



## Guide to Completing Application

### Instructions:

1. All information given in this application is confidential and will only be read by staff and those directly involved in the interview process.
2. Your answers to sensitive areas of your past do not necessarily disqualify you from the school. Our interest is to see that progress is being made in all areas of your life and that you are ready to enter this next step in your development. If there are any questions on the medical, psychological, and/or moral areas of this application that you would prefer to discuss in person during the interview process, please inform us upon submitting your application.
3. Please answer all questions completely and legibly. Use the application form and attach additional sheets as necessary to the end of the application.
4. All applications should be turned in to the All Nations office by the designated date listed below. Late applications will be considered by individual case.
5. Please be sure to give your three references plenty of time to complete their sheets by the appropriate date. Please provide each of your references with a stamped envelope addressed to the address below.
6. Please attach a passport-size photo to your application (it doesn't have to be an actual passport photo. You may also cut a larger picture to that size, as long as it clearly shows your face).
7. Please include a check in the amount of \$25 made out to All Nations, a non-refundable application fee.
8. After your application and references are received, you will be contacted about interview times. Interviews will typically last 45-60 minutes.

Return to: **All Nations - CPx**  
P.O. Box 55  
Grandview, MO 64030

Your returned application should contain the following items:

- Application forms
- Photo attached to application
- \$25 non-refundable application fee
- Recommendations

**School starting date:** September 17, 2007

**Application deadline:** July 1, 2007



## CPx Application

Date of Application:

Application Fee Enclosed: \$25.00

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### Personal Information

Full legal name:

Preferred name:

Current Address:

Street:

City:

State/Province:

Postal Code:

Country:

E-mail:

Birth date:

Phone: (home)

(work):

mobile:

Place of Employment:

Gender: -

Insert  
Picture  
Here

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### Family Information

Marital Status: (Complete all that apply)

Single

Are you currently dating anyone? -

If so, who?

Engaged

Fiancé(é)'s name and birth date:

Will your fiancé(é) be applying for the school? -

Date of wedding:

Married

Spouse's name and birth date:

Will your spouse be attending the school? -

Divorced

Number of divorce(s) and date(s) of divorce:

Widow(er)

Date of spouse's death:

Child(ren)'s Names:

Birth date:

Birth date:

Birth date:

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### Passport Information

Country of Citizenship:

Passport #:

Name as listed on passport:

City/Country of Issue:

Expiration Date:

Have you ever been refused a visa? -

If so, explain and give circumstances:



**Emergency Information**

In case of emergency, contact:

Relationship:

Address:

Home Phone:

Work Phone:

**Consent for Treatment**

In case of emergency, I/we hereby agree to the performance of such treatment, including anesthesia and surgery, as the attending doctor or physician may seem necessary.

**Applicant's Signature:** \_\_\_\_\_

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

**Signature of Parent or Guardian (if applicant is under 18):** \_\_\_\_\_

Relationship:

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

**Skills**

Work Experience:

Time Period:

Work Experience:

Time Period:

Work Experience:

Time Period:

**Work Skills**

- Carpentry/Construction
- Computers
- Child Care
- Kitchen
- Gardening
- Handyman
- Hospitality
- Housekeeping
- Building Maintenance
- Vehicle Maintenance
- Desktop Publishing/Graphic Design

**Ministry Abilities**

- Children's Programs
- Dance
- Drama
- Evangelism
- Health Care
- Music (Vocal)
- Music (list instrument)
- Public Speaking
- Puppetry

**Other Skills**

- 
- 
- 
- 
- 
- 
- 
- 
- 

**Christian Experience**

At what age did you become a Christian?

What is your religious background?

How did you hear about this course?

Please give us your testimony of how you accepted Christ and the major stages of your history with God. (This form will let you fill in as much as you want, but we recommend you limit yourself to one or two pages at most.)

Please describe your present walk with God, including your personal discipleship, gifts, and passions. (one paragraph)

Describe your present relationship with your local church. How have you served in your church? (one paragraph)

How would you describe your relationship with your family? How do they feel about your involvement with CPx? (one paragraph)

Have you ever been involved in the occult, new age practices, or a cult (Mormons, Jehovah's Witnesses, etc? -  
If yes, please explain (one paragraph):

Have you been baptized? -

Date:

What are your views and understanding of the power and gifts of the Holy Spirit? (one paragraph)

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### Leadership Experience

Check the boxes that describe your current leadership responsibility:

- I have never been involved in leading a small group.
- I am not currently in small group leadership. The last position I held was
- I am currently in the following leadership role in the church
- I have held other leadership positions in the church
  
- I have had leadership roles outside of the church

Please describe your work experience.

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## Personal Health History

Please answer all questions Yes or No. Comment on all positive answers in the space below or on a separate piece of paper.

- |                            |                         |                             |                      |
|----------------------------|-------------------------|-----------------------------|----------------------|
| - Skin Conditions          | - Heart Trouble         | - Kidney Disease            | <b>Females Only:</b> |
| - Eye Trouble              | - High Blood Pressure   | - Anemia                    | - Irregular Periods  |
| - Ear Trouble              | - Low Blood Pressure    | - Cancer (specify)          | - Severe Cramps      |
| - Head Injury              | - Rheumatism/Arthritis  | - Eating Disorder (specify) | - Excessive Flow     |
| - Recurrent Headaches      | - Back Problems         | - Allergies (specify)       | - Are you pregnant?  |
| - Epilepsy                 | - Dislocation of joints | - Diabetes                  |                      |
| - Fainting Spells          | - Broken bones          | - Special diet (specify)    |                      |
| - Mental/Nervous Disorders | - Ulcer (specify)       | - STDs (specify)            |                      |
| - Weakness                 | - Gall bladder problems |                             |                      |
| - Paralysis                | - Surgery (specify)     |                             |                      |
| - Insomnia                 | - Jaundice              |                             |                      |
| - Shortness of breath      | - Hepatitis             |                             |                      |
| - Hay fever, asthma        | - Recurrent diarrhea    |                             |                      |

