



PATHWAY



Apprentice Application

Once completed, scan & submit to pathway@TLCsac.org



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Introduction

What is Needed:

- ▶ Completed application
- ▶ Application Fee of \$50.00
- ▶ Pastor's Reference
- ▶ Director's Reference (You need this if you were previously or presently involved in another program.)
- ▶ High School Diploma
- ▶ A clear demonstration of your call into ministry
- ▶ Personal vehicle
- ▶ A picture of yourself

What Will Be Accomplished:

- ▶ Mentoring by experienced pastors, evangelists and missionaries from our region on a weekly basis
- ▶ Mentoring and ministry exposure with our top pastors and leaders on a weekly basis
- ▶ Practical ministry experience as a pastor within an Assembly of God church
- ▶ All necessary educational requirements to be credentialed with the Assemblies of God will be met
- ▶ Weekly training on the practical side of ministry
- ▶ Job placement based upon church openings and your performance
- ▶ The opportunity to earn credits that can be applied to other universities

Student's Responsibility:

- ▶ Attend all meetings and trainings.
- ▶ Plant a youth ministry under the supervision of the NCN Student Ministries office in a local church.
- ▶ Keep your own calendar (you will be expected to manage your own time and calendar as a pastor would).
- ▶ Complete all educational requirements to be credentialed with the Assemblies of God.
- ▶ Cooperation with the Pathway Director and Student Ministries Director to accomplish all training, educational and ministry goals.



From The Pathway Team

Dear Applicant,

It is our pleasure to introduce you to the Pathway Apprenticeship ministry. The pathway into full time ministry is not an easy transition and Pathway Apprenticeship is designed to create a bridge between training and full time ministry. Our mission statement is: “From the altar to the pulpit.” It is our desire to see you make a healthy transition into full-time ministry.

We believe that those serving the students of this generation have a large task in front of them, with the greatest responsibility to re-shape our culture. God is calling you to become a world-changing generation. It is our responsibility to stand beside and train our future pastors. “Pathway” will provide you with mentoring, training, hands on ministry, education and job placement. We believe that, upon the completion of “Pathway” that you will be prepared for the ministry road God has for you and equipped to reach another generation.

Partnering to save a generation,

Abe Daniel
Senior Pastor
Trinity Life Center

Kyle Chalko
Pathway Director
TLCsac.org/Pathway
pathway@tlcsac.org
916-520-4978



Application

Personal Information:

NAME: _____ DOB: _____ AGE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL NUMBER: _____

EMAIL: _____ SEX: M F

WHEN DID YOU BECOME A CHRISTIAN? _____

ARE YOU SPIRIT FILLED? YES NO IF SO, SINCE WHEN? _____

I AM LOOKING TO BECOME AN APPRENTICE IN THE FOLLOWING MINISTRY:

CHILDRENS

YOUTH

COLLEGE

WORSHIP

MISSIONS

EVANGELISM

MEDIA

EDUCATIONAL BACKGROUND:

HIGH SCHOOL

JUNIOR COLLEGE

BACHELOR'S

MASTER'S

PROGRAMS COMPLETED: (PLEASE CIRCLE)

CHURCH INTERNSHIP

MASTER'S COMMISSION

BIBLE INSTITUTE

PLEASE LIST ANY COURSES YOU HAVE COMPLETED THAT MAY BE BENEFICIAL TOWARD YOUR LICENSING WITH THE ASSEMBLIES OF GOD

FAMILY INFORMATION:

MARITAL STATUS: SINGLE ENGAGED MARRIED DIVORCED

IF MARRIED HOW LONG _____ (IF DIVORCED PLEASE ATTACH EXPLANATION)

NUMBER OF CHILDREN _____



EMERGENCY CONTACT #1

NAME: _____ RELATION: _____

HOME PHONE: _____ CELL PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMERGENCY CONTACT #2

NAME: _____ RELATION: _____

HOME PHONE: _____ CELL PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CHURCH INFORMATION

APPLICANT'S CHURCH NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ DENOMINATION _____

PASTOR'S NAME: _____ YOUTH PASTOR'S NAME: _____

TIME OF ATTENDANCE AT CHURCH _____ ARE YOU A MEMBER: YES NO

MINISTRY EXPERIENCE

AREAS OF INVOLVEMENT:

WHAT AREAS OF MINISTRY ARE YOU PRESENTLY INVOLVED WITH AT YOUR CHURCH?



