

# Application for Admission



Desired Entrance Date:            Winter 20            Spring 20  
   Summer 20            Fall 20

Attach your Photo here

Please click the form fields and type in your info. Then mail it to the address on the last page.

## (A) Personal Data

Date:

Name:

Age:

Address:

Birthdate:

City:

State:

Zip:

Home Phone #:

Work #:

E-mail:

Gender at birth:    Male    Female

Social Security Number:

Drivers License Number:

Ethnic Background:

Height:                            Weight:

Marital Status:    Married    Single    Divorced    Separated    Widowed

If married, give name of Spouse

Occupation:

Please explain about previous marriages(s) and give dates:

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Number of Children:

Ages: \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/

Are you presently in a relationship with someone?    Yes    No

If yes, briefly explain:

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## (B) Health Information

Health:            Good            Fair            Poor

Are you taking prescription drugs?

If yes, please write down the name of the drug and what you are using it for:

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Any physical handicaps or health concerns?  Yes  No  
 If yes, please explain:

Have you ever been under treatment for any mental illness or emotional disturbance?  Yes  No  
 If yes, please explain:

Have you used tobacco, alcohol, or illegal drugs in the last six to 12 months?  Yes  No  
 If yes, when and please explain:

Our schedule is very rigorous and there is a lot of physical work that you may have to do.  
 Will you be physically able to handle it?  Yes  No

If no, why?

## (C) Education & Other Interests

List in chronological order, all high schools and colleges attended beginning with the most recent.

Name of School	Address	Dates Attended	Graduation Date

Highest grade completed:

GED: If not a high school graduate, do you have a GED diploma?  Yes  No

Any special training? (secular or ministry):

Do you speak English?  Yes  No All of our classes are only taught in English.

Will you be able to participate in an "English only" class?  Yes  No

If no, why not?

List any personal interests, hobbies, musical abilities, etc. :

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List any ministry experience:

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List any natural and spiritual abilities:

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## (D) Employment

List the two most recent employments:

<b>Employer:</b>	Date Began:
Address:	Date Left:
Immediate Supervisor:	Phone #:
<b>Employer:</b>	Date Began:
Address:	Date Left:
Immediate Supervisor:	Phone #:

## (E) Life Experience Inventory

Have you been in the Military Service? Yes No What Branch?  
How Long? Type of Discharge:  
Have you ever been involved with a Teen Challenge program in any way? Yes No  
If yes, please explain where and give dates:

Name and address of TC center:  
Director's name: Date Graduated:  
Which Teen Challenge Induction Center did you go through and when?

Have you ever been dismissed from a Teen Challenge program before? Yes No  
If yes, which center and why?

Have you done an Apprenticeship/Internship with Teen Challenge and if so when and where?

Have you done Restoration in Teen Challenge before and if so when and where?

If you did not attend a Teen Challenge program, have you attended any other drug and alcohol programs?  
If yes, please give name and address of program, dates you attended and whether you completed it.

Have you ever been dismissed from a school or college for academic or disciplinary reasons? Yes No  
If yes, why?

Are you currently on probation or parole? Yes No  
If yes, please explain the conditions of your probation/parole and when your probation or parole will be over.

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Please note that the following three (3) questions are of a very personal nature.  
You may speak privately with the Admissions Administrator about them if you so desire.  
Your acceptance into TCMI will not be based on these answers.

Have you ever been convicted of a felony?      Yes      No      If yes, please explain:

Have you ever been involved in homosexual activities?

Were you abused in any way when you were a child, meaning emotionally, physically, verbally,  
and/or sexually, etc.?

## (F) Family Information

Country of citizenship (If international student):

Father's Name:		Living?	Yes	No	
Address:		Phone #:			
Do you have a relationship with him?	Yes	No	Is he a Christian?	Yes	No
Mother's Name:		Living?	Yes	No	
Address:		Phone #:			
Do you have a relationship with her?	Yes	No	Is she a Christian?	Yes	No

## (G) Financial

Do you have any financial obligations?      Yes      No

If yes, please explain:

Will finances be a problem?      Yes      No

If yes, please explain:

Do you tithe on a regular basis?      Yes      No

## (H) Religious Background

Church affiliation:

Church attending:

Address:

City:

State:

Have you accepted Christ as your personal Lord and Savior?

Date of salvation:

Pastor:

Phone #:

Zip:

Yes      No

Date baptized in water:

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## (I) References

Please give (3) three personal references to: 1. Pastor or Teen Challenge Staff 2. Employer (If you cannot give to employer then give to someone else like another Advisor/Counselor/Pastor 3. Friend (Have these people mail in the enclosed reference forms). This information is required and necessary for the processing of your application.