Other illnesses or conditions:

Comment on any positive answers:

Are you presently under a doctor's care for any reason? - If yes, specify:

Are you taking any medication at this time? - If yes, specify:

Are you allergic to any drugs? - If yes, specify:

Do you have any other allergies? - If yes, specify:

Do you have a history of emotional instability or psychiatric treatment? - If yes, specify:

Do you now or have you ever received any compensation for disability from any source? - If yes, specify:

Do you have any physical impairments, handicaps, or health conditions which require special attention? -

If yes, specify:

**Communicable Diseases** – Have you ever had any of the following?

- |                 |                     |
|-----------------|---------------------|
| - Chicken Pox   | - Tuberculosis      |
| - Scarlet Fever | - Measles (specify) |
| - Mumps         | - Other (specify)   |

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## Confidential Medical and Psychological Information

Your answers to sensitive areas of your past do not necessarily disqualify you from CPx. Our interest is to see that progress is being made in all areas of your life and that you are ready to enter this next step in your development. If there are any questions on the medical, psychological, and/or moral areas of this application that you would prefer to discuss in person during the interview process, please inform us upon submitting your application. (These sections give you unlimited space for explanation should they be necessary. In your explanations, include any benefit you received from any counseling or professional help.)

Height:      **Feet/Inches**                      Weight:      **Pounds**

How many days were you absent from work (or school) due to illness last year?

Will you have medical insurance during CPx? -

Have you used any narcotics, hallucinogens or drugs not prescribed by a physician in the past five years? -

If so, what kind and when?

Do you presently drink alcoholic beverages? -      If so, how frequently?

Have you been treated for a drug or alcohol problem in the last five years? -      If yes, please explain:

How often do you experience strong anxiety and under what conditions?

Have you had any prolonged problems with depression or mood swings in the past five years? -

If yes, please explain:

Have you struggled with an eating disorder (anorexia, bulimia or overeating) in the past five years? -

If yes, please explain:

Have you seen a professional counselor in the past five years for any reason other than career or premarital counseling? -

If yes, please explain:

Have you consulted a psychiatrist or psychologist concerning a mental or emotional condition in the past five years? -

If yes, please explain:

Have you ever been physically or sexually abused or raped? - If yes, when?  
If yes, please explain:

Have you ever been convicted of a crime or felony? - If yes, please explain:

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## Confidential Morals Information

The Bible makes it clear that we should avoid sexual immorality (1 Thes. 4:3-6). Though God's forgiveness is full and complete, there is a distinction between forgiveness for sins and necessary, biblical suitability for spiritual leadership. 1 Timothy 3 outlines qualifications necessary for those who desire to be spiritual leaders. Those qualifications include being above reproach and having a good reputation. In light of this, CPx is highly concerned about the area of moral purity for course participants. It is critical that everyone exhibit strong convictions and a lifestyle consistent with biblical standards. A past problem in this area does not necessarily disqualify you, provided: (1) it can be determined that convictions are strong and consistent with Scripture and (2) a sufficient time tested track of victory has been established. The information that you share with us will be treated confidentially and will be seen only by those directly involved with your application decision. If there are any questions on the medical, psychological, and/or moral areas of this application that you would prefer to discuss in person during the interview process, please inform us upon submitting your application.

What are your convictions regarding pre-marital and extra-marital physical involvement? (e.g. petting and sexual involvement)

Have you set guidelines for yourself in the physical area to ensure minimal temptation? -

If so, what are they?

Have you had a relationship in the past five years with a member of the opposite sex that would not be considered above reproach? (i.e. petting, sexual intercourse, extra-marital involvement) -

If so, when was the last occurrence of involvement in this relationship?

What was the extent of the physical involvement? (be specific)

**Singles:** Have you dated other people since the last occurrence? -

If so, what has been your involvement with them?

**Married:** How has this affected your relationship with your spouse?

Are you currently having any struggles in this area? (i.e. temptation, fantasy, pornography, difficulty applying your guidelines/convictions, etc.) -

If yes, please explain:

**Females:** Have you ever had an unmarried pregnancy or abortion? -

**Males:** Have you ever been responsible for a girlfriend's unmarried pregnancy or abortion? -

If yes, when?

If yes, please explain:

Have you had any type of homosexual relationship in the last five years? -

If yes, when was the last occurrence of involvement in this relationship?

If yes, what was the extent of the physical involvement? (be specific)

How does this affect your current relationships with the same sex?

Do you have any additional comments or clarifications about anything on this application?

I have completed all portions of this application accurately for admission to the Church Planting Experience. I have also read the policies and, if I am accepted by CPx, I will abide by the spirit, guidelines, and schedules of the program.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Return to: All Nations – CPx  
P.O. Box 55  
Grandview, MO 64030

The application can be returned via e-mail with digital signatures if you are outside the US. State in the body of the e-mail that you are asking for your digital signature to be accepted. Those in the US should print, mail, and sign the form. Upon arrival, we will e-mail you to let you know we received it. If you do not receive such an e-mail check with us to make sure that your application did not get lost in the mail.

E-mail questions or applications to: [parlund@allnations.us](mailto:parlund@allnations.us)

Questions can be directed to Dr. Pam Arlund at: (816) 256-1970 or (816) 216-1353