



Raising Up Missional Disciple Makers

APPLICATION

IMMERSED: *at Mission Creek Outreach Services*

P.O. Box 1066 | South Bend, WA 98586 | www.immersedtraining.org

360-875-6052 | email questions to chrisjdonavan@gmail.com

Date _____

I am applying for the next LIVE-IT (5 month) training program

I am applying for an upcoming INTENSIVE training program

Preferred Date: _____

Student Name (First) _____

(Last) _____ Age _____

Address _____

Telephone Number(s): _____

Email Address _____

Parent Name(s) if applicable _____

Address _____

Telephone Number(s): _____

Parent Email Address _____

Emergency contact information:

Name _____

Phone _____

Relationship To Student: _____

Level of education completed: High School | Some College | College degree

Adventist schools attended: _____

Student Questions:

Have you accepted Jesus Christ as your Personal Savior? _____

When were you baptized? _____

Why do you want to attend IMMERSED?

How would you describe your knowledge of the Bible?

What has been your experience with soul winning and disciple making?

What do you expect as outcomes with this training?

How do you plan to apply your training after completion?

Have you ever left the Adventist church for an extended period of time in your past? *If so, please explain.*

Have you used alcohol or illegal drugs in the last 2 yrs? *Please explain.*

What are your hobbies and interests?

- Will you have a vehicle? Y or N
- Will you need housing? Y or N
- Are you restricted from being around minor children? Y or N

Is there anything else you feel you would like to share?

PAYMENT

I am planning on providing the full donation

\$5000 now

\$2500 now, and the balance 1/2 way through the program

\$1000 now, and \$_____ a month for _____ months

I have *full* sponsorship from _____

I have *partial* sponsorship & will make the full monthly donation

I will still need help, & wish to discuss options to help with the cost

References you are asking to send in forms (*last page*):

Name of your pastor _____ (Phone) _____

Church where you attend: _____

Name (non family member) _____ (Phone) _____

Relationship to student: _____

Name (non family member) _____ (Phone) _____

Relationship to student: _____

NOTE THESE INSTRUCTIONS:

1) Please make *three copies* of the last page (below)

2) give *ONE to each of your references* (listed above).

3) Ask them to fill it out independently, and have them send it to us ASAP.

REFERENCE FORM FOR: *(name of applicant)* _____

is applying to participate in IMMERSED (a Bible worker training program at Mission Creek):

Reference Name _____ (Phone) _____

Name of Church you attend (or lead): _____

Can you recommend this person without reservation? Y or N

What is the reason for your recommendation?

If No- can you still recommend this person? Y or N *Please explain your reservations*

What type of character have you seen exhibited by this applicant?

What ministry positions has this person held? *Please share your observations.*

Would you consider this person a team player? Y or N

Would you consider them a good learner? Y or N

Is your church (or members) helping sponsor this applicant? Y or N

Are there any other things you would like to share about the applicant?

FINISHED? **PLEASE SEND TO:** Mission Creek Outreach Services % Chris Donovan

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