



E Q U I P

# APPLICATION FOR ADMISSION

## BIOGRAPHICAL INFORMATION (Please type or print clearly)

Full name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_

Date of birth (DD-MM-YYYY) \_\_\_\_\_ Place of birth (city, country) \_\_\_\_\_

Sex \_\_\_\_\_ Citizenship \_\_\_\_\_

Address (street name and house number) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP / Post code \_\_\_\_\_ Country \_\_\_\_\_

Phone number(s) \_\_\_\_\_

Email address \_\_\_\_\_

Marital status     Married                       Single                       Divorced                       Widowed

Spouse's name (if applicable): \_\_\_\_\_

Children's names and ages (if applicable): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you first hear about "EQUIP" – School of Theology and Discipleship?  
\_\_\_\_\_  
\_\_\_\_\_

## EDUCATION

Please indicate the highest level of education that you have completed.

- High School
- 2 Year College
- 4 Year University/College
- Graduate School

Please Indicate if you received a diploma/degree:  Yes  No

Please Indicate your Major/Discipline: \_\_\_\_\_

Please list the name and years attended as well as the location of the institution from which you received your diploma/degree.

Institution: \_\_\_\_\_ Location: \_\_\_\_\_

Institution: \_\_\_\_\_ Location: \_\_\_\_\_

Institution: \_\_\_\_\_ Location: \_\_\_\_\_

Institution: \_\_\_\_\_ Location: \_\_\_\_\_

Institution: \_\_\_\_\_ Location: \_\_\_\_\_

## APPLICATION CHECKLIST

Have you...

- completely filled out the application in the manner requested?
- given your reference forms to the necessary people?
- enclosed two official passport size photos of yourself?
- signed and dated this application?
- filled out the Written Test to be enclosed with your application form?

EQUIP does not discriminate on the basis of race, sex, ethnic background, native language, nationality or physical disability. All information is handled in compliance with regulations for the protection of personal data (Act LXIII. of 1992).

Please mail application to:

**“EQUIP” – Metro Calvary  
1600 E. Roseville Pkwy., Suite 100  
Roseville, CA. 95661  
Office: (916) 774-9673**

**MEDICAL INFORMATION** (Use a separate sheet of paper if necessary.)

Are you in good health?  Yes  No When was your last complete physical examination?

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Do you have any physical handicaps?  Yes  No (if yes, please explain)

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List any major illnesses you have had

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Do you have any communicable diseases?  Yes  No (if yes, please explain)

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Are you presently on medication or under a physician's care?  Yes  No (if yes, please explain)

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Have you been or are you presently under psychiatric or psychological care, or been in counseling or psychotherapy?  Yes  No (if yes, please explain)

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Have you ever been admitted to a substance abuse treatment facility for any reason?  Yes  No (if yes, please explain)

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**PERSONAL INFORMATION** (This information, as with all of the application, will be held in strict confidence.)

Are you a current smoker?  Yes  No (if yes, please explain)

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Do you currently drink alcoholic beverages?  Yes  No (if yes, please explain)

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Have you ever or do you currently use any illegal drugs?  Yes  No (if yes, please explain)

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Have you ever been formally charged for a crime?  Yes  No (if yes, please explain)

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Do you have any personal history of violence or abuse towards others, or of sexual immorality?

Yes  No (if yes, please explain)

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Does your life currently conform to Biblical standards of morality?  Yes  No (if not, please explain)

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Is there any habitual sin that affects your walk with God?  Yes  No (if yes, please explain)

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Are you currently involved in any problematic interpersonal relationships?  Yes  No (if yes, please explain)

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Have you ever been involved in any non-Christian cult or occult activities?  Yes  No (if yes, please explain)

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**For emergency purposes we need the name, address and contact information of a parent, or your nearest living relative:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relation \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

**Christian Influences** Please list the three Christian preachers/teachers/authors that have influenced your life the most and please provide a short explanation why.

Name \_\_\_\_\_

Why

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Name \_\_\_\_\_

Why

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Name \_\_\_\_\_

Why

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- **Please list the three Christian books (other than the Bible) that have influenced your life the most and please provide a short explanation why.**

Author \_\_\_\_\_ Title \_\_\_\_\_

Why \_\_\_\_\_

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Author \_\_\_\_\_ Title \_\_\_\_\_

Why \_\_\_\_\_

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Author \_\_\_\_\_ Title \_\_\_\_\_

Why \_\_\_\_\_

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## APPLICATION WRITTEN TEST

### STATEMENT OF FAITH

- On a separate sheet of paper, please write a brief but concise statement of your belief regarding the following:
  - The Bible
  - God
  - Jesus Christ
  - Holy Spirit
  - Sin
  - Salvation
  - Baptism with the Holy Spirit
  - Eschatology (End Time Events)
  - The Rapture
  - Eternal Security

### REFERENCES

Please have three persons fill out and return the enclosed reference forms.

- One should be from your pastor or another leader in your church.
- The other two should be from persons who have known you well for at least one year.
- References should not be filled out by persons related to you by blood or marriage.
- If all three references are not received your application will not be considered.

### PERSONAL PROFILE SKETCH (Please use a separate sheet of paper.)

- How would you describe your personality, and your relationships with others?
- What do you consider your personal strengths and weaknesses, and your spiritual gifts? Please list and describe.
- What are your talents, hobbies and interests?
- Indicate any foreign languages you speak and degree of fluency, as well as any travel or ministry in a foreign country.
- Have you ever served abroad? If yes, please provide further details.

## **SPIRITUAL LIFE PROFILE**

- Where do you currently attend Church? How long have you been a part of this fellowship? How often do you go to church?
- Please describe in detail your testimony of how you became a Christian or your born again experience.
- What is your current church involvement?
- Why do you desire to attend EQUIP School of Theology and Discipleship, and how do you see it enhancing your present spiritual life and future ministry plans?
- Do you personally feel called to full time ministry (serving, pastoring, missions)? Describe this calling (ie: what makes you say this?).

## **SPIRITUAL CHRISTIAN MINISTRY**

- Each semester every student participates in Spiritual Christian ministry.
- The focus of this course is to enable students to serve the Spiritual needs of the Body of Christ. Each student will in some way be a part of Spiritual Ministry, either by hosting/leading a Community Group or participating in or establishing a ministry here in the local body or to the community itself.

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Signature

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Date