passport/ Drivers License number \_\_\_\_\_

Date of issue M \_\_\_ D \_\_\_ Y \_\_\_

Expiration Date \_\_\_\_\_

Nationality \_\_\_\_\_

Birthplace \_\_\_\_\_

Do you have a criminal record?  Yes  No

*(This question is for immigration purposes only)*

**Health Insurance Numbers (This is recommended for all students and required for full-time students)**

Health Insurance # \_\_\_\_\_

Health Insurance Company \_\_\_\_\_

## Section A

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### HEALTH FORM

**TO THE APPLICANT:** This information will be treated confidentially and separately from your academic records.

Name \_\_\_\_\_

Social insurance / Security number \_\_\_\_\_

Citizen of \_\_\_\_\_

Medical insurance number \_\_\_\_\_

Please briefly explain your medical insurance coverage \_\_\_\_\_

\_\_\_\_\_

Medical coverage is **essential** if you come from a country other than United States. If you are accepted into the school and do not currently have medical insurance this **MUST** be arranged **BEFORE** arriving in the United States.

### PERSONAL HISTORY

**Please answer all the following questions.**

Have you ever had, or do you have, any of the following? If yes, please give the details on a separate sheet. Please tick as Yes in the following slots.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Skin condition        | <input type="checkbox"/> Heart trouble                       | <input type="checkbox"/> Jaundice                  |
| <input type="checkbox"/> Eye trouble           | <input type="checkbox"/> Hepatitis                           | <input type="checkbox"/> HIV                       |
| <input type="checkbox"/> High blood pressure   | <input type="checkbox"/> Head injury                         | <input type="checkbox"/> Low blood pressure        |
| <input type="checkbox"/> Intestinal problems   | <input type="checkbox"/> Arthritis                           | <input type="checkbox"/> Recurrent diarrhea        |
| <input type="checkbox"/> Recurrent headache    | <input type="checkbox"/> Back problems                       | <input type="checkbox"/> Diabetes                  |
| <input type="checkbox"/> Epilepsy              | <input type="checkbox"/> Kidney disease                      | <input type="checkbox"/> Fainting spells           |
| <input type="checkbox"/> Dislocation of joints | <input type="checkbox"/> Broken bones                        | <input type="checkbox"/> Mental / nervous disorder |
| <input type="checkbox"/> Anemia                | <input type="checkbox"/> Venereal disease                    | <input type="checkbox"/> Stomach / duodenal ulcer  |
| <input type="checkbox"/> Weakness              | <input type="checkbox"/> Tumor /cancer                       | <input type="checkbox"/> Gall bladder problems     |
| <input type="checkbox"/> Paralysis             | <input type="checkbox"/> Surgery                             | <input type="checkbox"/> Insomnia                  |
| <input type="checkbox"/> Appendectomy          | <input type="checkbox"/> Tonsillectomy                       | <input type="checkbox"/> Shortness of breath       |
| <input type="checkbox"/> Hay fever             | <input type="checkbox"/> Asthma                              | <input type="checkbox"/> Hernia repair             |
| <input type="checkbox"/> Ear Trouble           | <input type="checkbox"/> Allergies, including food allergies | <input type="checkbox"/> Other                     |

Are you at present under the care of a doctor for any condition?

If Yes, please specify:

Yes  No

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Are you taking any medication at this time?

If Yes, please specify:

Yes  No

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Are you allergic to any medications?

If Yes, please specify:

Yes  No

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Do you have a history of emotional instability or psychiatric treatment?

If Yes, please specify:

Yes  No

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Do you now, or have you ever, received compensation for disability from any source?

Yes  No

If Yes, please specify: \_\_\_\_\_

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Do you have any physical impairments, handicaps or health conditions which require special attention including food allergies?  Yes  No

If Yes, please describe: \_\_\_\_\_

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What is your blood type? \_\_\_\_\_

Are you under weight  Yes  No

Are you over weight  Yes  No If so, by how much? \_\_\_\_\_

How would you rate your health?

Excellent  Good  Fair  Poor

### **COMMUNICABLE DISEASES / FAMILY HISTORY**

Have you ever had any of the following?

- |  |   |                                       |
|--|---|---------------------------------------|
| <input type="checkbox"/> Measles (Rubella) | <input type="checkbox"/> Measles (German)           | <input type="checkbox"/> Chicken pox  |
| <input type="checkbox"/> Mumps             | <input type="checkbox"/> Pertussis (whooping cough) |                                       |
| <input type="checkbox"/> Scarlet fever     | <input type="checkbox"/> Tuberculosis               | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Epilepsy          | <input type="checkbox"/> Convulsions                |                                       |

**Section A**

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**RELEASES, ACKNOWLEDGMENTS AND COMMITMENTS**

Applicant Name: \_\_\_\_\_

**If applicant is under 18 years of age, a Parent or a Guardian must sign all portions of this form.**

Parent or Guardians Name: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Parent / Guardians Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Release of Liability**

I/We do hereby release The Kingdom School of Ministry, its staff agents and volunteer assistants from any liability whatsoever arising out of any injury, damage or loss sustained by said persons during the course of involvement with the Kingdom School of Ministry.

