♣ CRC's KOINONIA BIBLE SCHOOL APPLICATION FORM

Please print out and complete this form. Return it by mail to the mailing address listed above.

Mailing Address: 22444 N. Fork Rd SE

Silverton, OR 97381

Website: CRCBibleSchool.org

Email: CRC.Bible.School@gmail.com

Phone: 503-873-7743

Which academic year are you applying for? (Circle one)

September-May 2019-2020	September-May 2	2020-2021	September-May 2021-202)21-2022
General Information: Full Name:					
First	Middle		Last	 :	
Date of Birth	Age	Gender	(circle one)	Male	Female
Address			,		
City			Zipcode		
Home Phone					
Email Address					
T-Shirt Size (Circle one): XS	S M L	XL XXL			
of paper. In addition, some and exceed the space provided ple note the question number on a sequence as the questions on a Church Information:	ase write "more" at the additional sheets	the end of you	r answer on	this forn	n and
What church or churches have	you attended in the	past five year	s? Start with	your cur	rent
church first.					
Church Name	Pastor's name and	d phone numb	er	Years at	
					tended

Personal Information:

Please use separate sheet of paper to answer the following 35 questions. Questions #1 - #3 In 100-300 words per question:

- 1. Please describe your personal salvation testimony in depth.
- 2. What are your reasons for attending the CRC Koinonia Bible School? What are you hoping to receive out of Koinonia?
- 3. What are some areas that you are working on and hoping to grow in, in your walk with the Lord?

Questions #4 - #10 In 10-50 words per question:

- 4. How would you describe your personal devotions and time with the Lord?
- 5. What is one thing that God has been teaching you lately?
- 6. How would you describe your personality?
- 7. How would you describe your relationships with others?
- 8. How do you approach conflict and friendship issues?
- 9. How well do you receive correction and instruction?
- 10. How long have you been a Christian?

Questions #11 - #15 For the following five questions, please circle your answer. If the answer you circled is in bold, please explain it on your separate sheet(s).

11. If you attend CRC-DS we are asking you to lay aside trying to start any new special, guy girl relationships while you are here. We want this time to be as focused on the Lord for you as possible and this will only be a distraction. Are you willing to lay this aside and be held

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accountable in this area while you are here?	Yes	No
12. Do you have any personal history of sexual immorality?	Yes	No
13. Are you currently seeking to obey and conform to Biblical standards?	Yes	No
14. Are you currently struggling with any habitual sin?	Yes	No
15. Have you even been involved in any cult or occult activities?	Yes	No

Ministry:

In 100-300 words:

16. Please tell how you would share the plan of salvation to an unbeliever.

In 10-100 words:

- 17. Please share what you feel are your greatest strengths and weaknesses are in ministering to others.
- 18. Have you been on any mission trips? If yes, please describe briefly where you went and what you did on each trip.
- 19. Have you ever been overseas or in a developing nation? If yes, please describe.
- 20. Have you been involved and/or are you currently involved in any regular ministry? If yes, please describe briefly what you do.

An important aspect of the CRC-DS is that each student contributes to the ministry of CRC and the School of Koinonia in practical ways. Please circle the areas in which you have previous experience and <u>underline</u> the areas you are especially interested in serving in.

Housekeeping	Landscaping/maintenance	Food Service
Technology	Working with children	Coffee Shop
Videographer/photog	Other	

- 21. Please give a brief description of how you gained your experience in the areas circled. (from the most experience to the least)
- 22. What are some of your talents, hobbies and interests? Please list and describe.

Child Safety:
Please circle your answer. If you circle "Yes" on any of these questions, please explain in
depth.
23. Have you ever been convicted of a crime? Yes No
24. Have you ever engaged in child abuse of any kind, whether physical, verbal or sexual in
nature? Yes No
25. Are you aware of any traits or tendencies that could pose a threat to children, youth or
others? Yes No
26. Is there any reason that you know of that you should not work with children, youth or
others? Yes No
27. Have you ever intentionally viewed pornography in any form? Yes No
Education Background:
28. High School Diploma or GED Name of School(s) attended
Year graduated:
29. Please list other schools attended (name of school, subject or course of study, time
attended, degree) if any, in addition to High School.
Statement and Request for Criminal Records Check:
The information contained in this application is correct to the best of my knowledge. I authorize
any references or churches listed in this application to release any information they may have
regarding my character and fitness to work with children, youth or adult persons, and I release
all such references from liability for any damage that may result from furnishing such
evaluations.
evaluations.
I agree with, and will be responsible for familiarizing myself with, all the rules/policy of CRC and
will abide by them. I understand that if my character and morals become inappropriate and/or
criminal, Christian Renewal Center shall be entitled to terminate my attendance, without
expressed cause or prior notice.
expressed cause of prior notice.
I consent to CRC conducting a criminal records check, as deemed necessary. Yes No
Applicant's signature:Date:
Applicant's name (please print):
Social Security Number:Print all other names that you have used (including maiden name):
Print all other names that you have used (including maiden name):

