



Attach a recent photo of yourself here

1. Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Birth Date: ____/____/____ age: _____

If you are under the age of 25, please fill out information concerning parents/guardians.

2. Father or Guardian: _____ [] living [] deceased

Address: _____ phone: _____

City: _____ State: _____ Zip: _____

3. Mother or Guardian: _____ [] living [] deceased

Address: _____ phone: _____

City: _____ State: _____ Zip: _____

4. Your Martial Status: [] Single [] Married [] Seperated/Divorced

Personal Testimony

5. Please share your testimony, including the highs and lows of your life. Your testimony should be one or two pages, typed on a separate paper and stapled to the application. **Your application will not be processed without your testimony.**

6. Tell us about your family (parents married, separated, divorced, deceased; siblings, who are you closest to and why, who are you most like).

7. How does your family feel about you becoming an apprentice?



Educational / Occupational Background

8. Please list high school and institutions of higher education that you have attended.

Name	City, State	Dates Attended	Diploma/Degree Earned
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9. Please list up to three previous places of employment.

Employer: _____ City/State: _____ Dates: _____

Phone: _____ Supervisor's Name: _____

Employer: _____ City/State: _____ Dates: _____

Phone: _____ Supervisor's Name: _____

Employer: _____ City/State: _____ Dates: _____

Phone: _____ Supervisor's Name: _____

10. Do you have a criminal record? [] no [] yes If yes, please include details on a separate sheet.

11. Please list any special trades or skills in which you have been trained.

12. Please assess your skills in the following areas:

	<i>Inexperienced</i>	<i>Minimal</i>	<i>Intermediate</i>	<i>Advanced</i>
Carpentry	[]	[]	[]	[]
Construction.....	[]	[]	[]	[]
Landscaping.....	[]	[]	[]	[]
Cooking/Food Prep	[]	[]	[]	[]
Janitorial/Cleaning	[]	[]	[]	[]
Childcare	[]	[]	[]	[]
Children's Ministry	[]	[]	[]	[]
Youth Ministry	[]	[]	[]	[]
Administration	[]	[]	[]	[]
Media	[]	[]	[]	[]



Any comments on any of the above: _____

13. Lists some of your hobbies and interests or additional skills:

Ministry Experience

14. Are you currently in a local church? [] yes [] no *if no, please explain.*

15. Details of church background: *(please current church as well as any past churches. Also include name, denomination, dates of attendance, and types of involvement)*

16. What would you consider to be your gifts and talents (spiritual and natural)?

17. What would you consider to be your weaknesses?



18. Please assess yourself in the following areas:

	<i>Uncertain</i>	<i>Weak</i>	<i>Fair</i>	<i>Good</i>	<i>Very Good</i>	<i>Outstanding</i>
Spiritual Maturity	[]	[]	[]	[]	[]	[]
Devotion to Christ	[]	[]	[]	[]	[]	[]
Integrity and honesty	[]	[]	[]	[]	[]	[]
Openness to correction	[]	[]	[]	[]	[]	[]
Self-discipline	[]	[]	[]	[]	[]	[]
Willingness to serve	[]	[]	[]	[]	[]	[]
Ability to work with others	[]	[]	[]	[]	[]	[]
Communication Skills	[]	[]	[]	[]	[]	[]
Courtesy	[]	[]	[]	[]	[]	[]
Leadership Skills	[]	[]	[]	[]	[]	[]
Reliability	[]	[]	[]	[]	[]	[]
Teachability	[]	[]	[]	[]	[]	[]
Emotional Stability	[]	[]	[]	[]	[]	[]
Physical Health	[]	[]	[]	[]	[]	[]
Family Life	[]	[]	[]	[]	[]	[]

Comments on any of the above areas:

Internship Specifics

19. Describe what aspect of ministry you are most interested in?

20. The apprenticeship consists of a 30 to 40 hour weekly schedule. This does not include outside work or special functions. Do you foresee any difficulties with this type of schedule?