Applicant, Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Signature of parent or guardian, if applicant is under 18 years of age.*

**Consent For Treatment**

In case of emergency, I/ We hereby agree to the performance of such treatment, including anesthesia and surgery, or any other treatment that an attending doctor or physician may deem necessary. I/We agree to meet any and all medical expenses that are incurred during the course of involvement with Kingdom School of Ministry.

Applicant, Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Signature of parent or guardian, if applicant is under 18 years of age.*

**Financial Responsibility.**

I / We understand that the payment of the required school tuition fees must be made in US dollars and must be made on set dates. Furthermore, I agree to meet in a timely manner, prior to the completion of school, all personal expenses incurred during my involvement with the Kingdom of School Ministry. I/we understand that graduation from the School of Ministry is not granted until all outstanding payments have been received.

Applicant, Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(Signature of parent or guardian, if applicant is under 18 years of age).*

## Agreement to abide by School Guidelines & Structure.

If I am accepted, I \_\_\_\_\_ will abide by the rules, commitments and schedules of the school including:

1. All book reports, assignments, assessments and exams.
2. Arriving at all school functions and commitments on time.
3. Practical help around the school and church.
4. All training sessions, classes & workshops that are a designated part of my course of study.
5. Personal development of my gifting and talents as related to my course of study.
6. All ministry & outreach opportunities I am required to participate in.
7. I must meet and accomplish all Internship responsibilities and get a clearance from assigned leader.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Section B

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### LIFE HISTORY

**Please answer the following questions in a clear printing style or typed using your computer. Please do not write. Answer as completely as possible.**

**Spiritual growth**

- a. Outline your conversion and the events and steps leading up to that time.
- b. Describe your spiritual growth since that time. Comment on events or spiritual experiences in your life, which led to new levels of understanding and commitment. Include the character issues that God has dealt with in your life and what lessons they taught you.
- c. Comment on your devotional life. Include such issues as prayer, Bible reading, Bible study, worship, and devotions with spouse and family. Are you meeting your expectations for personal spiritual growth?

**Relationships and experience**

- d. Please describe your relationship with your local church. Comment on areas of ministry, service, leadership experience, gifts and abilities.
- e. Please take one full page each to describe your relationship with your mother and your father.
- f. Briefly describe your relationship with the rest of your family.
- g. How does your family feel about your intentions to attend the School of Ministry?
- h. What languages do you speak and how proficiently?

**Goals and expectations**

- i. Comment briefly on the circumstances that led up to your decision to apply for this school.
- j. What are your reasons for wanting to attend this school? Please include spiritual and ministry goals, missionary and church service goals, which you hope the school will help you fulfill.
- k. Briefly, what are your plans following the school?

☐ **God's work**

- l. How do you know that the Holy Spirit is working in your life?
- m. Have you ever experienced a miracle in your life? Please describe it.
- n. What do you think your spiritual gifts are? Do you have the opportunity to exercise these gifts in your local church body?

**We realize that the following questions are very personal. Please be assured that all answers are held in strict confidentiality and are not the basis of your acceptance to the school.**

Please answer in detail. One sentence is not sufficient, if necessary please use additional paper

1. Have you used any of the following substances? If so, please explain how recently, in what quantities and what ministry you have had to overcome any addictions:

a. alcoholic beverages,

b. tobacco,

c. "soft drugs" (e.g. marijuana)

d. "hard drugs" (cocaine, heroin, chemicals).

1. Have you ever had psychiatric treatment? If so, please describe the treatment received, dates, and any lingering difficulties.

2. Have you ever been involved in any of the following areas? If so, please explain the circumstances briefly, the time and length of involvement and what ministry you have had to overcome them:

a. the occult;

b. a cult or sect, (new age, eastern mysticism, naturalistic philosophies Mormonism, Jehovah's Witnesses, etc.);

c. heterosexual sin, including pornography and promiscuity;

d. homosexual activity;

e. compulsive behaviors, (shopping, eating, washing, scratching, etc.);

2. Do you have a history of abuse? Either verbal, physical, emotional or sexual.

I, the undersigned, hereby state that the information contained in this application is true and correct. I understand that if Kingdom School of Ministry is notified that any information contained in this application is false, it will be grounds for either denial of admission or immediate dismissal from Kingdom School of Ministry.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant, Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(Signature of parent or guardian, if applicant is under 18 years of age).*



**Section C**

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**REFERENCE FORMS**

**We require**

2 x Friend / Co-Worker references

1 x Pastor reference

*Your application will NOT be processed until we receive all your reference forms. Please ensure that all your referees complete and send them into our office as soon as possible.*

**References - Friend / Co-worker**

Please list the people to whom you gave your reference forms.

