



*Raising Up Missional Disciple Makers*

# APPLICATION

**IMMERSED:** *at Mission Creek Outreach Services*

**P.O. Box 1066 | South Bend, WA 98586 | [www.immersedtraining.org](http://www.immersedtraining.org)**

**360-875-6052 | email questions to [chrisjdonavan@gmail.com](mailto:chrisjdonavan@gmail.com)**

**Date** \_\_\_\_\_

I am applying for the next training program - **Starting January 2023**

**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 school 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?

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How would you describe your knowledge of the Bible?

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

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What do you expect as outcomes with this training?

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How do you plan to apply your training after completion?

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

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

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What are your hobbies and interests?

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- 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?

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**PAYMENT**

\_\_\_ I am planning on providing the full donation

\_\_\_ \$6000 now

\_\_\_ \$3000 now, and the balance in 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 make the full donation

**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: Please make **three copies** of the last page (below), & give ONE to each of your references (listed above). Then ask them to fill it out independently, and 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?

\_\_\_\_\_

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

P.O. Box 1066 | South Bend, WA 98586 | 360-875-6052 | (email questions to [chrisjdonavan@gmail.com](mailto:chrisjdonavan@gmail.com))