

# CRC's KOINONIA BIBLE SCHOOL APPLICATION FORM

Please print out and complete this form. Return it by mail to the mailing address listed above. This form is designed to be completed by hand. If you are using a keyboard to provide your answers, please use the fillable form.

**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 2020-2021

September-May 2021-2022

## General Information:

Full Name: \_\_\_\_\_  
First
Middle
Last

Social Security Number (Required for background check): \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender (circle one) Male Female

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

T-Shirt Size (Circle one): XS S M L XL XXL

**Please attach a recent photo of yourself to this application.**

**Note:** There are many questions in this application which request answers on a separate sheet of paper. In addition, some answers may need more space than provided. If your answers exceed the space provided please write "more" at the end of your answer on this form and note the question number on the additional sheets. Please keep your answers in the same sequence as the questions on this form.

## Church Information:

What church or churches have you attended in the past five years? Start with your current church first.

Church Name	Pastor's name and phone number	Years attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list three Christian leaders/ teachers/preachers who have influenced your life the most.

**Name / telephone number (if known) / website**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 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 Koinonia 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 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:

16. **In 100-300 words:** Please tell how you would share the plan of salvation to an unbeliever.
17. **In 10-100 words:** 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 Koinonia 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 underline the areas you are especially interested in serving in.

Housekeeping	Landscaping/maintenance	Food Service
Technology	Working with children	Coffee Shop
Videographer/photographer		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.

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.

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): \_\_\_\_\_  
 \_\_\_\_\_

Please list all states and counties you have resided in: \_\_\_\_\_  
 \_\_\_\_\_

**References:**

Please provide three references that are familiar with your abilities and character. Please provide a reference from one ministry leader, one work and one personal.

Name	Relationship	Phone	Email
A. _____	_____	_____	_____
B. _____	_____	_____	_____
C. _____	_____	_____	_____

**Employment or Volunteer Experience:**

30. Please list your employers from the past five years beginning with the most recent. (Use additional paper if needed). If you have not held paid positions, list volunteer positions you have held.

Employer 1: \_\_\_\_\_  
Job Title and Duties: \_\_\_\_\_  
Starting and Ending Pay: \_\_\_\_\_  
Supervisor and Phone Number: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
May we contact them?      Yes      No  
If no please explain why: \_\_\_\_\_

Employer 2: \_\_\_\_\_  
Job Title and Duties: \_\_\_\_\_  
Starting and Ending Pay: \_\_\_\_\_  
Supervisor and Phone Number: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
May we contact them?      Yes      No  
If no please explain why: \_\_\_\_\_

Employer 3: \_\_\_\_\_  
Job Title and Duties: \_\_\_\_\_  
Starting and Ending Pay: \_\_\_\_\_  
Supervisor and Phone Number: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
May we contact them?      Yes      No  
If no please explain why: \_\_\_\_\_

## Physician and Health Information

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Student's Physician Name/Clinic Name Contact Telephone

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Student's known allergies, the severity of your reaction and your symptoms:

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List student's prescription medications and any chronic illnesses or disabilities.

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Insurance Contact Policy Number

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**Use additional paper to answer as needed. If the answer you circled is in bold, please explain it on your separate sheet(s).**

31. Are you currently in good health? Yes **No**  
When was your last complete physical examination? \_\_\_\_\_

32. Do you have any physical handicaps? **Yes** No

33. Please list any major illnesses you have had: \_\_\_\_\_

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34. Have you been or are you presently under psychiatric or psychological care, or been in counseling or psychotherapy? **Yes** No

35. Have you ever been admitted to a treatment facility for any reason? **Yes** No  
If yes, where? Please explain.

## Parent or Guardian Information

In case of emergency we will contact those listed below.

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Print Name of Parent(s) Or Guardian(s) Date

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Parent's Home Address

---

Parent's Cell Phone(S)

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Parent's Home Telephone Number Email Address

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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.

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Signature of Student

Date

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Signature of Parent(s)/Guardian(s) of student under age 18.

Date

### Agreements:

If you come to Koinonia you will not be allowed to smoke, drink or use any illegal or legal drugs. Are you willing to conform to these rules and be held accountable to them? (Circle yes or no)

Yes, I agree to conform to these rules and be held accountable to them.

No, I do not agree to conform to these rules and be held accountable to them.

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

I hereby verify that all the information in this application is accurate, true and complete to the best of my knowledge.

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

I have read the Koinonia value statement, guidelines and expectations for students and CRC's statement of faith and I agree to uphold them and follow all that is asked and required of me.

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

### Passport / Visa Information:

You will need a passport for the international outreach. Securing this document can take up to 6 months. If you do not already have a passport, you need to apply for one immediately.

Circle one:    I have a Passport            I am applying for a Passport

**International Students:**

If you already have a passport, or if you are going to be attending from out of the U.S.A. please fill out the information below:

Name as listed on passport:

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Passport Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Birth: City \_\_\_\_\_ Country \_\_\_\_\_

Citizenship/nationality: \_\_\_\_\_

Place of issue: City \_\_\_\_\_ Country \_\_\_\_\_

Date of issue: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Visa Type: \_\_\_\_\_

Visa Valid Dates: \_\_\_\_\_