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_  
\_\_\_\_\_

**Phone** \_\_\_\_\_

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_  
\_\_\_\_\_

**Phone** \_\_\_\_\_

**Pastoral Reference**

Enclosed is a reference form and letter for you to give to your pastor. We want to invite his/her counsel and input with regards to your application.

Home Church \_\_\_\_\_

Denomination \_\_\_\_\_

Pastor's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

(You may have to ask your pastor.)  Yes  No

Is your Pastor in agreement with your plans?  Yes  No

How long have you attended this church? \_\_\_\_\_

What size is the church? \_\_\_\_\_

How would you describe your relationship with your pastor?

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# Kingdom School of Ministry

## FRIEND / CO-WORKER Reference Form

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**Name of Applicant** \_\_\_\_\_

The above applicant has applied to attend a leadership-training program with Kingdom School of Ministry.

We would appreciate it if you would supply the information requested on this form, in order to aid us in evaluating the applicant's suitability for admission.

**Your name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Occupation** \_\_\_\_\_

1) What is your relationship to the applicant, (leader, friend)?

\_\_\_\_\_

2) How many years have you known the applicant?

\_\_\_\_\_

3) What do you perceive to be the applicant's best qualities?

\_\_\_\_\_

\_\_\_\_\_

4) What do you perceive to be the applicant's greatest weakness (es)?

\_\_\_\_\_

\_\_\_\_\_

5) How do you think the School of Ministry will aid the applicant's development?

\_\_\_\_\_

\_\_\_\_\_

6) What ministry or spiritual gifts have you observed in operation in the applicant?

\_\_\_\_\_

\_\_\_\_\_

7) Have you any reservations about the applicant attending the School of Ministry?

\_\_\_\_\_

\_\_\_\_\_

8) Do you know of any incidents or examples in which the applicant compromised his or her Christian faith or moral integrity? If so, please explain, including how it was resolved.

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9) Please rate the applicant's ability to get along with his or her peers:

Outstanding       Excellent       Good       Fair       Poor

10) Please rate the applicant's ability to relate to authority:

Outstanding       Excellent       Good       Fair       Poor

11) Please rate the applicant's ability to relate to unbelievers:

Outstanding       Excellent       Good       Fair       Poor

12) Please rate the applicant's leadership skills:

Outstanding       Excellent       Good       Fair       Poor

13) Please rate the applicant's ability to overcome adversity:

Outstanding       Excellent       Good       Fair       Poor

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please direct all forms to:  
**KINGDOM SCHOOL OF MINISTRY**  
Attn: Cliff Capehart  
27632 El Lazo, Laguna Niguel, CA 92677  
(949-425-3787 ext. 141)

# Kingdom School of Ministry

## FRIEND / CO-WORKER Reference Form

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**Name of Applicant** \_\_\_\_\_

The above applicant has applied to attend a leadership-training program with the Kingdom School of Ministry Christian in one of the following tracks.

We would appreciate it if you would supply the information requested on this form, in order to aid us in evaluating the applicant's suitability for admission.

**Your name** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

**Phone** \_\_\_\_\_ **Occupation** \_\_\_\_\_

14) What is your relationship to the applicant, (leader, friend)?

\_\_\_\_\_

15) How many years have you known the applicant?

\_\_\_\_\_

16) What do you perceive to be the applicant's best qualities?

\_\_\_\_\_

\_\_\_\_\_

17) What do you perceive to be the applicant's greatest weakness (es)?

\_\_\_\_\_

\_\_\_\_\_

18) How do you think the School of Ministry will aid the applicant's development?

\_\_\_\_\_

\_\_\_\_\_

19) What ministry or spiritual gifts have you observed in operation in the applicant?

\_\_\_\_\_

\_\_\_\_\_

20) Have you any reservations about the applicant attending the School of Ministry?

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21) Do you know of any incidents or examples in which the applicant compromised his or her Christian faith or moral integrity? If so, please explain, including how it was resolved.