21. In case of an emergency, whom may we contact? (include name, relation, and phone number)



Institute of Christian Impact

Christian Impact Ministries

22. Please acknowledge your agreement with the following statements by initializing each of the boxes and signing your name:

[] *I have read and agree with the Vision and Mission of Christian Impact Ministries.**

[] *I have read and agree with the Statement of Faith **

[] *I understand that I am to have a foundational knowledge of the basics of the Christian faith.*

[] *I understand that I will be expected to minister to the Lord in and through serving others*

Signature

Date

* See web site: www.christianimpactministries.net



Institute of Christian Impact
Christian Impact Ministries



Application Process

The Application process is as follows:

1. The application has 5 components. We require that you send in all 5 components together in one packet.
 - a. the Application Form
 - b. Photograph
 - c. Personal testimony, one or two typed pages, including:
 - *Your personal journey to Christ*
 - *Any past or present life-controlling (mental, emotional, relational) issues*
 - *Goals for the future*
 - *Expectation for your time in the training program*
 - d. Pastoral Reference
 - e. Personal Reference

REMEMBER: All 5 components must be sent together.

2. Send the Application packet to:

Christian Impact Ministries
Apprenticeship Application
P.O. Box 641506
El Paso, TX 79904

3. Upon receiving your application, we will contact you via phone or e-mail to set up an interview. Upon acceptance into the apprenticeship, you will receive an e-mail, letter of acceptance and/or phone call.



Institute of Christian Impact
Christian Impact Ministries



Personal Reference Form

TO BE COMPLETED BY THE APPLICANT:

Full Name: _____ Date: _____

E-mail Address: _____ Phone: _____

To the Personal Reference:

The person named above is applying for a ministry apprenticeship with Christian Impact Ministries. The applicant has been instructed to give you this form. This reference form is to be completed by a friend (not a spouse or relative) who has known the applicant for at least 2 years. Please complete it to the best of your knowledge. It will become part of the application and will be used to help determine the applicant's suitability for the desired ministry. Please return this form directly to the applicant in a sealed envelope. If you have any questions, please e-mail us. No single reference will determine acceptance or refusal, so frank appraisal will be appreciated both by the applicant and the staff of Christian Impact Ministries. Thank you for your time on behalf of the applicant.

Your Name: _____

Occupation: _____

Address: _____ Home Phone: _____

_____ Other Phone: _____

_____ E-mail: _____

1. How long have you known the applicant?

2. What is your relationship to the applicant?

3. What are the strengths and spiritual gifts of the applicant according to your observations?

4. What is your assessment of the applicant's weaknesses?

5. Are there any complex family or relational factors which might affect the applicant's service in an apprenticeship?



6. The apprenticeship consists of a 30 to 40 hour weekly schedule. This does not include outside work or special functions. Do you foresee any difficulties in the response of the applicant to this type of schedule?
- _____
- _____

7. In each category, check the characteristics that to your knowledge best describe the applicant. Add brief comments if necessary.

Physical health

- somewhat below par
 fairly healthy
 good health

Personality

- avoided by others
 tolerated by others
 accepted by others
 liked by others
 sought after by others
 usually well balanced
 good control in difficult situations

Intelligence

- learns and thinks slowly
 average mental ability
 alert, has good mind
 intelligent, makes thoughtful analysis
 brilliant, exceptional capability

Responsiveness

- slow to sense how others feel
 reasonably responsive
 understanding and thoughtful
 accurately aware of others
 responds with unusual insight

Leadership

- makes no attempt to lead
 tries but lacks ability
 has some leadership skills
 unusual, exceptional leadership

Emotional stability

- somewhat over-emotional
 inclined to be apathetic
 rapidly shifting moods

Knowledge of the Bible

- sketchy, limited
 basic, but improving
 well established
 superior grasp

Achievement

- starts but often does not finish
 does only what is assigned
 meets average expectation
 resourceful and effective
 superior creative ability

Teamwork

- frequently causes friction
 prefers to work alone
 knows how to follow
 works well with others
 most effective in teamwork

Spiritual maturity

- immature faith
 has made basic commitment
 somewhat rigid beliefs
 active and growing faith
 exceptional insight and discipline

