



# PROGRAM APPLICATION

## Instructions

1. Complete the *Center of Pastoral Renewal Program Application*. Submit the completed application via email to [actscommunitybiblechurch@gmail.com](mailto:actscommunitybiblechurch@gmail.com). Notes: The Center of Pastoral Renewal Ministry Preparation Program Application requires a non-refundable \$50.00 Application Fee due at the time of application submission. Students who apply to the Kingdom Ministry Preparation Program may present unofficial transcripts for course review and comparison for approved courses, however it is not a guarantee of acceptance. Proof of license and/or ordination must be submitted with application. Upon acceptance to this program please be advise there is a monthly \$50 administration fee due on the first of the month.
2. Submit an essay describing your personal and Salvation history. Your essay should be 1-2 pages typed and double spaced. Address ongoing spiritual growth and your volunteer service experience at ACBC and/or somewhere else.
3. Submit a completed *CPR Pastor or Ministry Leader Recommendation Form*. The CPR Pastor or Ministry Leader Recommendation Form is separate from the CPR Program Application.

## Personal Information and Program Selection

Name:					
	Last	First	M.I.	Title	
Address:					
	Street Address				Apartment/Unit #
	City				State
	ZIP Code				
Home Phone:			Cell Phone:		
E-mail Address:					
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widow <input type="checkbox"/> Divorced		Age	MM/YY	Gender
					<input type="checkbox"/> Male <input type="checkbox"/> Female
Emergency Contact Name:			Emergency Contact Relationship:		
Emergency Contact Home Phone:			Email		
Highest Level of Education:	<input type="checkbox"/> High School <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate <input type="checkbox"/> Other				
Diploma/Degree	Major:		Minor:		
Current School	School Name:		Field of Study:		
Select A CPR Program			Semester & Year		
<input type="checkbox"/> Ministry Preparation Program					
<input type="checkbox"/> Pastor's Program					

Church Affiliation				
ARE YOU A DISCIPLE OF ACBC?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If "Yes", when did you join	MONTH /	YEAR
DO YOU BELIEVE IN JESUS CHRIST AS LORD AND SAVIOR?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unsure <input type="checkbox"/> I would like to rededicate my life to Jesus Christ			
DO YOU REGULARLY ATTEND Weekly CHURCH SERVICES?	<input type="checkbox"/> Yes <input type="checkbox"/> NO <input type="checkbox"/> Occasionally Name of Church: _____			
DO YOU GIVE TITHES & OFFERING REGULARLY?	Tithes <input type="checkbox"/> YES <input type="checkbox"/> NO Offerings <input type="checkbox"/> Yes <input type="checkbox"/> NO			
WHAT ARE YOUR SPIRITUAL GIFTS? Check all that apply	<input type="checkbox"/> Discernment <input type="checkbox"/> Evangelism <input type="checkbox"/> Exhortation <input type="checkbox"/> Faith <input type="checkbox"/> Giving <input type="checkbox"/> Healing <input type="checkbox"/> Helps <input type="checkbox"/> Hospitality <input type="checkbox"/> Knowledge <input type="checkbox"/> Leadership <input type="checkbox"/> Mercy <input type="checkbox"/> Miracles <input type="checkbox"/> Missionary <input type="checkbox"/> Pastor <input type="checkbox"/> Prophecy <input type="checkbox"/> Service <input type="checkbox"/> Teaching <input type="checkbox"/> Tongues <input type="checkbox"/> Interpretation of Tongues <input type="checkbox"/> Wisdom			
Ministry				
HAVE YOU EARNED A SEMINARY DEGREE?	<input type="checkbox"/> Yes <input type="checkbox"/> No Seminary: Degree Earned:	HAVE YOU TAKEN ANY SEMINARY, THEOLOGY, OR BIBLE COURSES?	<input type="checkbox"/> Yes <input type="checkbox"/> No Courses:	
ARE YOU A LICENSED MINISTER?	<input type="checkbox"/> Yes <input type="checkbox"/> No Year Licensed: Licensing Body:	ARE YOU ORDAINED?	<input type="checkbox"/> Yes <input type="checkbox"/> No Year Ordained: Place of Ordination:	
DESCRIBE YOUR CURRENT ACBC MINISTRY INVOLVEMENT				
WHAT AREAS ARE YOU INTERESTED IN SERVING? Check all that apply	<input type="checkbox"/> Classes <input type="checkbox"/> Children's Discipleship <input type="checkbox"/> Counseling <input type="checkbox"/> Administration <input type="checkbox"/> Groups <input type="checkbox"/> Middle School Ministry <input type="checkbox"/> Preaching <input type="checkbox"/> Funerals <input type="checkbox"/> Altar Worker <input type="checkbox"/> High School Ministry <input type="checkbox"/> Community/Missions <input type="checkbox"/> Technical <input type="checkbox"/> Evangelism/Outreach <input type="checkbox"/> Young Adults Ministry <input type="checkbox"/> Visitation <input type="checkbox"/> Hospitality			
IDENTIFY THE AREA(S) OF MINISTRY TO WHICH YOU FEEL GOD HAS CALLED YOU (Check all that apply)	<input type="checkbox"/> Prophetic <input type="checkbox"/> Children <input type="checkbox"/> Seniors <input type="checkbox"/> Deaconess <input type="checkbox"/> Musician <input type="checkbox"/> Evangelism <input type="checkbox"/> Youth <input type="checkbox"/> Dance <input type="checkbox"/> Praise & Worship <input type="checkbox"/> Events <input type="checkbox"/> Pastoring <input type="checkbox"/> Young Adults <input type="checkbox"/> Drama <input type="checkbox"/> Administration <input type="checkbox"/> Deacons <input type="checkbox"/> Missions <input type="checkbox"/> Adults <input type="checkbox"/> Media <input type="checkbox"/> Volunteerism <input type="checkbox"/> Not Sure			

Personal References		
Please list two people other than family members who have known you for a year or more. (We may contact them)		
	Reference 1	Reference 2
Name		
Title/Position		
Address		
Phone		
Known how long?		

## Criminal History

Have you ever been convicted of a felony? ☐ Yes ☐ No

Have you ever been on or are you currently on probation? ☐ Yes ☐ No

Have you ever been accused, questioned, or investigated for child abuse, child neglect, or child molestation? ☐ Yes ☐ No

Have you ever been accused, questioned, or investigated for spousal abuse? ☐ Yes ☐ No

*If you have answered yes to any of these questions, please provide details on a separate sheet.*

## Emergency Contacts

Please list two people

Name:

Relationship:

Address:

Home Phone

Business Phone:

Cell Phone:

Email:

## Statement of Truth

I hereby apply to the Center of Pastoral Renewal Program and certify that to the best of my knowledge the information given in this application is correct. If I am admitted, I agree to abide by the regulations and standards of ACBC. I understand that all items submitted to ACBC as part of this application process become the permanent property of ACBC and will not be returned. If ACBC is notified that any of the information contained on this application is false, it will be grounds for immediate dismissal.

Print Full Name: \_\_\_\_\_

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

Office Use Only:

**Acts Community Bible Church**

**Center of Pastoral Renewal**

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