WHAT MISSIONS EXPERIENCE DO YOU HAVE?

DO YOU HAVE ANY MUSICAL ABILITIES? YES NO

IF YES, PLEASE LIST:

HEALTH HISTORY

HOW WOULD YOU DESCRIBE YOUR HEALTH?

EXCELLENT GOOD FAIR POOR

PLEASE LIST ANY HEALTH PROBLEMS:

COULD THESE HEALTH PROBLEMS CREATE PHYSICAL LIMITATIONS? YES NO

IF YES, PLEASE EXPLAIN LIMITATIONS:

MEDICATIONS: _____

DO YOU HAVE A HISTORY OF MENTAL ILLNESS? YES NO

IF YES, PLEASE EXPLAIN



Financial Background

ARE YOU CURRENTLY EMPLOYED? YES NO

ARE YOU PLANNING ON WORKING DURING YOUR TIME AS AN APPRENTICE?

YES NO

HOW DO YOU PLAN TO PAY YOUR TUITION AND EDUCATIONAL COSTS?

DO YOU HAVE ANY DEBTS? YES NO

IF YES, HOW MUCH \$_____

DO YOU OWN A VEHICLE? YES NO

DO YOU HAVE HEALTH INSURANCE? YES NO



Personal Evaluation

Past & Present Struggles

Mark any issue you have dealt with Past or Present with a brief explanation or description.

ABORTION: _____

ABUSE: _____

ANGER/TEMPER: _____

ANXIETY: _____

BAD DRIVING RECORD: _____

BITTERNESS: _____

CUTTING: _____

DEPRESSION: _____

DOUBTS ABOUT SALVATION: _____

EATING DISORDER: _____

FAMILY PROBLEMS: _____

HOMOSEXUAL LIFESTYLE: _____

INSOMNIA: _____

INABILITY TO CONCENTRATE: _____

LEGAL PROBLEMS: _____

LYING PROBLEMS: _____

LEARNING DISABILITIES: _____

MONEY MISMANAGEMENT: _____

NIGHT TERROR: _____

PORNOGRAPHY: _____

PROBLEMS WITH RELATIONSHIPS: _____



PROBLEM WITH PARENTS: _____

READING COMPREHENSION: _____

SADNESS: _____

SEXUAL FANTASIES AND PRESSURES: _____

SEXUALLY PROMISCUOUS LIFESTYLE: _____

SUICIDE ATTEMPTS: _____

THEFT: _____

THOUGHTS OF SUICIDE: _____

TROUBLE MAKING DECISIONS: _____

USE ALCOHOL/DRUGS/TOBACCO: _____

UNSTABLE JOB RECORD: _____

WITCHCRAFT/OCCULT: _____

Personal Attributes

PLEASE CHECK AREAS THAT BEST DESCRIBE YOU:

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> FUN | <input type="checkbox"/> USER | <input type="checkbox"/> COMPLAINER |
| <input type="checkbox"/> QUIET | <input type="checkbox"/> INTROVERT | <input type="checkbox"/> LEADER |
| <input type="checkbox"/> FEARFUL | <input type="checkbox"/> LONER | <input type="checkbox"/> SPONTANEOUS |
| <input type="checkbox"/> VISIONARY | <input type="checkbox"/> LAZY | <input type="checkbox"/> MAKES FRIENDS |
| <input type="checkbox"/> LOVING | <input type="checkbox"/> RADICAL | <input type="checkbox"/> INTELLECTUAL |
| <input type="checkbox"/> FOLLOWER | <input type="checkbox"/> DEPRESSED | <input type="checkbox"/> EXTROVERT |
| <input type="checkbox"/> EXCITING | <input type="checkbox"/> CARING | <input type="checkbox"/> ANGRY |
| <input type="checkbox"/> ACHIEVER | <input type="checkbox"/> OUTSPOKEN | |
| <input type="checkbox"/> CONSERVATIVE | <input type="checkbox"/> SERVANT-HEARTED | |
| <input type="checkbox"/> FEW FRIENDS | <input type="checkbox"/> HARD WORKER | |



