

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.

<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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