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22) Please rate the applicant's ability to get along with his or her peers:

- Outstanding       Excellent       Good       Fair       Poor

23) Please rate the applicant's ability to relate to authority:

- Outstanding       Excellent       Good       Fair       Poor

24) Please rate the applicant's ability to relate to unbelievers:

- Outstanding       Excellent       Good       Fair       Poor

25) Please rate the applicant's leadership skills:

- Outstanding       Excellent       Good       Fair       Poor

26) Please rate the applicant's ability to overcome adversity:

- Outstanding       Excellent       Good       Fair       Poor

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please direct all forms to:  
**KINGDOM SCHOOL OF MINISTRY**  
**Attn: Cliff Capehart**  
**27632 El Lazo, Laguna Niguel, CA 92677**  
**(949-425-3787 ext. 141)**

# Kingdom School of Ministry

## PASTOR'S Reference Form

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Name of Applicant \_\_\_\_\_

We would appreciate it if you would supply the information requested on this form, in order to aid us in evaluating the applicant's suitability for admission.

Pastor's Name \_\_\_\_\_

Home Church \_\_\_\_\_

Denomination \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

1) How long have you known the applicant? \_\_\_\_\_  Month(s)  Year(s)

2) What is your position in the church?  Pastor  Elder  Other \_\_\_\_\_

3) How well do you know the applicant?  Very well  Well  Casually

4) Were you aware of the applicant's intention to participate in this training program prior to receiving this form?  Yes  No  (comments) \_\_\_\_\_

5) Are you happy with his/her intentions?  
\_\_\_\_\_

6) In what activities has the applicant participated since attending your church?  
\_\_\_\_\_

7) Has he/she shown effectiveness in these activities?  
\_\_\_\_\_

8) Does the applicant tithe regularly to the church?

Yes  No  Unsure

9) Upon your observation, do you see the applicant as financially responsible?

Yes  No  Unsure

10) In your association with the applicant, what has been the level of commitment you have seen?

Faithful  Inconsistent  Other (comments)

11) This is an evaluation of the applicant's overall characteristics. *Please check one for each category.*

**Responsiveness to others**

- slow to sense how others feel
- unusually sensitive and understanding
- reasonably responsive
- understanding and thoughtful

**Physical Condition**

- excellent health
- average health
- frequently ill

**Intelligence**

- excellent intellectual capacity
- average mental ability
- learns and thinks slowly

**Relationships**

- sought out by others
- liked by others
- tolerated by others

**Christian experience**

- mild but genuine
- relatively superficial
- rich and growing
- over emotional

**Leadership Ability**

- leads naturally
- tries but lacks ability
- has some leadership promise
- makes no effort to lead

**Willingness to serve**

- eager to serve as needed
- co-operative when asked
- reluctant to serve

**Teamwork**

- works well with others
- reasonably cooperative
- insists on having own way

**Achievement**

- takes initiative
- meets average expectation
- starts but does not finish

**Ability to follow**

- appropriately submissive
- follows blindly
- cooperative
- resistant to direction

**How does the applicant usually react to trying situations?**

- withdraws
- gets discouraged
- gets angry
- meets constructively
- accepts patiently
- other (*explain*).....

**Evaluation of applicant's emotional maturity.**

- Outstandingly mature. Has a proven ability to operate under stress and pressure.
- More mature and emotionally stable than average.
- Possesses adequate emotional stability and maturity.
- Doubtful. Experience has shown that the applicant might not be able to handle trials.

*Additional Comments:* \_\_\_\_\_

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12) Please comment on areas of weakness you might be aware of.

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13) To your knowledge, has the applicant ever been arrested for any offense?

- Yes       No      (*f yes, please explain*)

14) Has the applicant proven on any occasion to be unreliable, dishonest, or of questionable character?

- Yes       No      (*f yes, please explain*)

15) To your knowledge, has the applicant been involved in any of these areas? Drug and alcohol abuse, homosexuality, extramarital or premarital sexual relationships, pornography, the occult, and compulsive behaviors.

- Yes       No      *If yes, on a separate sheet of paper, please comment briefly on what he/she has done to resolve the issue and find restoration.)*

- Please check here (If, you feel that you cannot answer this question in writing, we would be happy to speak with you personally. All answers are confidential.)

16) Please comment on the family background.

17) Overall, what do you consider to be the applicant's strong points? (Include special abilities)

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18) What changes have you noticed in the applicant's life during this current move of the Spirit?

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19) What could the Kingdom School of Ministry do to aid the applicant's development?

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20) Do you recommend this person for admission to this training program?

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To the best of my knowledge the above information is correct and I believe that he/she possesses the qualities indicated above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Thank you for your time and help with this application. Please send this confidential reference form directly to: Please direct all forms to:

**KINGDOM SCHOOL OF MINISTRY, 27632 El Lazo, Laguna Niguel, CA 92677.**

**For Questions contact Cliff Capehart at 949-425-3787 ext. 141.**