Essay Section

Personal Calling

WRITE OUT THE TESTIMONY OF YOUR CALLING

WHAT HAVE YOU DONE TO PURSUE YOUR CALLING?

HOW DO YOU FEEL PATHWAY APPRENTICESHIP WILL HELP YOU IN THIS PURSUIT?



MINISTRY

WHAT IS YOUR PHILOSOPHY OF MINISTRY?

WHAT ARE YOUR MINISTRY STRENGTHS/GIFTINGS?

WHAT ARE YOUR MINISTRY WEAKNESSES?



DO YOU FEEL THAT YOU ARE CAPABLE OF PLANTING AND RUNNING A MINISTRY? (EXPLAIN)

HOW DO YOU FEEL ABOUT SERVING IN A SMALL CHURCH?

WHAT IS YOUR DEFINITION OF A SERVANT?



TESTIMONY



Ministry Evaluation

WHAT TYPE OF CHURCH SERVICE DO YOU ENJOY?

DO YOU ENJOY BEING ABLE TO HAVE FREEDOM IN YOUR SERVICE?

YES NO

HOW WELL DO YOU MINISTER AT THE ALTAR?

HOW DO YOU FEEL ABOUT DISCIPLESHIP?



HOW MUCH TIME DO YOU SPEND WITH JESUS DAILY?

DO YOU ENJOY POURING INTO OTHERS' LIVES? YES NO

WHY DO YOU WANT TO BE A PATHWAY APPRENTICE?

WHAT DO YOU FEEL YOU NEED TO GET OUT OF PATHWAY
APPRENTICESHIP?

WHAT DO YOU FEEL YOU COULD CONTRIBUTE TO PATHWAY
APPRENTICESHIP?



ARE YOU WILLING TO TRAVEL, STAY UP LATE, WORK HARD, AND STAY FOCUSED? YES NO

ARE YOU WILLING TO BE ACCOUNTABLE IN ALL AREAS OF YOUR LIFE?
 YES NO

ARE YOU WILLING TO OBEY ALL RULES AND COME UNDER AUTHORITY?
 YES NO

HOW DO YOU FEEL ABOUT STUDENTS? (Answer question if it applies.)

WHAT DO YOU FEEL IS THE GREATEST STRUGGLE TEENS/CHILDREN FACE TODAY? (Please answer based upon your focus.)



HOW DO YOU FEEL TEENS/CHILDREN ARE BEST REACHED? (Please answer based upon your focus.)

LIST ANY TECHNICAL SKILLS YOU HAVE: (e.g. COMPUTERS, VIDEO, ETC.)

WHAT KIND OF RELATIONSHIP DO YOU HAVE WITH YOUR PASTOR?

DO YOU KNOW HOW TO RUN YOUR OWN SCHEDULE? YES NO



Pastor's Recommendation

Applicant Information (To be filled out by applicant)

Name of Applicant: _____

Address: _____

Cell Phone: _____

Pastors Information (To be filled out by pastor)

Name: _____ Position: _____

Church: _____ Tenure at church: _____

Church Number: _____ Cell Phone: _____

Dear Pastor, thank you for taking the time to fill out this recommendation. We want you to know that we will lean heavily on your recommendation of the applicant. Those who are accepted as ministry apprentices will be working independently in ministry positions and we must be sure they are ready for this level of ministry. Your recommendation will be kept confidential and we ask that you are honest with us about any reservations concerning this candidate.

