

Kingdom Directive Application

Personal Information

Please type or print clearly, thank you

Full Name _____

Present Address _____

City _____ State _____ Zip _____

Phone Number _____

E-mail Address _____

Birth date _____ Age _____ Social Security Number _____

Marital Status _____ If married, numbers of years _____

Family Background

Name of Father or Guardian _____

Address _____

City _____ State _____ Zip _____

Christian? Yes No Occupation _____

Name of Mother or Guardian _____

Address _____

City _____ State _____ Zip _____

Christian? Yes No Occupation _____

Medical Background

How would you rate your health? Excellent Good Fair Poor

List any allergies _____

List any physical limitations _____

List any medication you are currently using _____

Have you ever used illegal drugs? Yes No If yes, date of last use _____

Have you ever smoked tobacco? Yes No If yes, date of last use _____

Have you ever drank alcoholic beverages? Yes No If yes, date of last use _____

Employment

Are you currently employed? Yes No

Present Employer _____

Position _____ Date Hired _____

Past Employer _____

Position _____ Date Hired _____

Reason for leaving: Laid Off Fired Quit Date _____

Financial Background

How do you plan to pay for your tuition? _____

Will you have the total amount by the required date? Yes No

If no, explain _____

Do you own your own vehicle? Yes No

Do you have health insurance (required upon entrance)? Yes No

Church Background

Name of home church _____ Denomination _____

Address _____

City _____ State _____ Zip _____

Phone Number _____

Name of senior pastor _____

Name of youth pastor _____

How long have you attended this church? _____

List the different ministries you are presently involved with _____

When did you accept Christ? _____

Where? _____

Have you ever been baptized in water? Yes No

Have you ever been baptized in the Spirit (not required)? Yes No

How do your parents/guardians feel about you coming to Kingdom Directive?

References

Please provide three nonfamily references. (Name, relation, and Phone)

1. _____

2. _____

3. _____

Some Questions

1. Which of the following areas of ministry do you enjoy or find that you have gifting?

Speaking	Dance	Children's Work	Teaching
Music	Evangelism	Youth Work	Computers
Counseling	Prayer	Secretarial	Worship
Administration	Electrical	Graphics	Art
Encourager	Plumbing	Video	Drama
Hospitality	Carpentry		
Other			

2. List your reasons for wanting to join KD:

3. What calling do you believe God has place upon your life (schooling, ministry, occupation, etc.)_____

4. Describe your involvement at your church (ministry, assistance, teaching, ushering, attendance, etc.)_____

5. How many years are you planning to participate in KD?_____

6. What are your plans after KD?_____

7. Please describe any conditions you have (or have had in the past two years) that affect your relationship, ability to study, or other areas of life (depression, anxiety attacks, attention deficit disorder, etc.)_____

8. Will it be difficult for you to respond to and respect the authority of KD and Christian Hills staff? Yes No, explain: _____

Some Information

1. Clothing: All students are required to have nice clothes for special events. Such as nice khaki or black pants, nice button-down shirt, and nice black or brown closed-toed shoes. Students are also required to have work clothes that you do not mind getting dirty. T-Shirt Size _____
2. When mailing your application, please include the following
 - a. Your personal testimony on a separate sheet of paper (3 page max, typed).
 - b. A recent photo of yourself (will not be returned)

All information provided in this Application is complete and accurate. I realize that supplying incomplete or false information in this Application, or during my interview with KD staff, may result in my failure to be accepted into KD, or may result in the dismissal from the program.

I consent to the sharing of information written on this Application, as well as the information I will share during my Application Interview, with the staff of KD and Christian Hills Church staff.

Applicant's Signature _____ Date _____

Application must be postmarked on or before **July 26, 2010**.
Please send you completed Application to:

Kingdom Directive
9001 W. 159th Street
Orland Park, IL 60487

