

LifeFORCE Teams International - General Student Application

I am applying for:

First Year Program

Veterans Program

LifeFORCE/Eston College
Degree Program

Canada Bootcamp:

Saskatoon, SK

Malta/North Africa

**Please Attach
Current Photo Here**

Please paper clip to
your application.
Do not use tape or glue

Please fill out the following application form completely, and send it to the LifeFORCE office with your non-refundable registration fee of \$75. This application must be completed by ALL applicants. Please PRINT clearly.

Personal Information

Last Name (as it appears on your Passport or other travel documentation) Middle First E-mail Address

Mailing Address City Province Postal Code

Phone Number(s) Fax Number

Gender: Male Female Date of Birth (dd/mm/yy)____/____/____

Do you have a driver's license? Yes No Province/State/Number _____

Family Information

Next of Kin Relationship

Mailing Address City Province Postal Code

Phone Number(s) Fax Number

Medical Information

Do you have any special dietary needs: Yes No

Do you have any prescribed medications? Yes No

Do you have any allergies? Yes No

If you have answered yes to any of the above, please describe each on a separate page.

Health Insurance #: _____

Doctor's Name: _____

Personal Information

Are you interested in being a part of music ministry while at bootcamp? Yes No

Music Evaluation: indicate level of experience by little, some or experienced.

Worship Leading: _____ Singing: _____

Guitar: _____ Piano: _____

Other: _____

Financial Information

Are you in debt? Yes No

Nature of debt/financial obligation: _____ Monthly Payment: _____

Personal History

*****Please answer the following questions carefully and truthfully. failure to do so, may result in your dismissal.***

Have you ever used alcohol or drugs? Yes No

If yes, when was the last time? Please explain: _____

Have you ever been involved with the occult or a cult? Yes No

If yes, when was the last time? Please explain: _____

Do you have a criminal record? Yes No

If yes, please explain: _____

Have you ever been involved in premarital sex or homosexuality/lesbianism? Yes No

If yes, please explain: _____

Have you ever struggled with an eating disorder? Yes No

If yes, for how long and when was the last occurrence?: _____

Are you presently involved in an exclusive relationship? Yes No If yes, how long? _____

Have you ever been involved with self harm, had a need for psychiatric care, or any other general health concerns?

Yes No If yes, please explain: _____

Church Information

If you have attended your present church for less than a year, please list the last church you attended regularly.

Church Name E-mail Address

Mailing Address City Province Postal Code

Phone Number(s) Fax Number

This is my PRESENT/PREVIOUS church (please circle one)

How long have you attended your present church?

Senior Pastor's/Leader's Name Home Phone Number

Address City Province Postal Code

Testimony

Please write your complete testimony out and send it on a separate page with your application form.

International Mission Application

Please fill in the additional information on the International Page when applying for an overseas team.

References

On the next page, please give us the name, complete address and telephone number of two references we can contact. These people should have known you for at least a year, and shouldn't be your pastor or a relative.

1. Name: _____
Address: _____
City: _____ Prov/State: _____ Postal/Zip Code: _____
Phone Number: _____

2. Name: _____
Address: _____
City: _____ Prov/State: _____ Postal/Zip Code: _____
Phone Number: _____

3. Please have your Senior Pastor or Youth Pastor write letters of recommendation that you can send in with your application or have them send it to us. If you do not have a youth pastor, please find an appropriate replacement to send a recommendation. Thankyou!

LifeFORCE Agreement Form

Specific Limitations: The purpose of LifeFORCE is to minister the gospel of Jesus Christ. LifeFORCE requires strict compliance with rules and regulations including rules concerning conduct, dress and Christian lifestyle. These will be explained to all applicants. Failure by team members, leaders, or staff to comply with LifeFORCE policy is grounds for dismissal, without refund or reimbursement.

I, _____ (Applicant's Name) have read the student manual and understand it's contents. I agree to abide by the conditions laid out in the manual. I also give LifeFORCE the right to use my picture, voice and/or testimony in any form of promotional or advertising materials. My enclosed signature (and that of my parent or legal guardian if under 18) signifies my approval of all limitations listed above.

Please have your parents or guardian (if you are still living at home), as well as your pastor sign below indicating that they have also read and understood the manual.

X _____ (Parent's or Guardian's signature)

X _____ (Pastor's signature)

Application Checklist

Before you mail your completed application, take a few moments to check and make sure that the following things have been included or requested:

- Completed application, including a copy of your testimony.
- \$75 dollars registration fee. (Non-Refundable)
- A recent photo of yourself.
- A letter of recommendation has been requested from your pastor or youth pastor.

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| <p>Mail to: LifeFORCE Teams International #8 - 3530 11A Street NE, Calgary, AB T2E 6M7 Voice - 403.717.4255 / Fax - 403.717.0709 / Toll-free - 877.391.4255 E-mail - office@lifeforceteams.com Website - www.lifeforceteams.com</p> |
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LifeFORCE Teams International - Supplementary Form

For International Students Only

To be filled out by those students applying for OVERSEAS missions.

Please note that teams are subject to change depending on the number of students interested and secure itineraries. You may not get your first or second choice.

1. Applying for Mission to: _____
1st choice

2nd choice

3rd choice

2. Do you have a valid passport? Yes No

If yes, Passport # _____ Canada _____ Expiry date: _____

3. We need proof of travel health insurance in order for you to travel, do you have health insurance for overseas travel?

Yes No

If yes, Policy #: _____

Company Name: _____

4. Please provide the following information for all ministry involvement, (i.e. Mustard Seed, church, short term mission locally or overseas, etc.). We want to understand your previous ministry experience.

*if more space is required please include additional information on a separate sheet.

I. Date: _____ Place: _____

Position or description of your role: _____

Responsibilities/Activities: _____

II. Date: _____ Place: _____

Position or description of your role: _____

Responsibilities/Activities: _____

III. Date: _____ Place: _____

Position or description of your role: _____

Responsibilities/Activities: _____

5. The following questions particularly pertain to overseas ministry because in undeveloped countries, Christians often expect an international team to minister musically to whatever degree they are able.

Do you have any musical ability?

Vocal: _____ Instrument: _____

Have you ever ministered individually or in a group with this ability? Yes No

If not, are you willing to? Yes No

If not willing, please explain:

6. I am aware that immunization shots/pills may be required and that LifeFORCE does not cover this cost. I am also aware that I am responsible to obtain adequate personal health insurance prior to leaving for my mission.

Signature: _____ Date: _____

LifeFORCE leadership will inform you if shots or pills are required for the location you have applied for.

7. If you are 17 or under at the time of the mission a notarized letter from your parents is required for you to travel with LifeFORCE Teams International. LifeFORCE will provide the information needed for the notarized letter including the contacts for the country being visited. Please talk to us before having the letter notarized. Please see the sample below:

Parent's Name:

Address:

City:

Country:

Date:

To whom it may concern,

This letter is to authorize a request for you to issue a visa for our son/daughter, (insert name). She/he will be visiting (insert country) under the care of (insert LifeFORCE contact name and address).

Thank you for your cooperation in processing this request as quickly as possible.

Sincerely,

(Parent's Signature)

Commissioner of Oaths

For the province of (AB, SK, etc)

(Expiry date)