Please list all states and counties you have resided in:						
References: Please provide three reference from	one mini	stry leader,	-	k and one perso		
Name	Relation	snip		Phone		Email
A						
n						
B						
C						
Employment or Volu	nteer Ex	perience:				
30. Please list your emploadditional paper if neede have held.	•	•	-			•
Employer 1:						
Job Title and Duties:						
Starting and Ending Pay:						
Supervisor and Phone Nu	ımber:					
Reason for leaving:						
May we contact them? If no please explain why:		No				
ii iio picase expiaiii wiiy.						
Employer 2:						
Job Title and Duties:						
Starting and Ending Pay:						
Supervisor and Phone Nu	ımber:					
Reason for leaving:						
May we contact them? If no please explain why:	Yes	No				
Employer 3:						
Job Title and Duties:						
Starting and Ending Pay:	ımhorı					
Supervisor and Phone Nu	ner:					

Reason for leaving: May we contact them? Yes No If no please explain why:	
Physician and Healtl	n Information
Student's Physician Name/Clinic Name	Contact Telephone
Student's known allergies, the severity of your reaction and yo	ur symptoms:
List student's prescription medications and any chronic illnesse	es or disabilities.
Insurance Contact	Policy Number
Use additional paper to answer as needed. If the answer your separate sheet(s). 31. Are you currently in good health? Yes No When was your last complete physical examination?	r you circled is in bold, please explain it on No
34. Have you been or are you presently under psychiatric psychotherapy? Yes No 35. Have you ever been admitted to a treatment facility for the second of the	
Parent or Guardian In case of emergency we will con	
Print Name of Parent(s) Or Guardian(s)	Date
Parent's Home Address	
Parent's Cell Phone(S)	_
Parent's Home Telephone Number	Email Address
Secondary Emergency Contact Info	Relationship to Minor

Personal/Parental Release Form

I hereby grant permission for (myself/my child under age 18) to participate in the activities of CRC's Koinonia School. I understand that (I/my child) participates in these activities at (my/their) own risk and that the leadership of Koinonia and its adult supervisors are not liable for any injury sustained during these activities.

I also recognize that CRC Koinonia may take photographs and video images of events that include (me/my child.) This material may be used in various printed or online publications and I hereby grant permission for such use.

I grant the following medical permissions regarding any accident, injury, sickness, etc. that requires (me/my child) be admitted to any hospital or medical facility for diagnosis and treatment. If the listed emergency contact cannot be reached after a reasonable effort, I authorize the leadership of Koinonia to seek such medical attention and to make decisions on (my/my child's) behalf. I also assume the responsibility for the payment of any such treatment.

Signature of Student		Date
Signature of Parent(s)/Guardian(s) of student ur	nder age 18.	Date
Agreements:		
If you come to CRC-DS you will not be al	llowed to smoke, drink or use	any illegal or legal drugs.
Are you willing to conform to these rule	s and be held accountable to	them? (Circle yes or no)
Yes, I agree to conform to these rules ar	nd be held accountable to the	m.
No, I do not agree to conform to these r	rules and be held accountable	to them.
Signature:		Date:
I hereby verify that all the information in	n this application is accurate, t	true and complete to the
best of my knowledge.		
Signature:		Date:
I have read the Koinonia value statemer statement of faith and I agree to uphold Signature:	I them and follow all that is as	ked and required of me.
Decement / Vice Information		
Passport / Visa Information:	tional autocah Coausina thio	daaaa balcaa
You will need a passport for the internate months. If you do not already have a p	•	•
Circle one: I have a Passport I		r one infinediately.
circle offe. I flave a rassport I	ani apprying for a Passport	
International Students:		
If you are going to be attending from ou	t of country please fill out the	information below:
Name as listed on passport:		
First Middle	Last	
Passport Number:		
Place of Birth: City		
Citizenship/nationality:		

Place of issue: City	Country	
Date of issue:	Date of expiry:	
Visa Type:		
Visa Valid Dates:		