How long have you known the applicant? _____

How well do you know the applicant? (Please Circle)

Extremely well Casually Fairly well Only by name

In your observation and association with the applicant, would you characterize their involvement as:

- _____ Heavily involved in ministry
- _____ Consistently involved in ministry
- _____ Occasionally involved in ministry
- _____ Scarcely involved in ministry

Would you please rate the applicant's ministry maturity:

- _____ Very mature
- _____ Mature
- _____ Needs lots of guidance
- _____ Unable to operate in ministry



Areas of maturity: _____

Areas of immaturity: _____

Do you feel this applicant is ready to step into a lead role in ministry?

Yes No

Do you recognize a call by God on the applicant for full-time ministry?

Yes No

Please circle the applicant's areas of gifting:

| | | | |
|-------------|------------------|----------------|----------------|
| Speaking | prayer | carpentry | secretarial |
| singing | medical | administrative | youth ministry |
| children's | artistic | evangelism | drama |
| worship | teaching | discipleship | encouragement |
| hospitality | sound technician | | |

Please circle the areas that best describe the applicant:

| | | | |
|---------------|--------------|--------------------|--------------------|
| Teachable | dependable | lacking humor | motivated |
| peaceful | nervous | Understanding | critical |
| disciplined | flexible | humorous | easily offended |
| Perfectionist | patient | prejudiced | easily discouraged |
| committed | domineering | easily embarrassed | |
| fearful | anxious | wise | good listener |
| moody | enthusiastic | lacking confidence | stable |
| dependent | negative | servant-hearted | |



Please assess the applicant's characteristics in the following areas by circling one option under each heading:

Ability to Work with Others

- Frequently causes friction
- Usually cooperative
- Works well with others

Intelligence

- Challenged in learning new things
- Average ability to comprehend
- Above average ability to think
- Brilliant and exceptional thinker

Physical Condition

- Frequently limited
- Below average
- Fairly healthy
- Good health
- Above average

Christian Experience

- -Not very deep
- -Sharp peaks and deep valleys
- -Genuine, but not aggressive
- -Genuine and growing
- -Thriving and passionate

Servanthood

- Reluctant to serve
- Will serve with proper motivation
- Usually willing to serve
- Aggressively looking for chance to server chance to serve

Relationships

- Avoided by others
- Often misunderstood
- Tolerated by others
- Liked by others
- Respected by others

Leadership Ability

- Avoids opportunity to lead
- Has ability, but chooses to hold back
- Tries to lead but not very mature
- Has good leadership skills
- Exceptional ability to lead

Willingness to Deeply Change

- Not teachable or motivated to change
- Content where they are at
- Willing to receive correction and rebuke
- Seeks out those who will sharpen them

Productivity

- Starts things, but rarely finishes
- Meets minimum requirements
- Reliable to fulfill expectations
- Takes initiative to go beyond
-

Do you recommend the applicant be accepted as a ministry apprentice?

_____ Yes, without reservation

_____ Yes, with some reservations

_____ No



Is there anything else we should know about the quality of this applicant?

Signature: _____ Date: _____

Please scan & email to pathway@tlcsac.org



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Director's Recommendation

If you have been part of a Masters Commission, Internship Program, Bible Institute or any other training have the director fill this out.

Applicant Information (To be filled out by applicant)

Name of Applicant: _____

Address: _____

Cell Phone: _____

Director's Information (To be filled out by director)

Name: _____ Position: _____

Church: _____ Tenure at church: _____

Church Number: _____ Cell Phone: _____

Dear Director, thank you for taking the time to fill out this recommendation. We want you to know that we will lean heavily on your recommendation of the applicant. Those who are accepted as ministry apprentices will be working independently in ministry positions and we must be sure they are ready for this level of ministry. Your recommendation will be kept confidential and we ask that you are honest with us about any reservations concerning the candidate.

How well do you know the applicant? _____

How close is your relationship with the applicant?

Extremely well

Casually

Fairly well

Only by name

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