8. Please try to assess the following based on your knowledge of the applicant:

	<u>Uncertain</u>	<u>Weak</u>	<u>Fair</u>	<u>Good</u>	<u>Very Good</u>	<u>Outstanding</u>
Spiritual Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Devotion to Christ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity and honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Openness to correction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to serve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courtesy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	<u>Uncertain</u>	<u>Weak</u>	<u>Fair</u>	<u>Good</u>	<u>Very Good</u>	<u>Outstanding</u>
Reliability	[]	[]	[]	[]	[]	[]
Teachability	[]	[]	[]	[]	[]	[]
Emotional Stability	[]	[]	[]	[]	[]	[]
Physical Health	[]	[]	[]	[]	[]	[]
Family Life	[]	[]	[]	[]	[]	[]

Comments on any of the above areas:

9. Recommendation of this applicant for the Apprenticeship at Christian Impact Ministries:

- Highly recommend
- Recommend
- Recommend with reservations*
- Do not recommend*

**Please explain concerns on the reverse side.*

10. Would you support the applicant's move to El Paso, TX?

- yes no *(please explain on reverse side)*

Signature

Date

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Christian Impact Ministries

Pastor Reference Form

TO BE COMPLETED BY THE APPLICANT:	
Full Name: _____	Date: _____
E-mail Address: _____	Phone: _____

To the Pastoral Reference:

The person named above is applying for a ministry apprenticeship with Christian Impact Ministries. The applicant has been instructed to give you this form. This reference form is to be completed by the applicant's (present or former) pastor. In the case that the applicant's father is the pastor, an elder or other spiritual leader may complete the reference. Please **return the form directly to the applicant in a sealed envelope**. If you have any questions, please e-mail us. Thank you for your involvement in this phase of the applicant's life.

Your Name: _____

Church Name: _____

Address: _____ Home Phone: _____

_____ Office Phone: _____

_____ E-mail: _____

7. How long have you known the applicant?

8. What is the applicant's level of involvement in your church? How has he/she served your congregation?

9. What are the strengths and spiritual gifts of the applicant according to your observations?

10. What is your assessment of the applicant's weaknesses?

11. What is the applicant's affect on peers? [] positive [] neutral [] negative [] unknown

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12. Are there any complex family or relational factors which might affect the applicant's service in an apprenticeship at Christian Impact Ministries?

13. The apprenticeship consists of a 30 to 40 hour weekly schedule. This does not include outside work or special functions. Do you foresee any difficulties in the response of the applicant to this type of schedule?

7. In each category, check the characteristics that to your knowledge best describe the applicant. Add brief comments if necessary.

Physical health

- somewhat below par
- fairly healthy
- good health

Emotional stability

- somewhat over-emotional
- inclined to be apathetic
- rapidly shifting moods

Personality

- avoided by others
- tolerated by others
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- liked by others
- sought after by others
- usually well balanced
- good control in difficult situations

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- sketchy, limited
- basic, but improving
- well established
- superior grasp

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- learns and thinks slowly
- average mental ability
- alert, has good mind
- intelligent, makes thoughtful analysis
- brilliant, exceptional capability

Achievement

- starts but often does not finish
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Devotion to Christ	[]	[]	[]	[]	[]	[]
Integrity and honesty	[]	[]	[]	[]	[]	[]
Openness to correction	[]	[]	[]	[]	[]	[]

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	<u>Uncertain</u>	<u>Weak</u>	<u>Fair</u>	<u>Good</u>	<u>Very Good</u>	<u>Outstanding</u>
Self-discipline	[]	[]	[]	[]	[]	[]
Willingness to serve	[]	[]	[]	[]	[]	[]
Ability to work with others	[]	[]	[]	[]	[]	[]
Communication Skills	[]	[]	[]	[]	[]	[]
Courtesy	[]	[]	[]	[]	[]	[]
Leadership Skills	[]	[]	[]	[]	[]	[]
Reliability	[]	[]	[]	[]	[]	[]
Teachability	[]	[]	[]	[]	[]	[]
Emotional Stability	[]	[]	[]	[]	[]	[]
Physical Health	[]	[]	[]	[]	[]	[]
Family Life	[]	[]	[]	[]	[]	[]

Comments on any of the above areas:

10. Would you have the applicant on your staff? [] yes [] no

Why or why not?

11. Recommendation of this applicant for the Apprenticeship at Christian Impact Ministries:

- [] Highly recommend
- [] Recommend
- [] Recommend with reservations*
- [] Do not recommend*

**Please explain concerns on the reverse side.*

Signature

Date