1. Name:	Years known:
Address:	City/State/Zip:
Phone #:	
2. Name:	Years known:
Address:	City/State/Zip:
Phone #:	
3. Name:	Years known:
Address:	City/State/Zip:
Phone #:	

Note: In selecting people, who will complete your reference forms, please select those who can adequately answer all of the questions. For your employer, choose a Teen Challenge staff member if you are in the program. If you are not, then choose someone who is able to fill this out from a Christian perspective. If you are doing an Apprenticeship/Internship, you may have your immediate supervisor fill out the employee recommendation.

## (J) Please share your views on each subject (Give scriptural support as needed; use a separate sheet of paper if necessary)

1. Music (Secular and Christian):

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2. Christian Example (Lifestyle, etc.):

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3. The Holy Spirit (Trinity, Tongues, etc.):

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4. Healing:

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5. Second Coming:

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6. Authority:

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7. Submission:

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8. Demon Activity:

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9. Ministry:

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10. The Tongue:

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11. Eternal Security:

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# Application for Admission



## (K) Statement of Purpose

When and how did Jesus become your personal Savior?

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How are you currently cultivating your spiritual life and seeking to mature in Christ?

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Why do you want to attend Teen Challenge Ministry Institute?

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Do you feel you have a definite call to some kind of full time ministry and why?

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How did you hear about Teen Challenge Ministry Institute?

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Please list the last three books you have read: (Not books in the Bible)

- 1.
- 2.
- 3.

Please send a clear photo with this application along with your personal testimony on a separate sheet of paper(s) and describe your present spiritual relationship with the Lord. Be sure to include what you feel has constituted your call into full-time ministry. We also require a current California State Identification/Driver's license, a Social Security Card and a copy of your birth certificate. If you are coming from out of state, you will need to bring an original or state original birth certificate and current state ID. Please attach a copy of these items with your application and bring the originals with you if you are accepted. Without these items, we cannot process your application. If you have questions regarding any of these requirements, please feel free to contact us.

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

We strongly recommend you do not e-mail this document because it contains your Social Security number and Driver License number.

Please return this application, all references and correspondence to: TCMI Office of Admissions, P.O. Box 739, South Gate, CA 90280

# Life Experience Data Sheet



Please click the form fields and type in your information.

Name: \_\_\_\_\_

Complete Address (Parents or Relative): \_\_\_\_\_

Telephone: \_\_\_\_\_

1. Hobbies: \_\_\_\_\_

2. Work Experience (list jobs performed e.g., auto mechanics, secretary, painter, maintenance, etc.): \_\_\_\_\_

3. Did you do an apprenticeship/internship with Teen Challenge? \_\_\_\_\_

A. If yes, where & when? \_\_\_\_\_

B. Are you a Class B driver? \_\_\_\_\_

C. What was your job description?

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Kitchen Manager | <input type="checkbox"/> Yard Crew Leader | <input type="checkbox"/> Car Wash Leader |
| <input type="checkbox"/> Fundraising     | <input type="checkbox"/> Student Services | <input type="checkbox"/> Other _____     |

4. Ministry Experience:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Bus Ministry        | <input type="checkbox"/> Preaching                           | <input type="checkbox"/> Sunday School Teacher |
| <input type="checkbox"/> Children's Ministry | <input type="checkbox"/> Royal Rangers                       | <input type="checkbox"/> Ushering              |
| <input type="checkbox"/> Choir Director      | <input type="checkbox"/> School Teams                        | <input type="checkbox"/> Worship Team          |
| <input type="checkbox"/> Drama Team          | <input type="checkbox"/> Soloist                             | <input type="checkbox"/> Youth Ministry        |
| <input type="checkbox"/> Juvenile Hall       | <input type="checkbox"/> Sound Board                         | <input type="checkbox"/> Sound Board           |
| <input type="checkbox"/> Royal Rangers       | <input type="checkbox"/> Street Witnessing                   | <input type="checkbox"/> Missionettes          |
| <input type="checkbox"/> Missionettes        | <input type="checkbox"/> Play Instruments (List Types) _____ |  |

5. Work Experience:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Auto Maintenance       | <input type="checkbox"/> Re-Upholstery | <input type="checkbox"/> Welding          |
| <input type="checkbox"/> Auto Body & Paint Work | <input type="checkbox"/> Carpentry     | <input type="checkbox"/> Phone Soliciting |
| <input type="checkbox"/> Cooking                | <input type="checkbox"/> Data Entry    | <input type="checkbox"/> Cooking          |
| <input type="checkbox"/> Plumbing               | <input type="checkbox"/> Bus Driver    | <input type="checkbox"/> Other _____      |
| <input type="checkbox"/> Management             | <input type="checkbox"/> Retail Sales  |   |

6. How is your Spanish speaking ability?

- Fluent     Can hold a conversation     Some     Very little     None