

TEES VALLEY MASTER'S COMMISSION**Personal Information**

Full name _____ Age _____ Sex _____ Marital Status _____

Address _____

_____ Postcode _____

E-mail address _____ Phone Number _____

DOB _____ Birthplace _____

Social Security or NI number _____

Medical Background

How would you describe your general health? Excellent Good Fair Poor

List any relevant allergies or physical limitations _____

Have you ever used illegal drugs? Yes No If yes, date of last use _____

Have you ever smoked tobacco? Yes No If yes, date of last use _____

Have you ever drunk alcoholic beverages? Yes No If yes, date of last use _____

Do you have health insurance? (Required if from outside UK) Yes No UK citizen _____

EMPLOYMENT

Are you currently employed Yes No

Present employer _____ your position _____

Date hired _____ Date you plan to leave position to join TVMC? _____

EDUCATION

Education: High School College University

Dates graduated _____

List any qualifications you have achieved

FINANCIAL INFORMATION

Are you fully aware of the financial responsibility of attending SMC? Yes No

How do you plan to pay for your tuition? _____

Will you have the total amount by the required date? Yes No

If no, please explain _____

CHURCH BACKGROUND

Name of home church _____

Denomination _____

Address _____

_____ Postcode _____

Phone number _____ E-mail _____

Senior Pastor _____ Youth Pastor _____

How long have you attended this church? _____ How many times a week do you attend _____

List any ministries you have been involved in _____

When did you accept Jesus as Lord and Saviour? _____ Where? _____

Have you been baptized in water? Yes No

Have you ever had an Acts 2:4 experience (not required for acceptance) Yes No

How do your parents/guardians feel about you attending SMC? _____

REFERENCES Please list three references along with their name, relation and phone number.

(Not your pastor, Youth Pastor or a family member)

1. _____ Relationship _____ Tel _____

2. _____ Relationship _____ Tel _____

3. _____ Relationship _____ Tel _____

Briefly describe your devotional life

List any interests/hobbies that you have (non-church related)

Please list any skills or talents that you will bring to TVMC

On a scale 1 to 10 (10 being perfect) please evaluate your own personal strengths and weaknesses from the following criteria:

Self Discipline		Encouraging Others		Creativity	
Personal Motivation		Servant hood		Self Image	
Teamwork		Teachable Spirit		Motivation of Others	
Conversing with Strangers		Financial Responsibility		Submission to Leadership	

If accepted into TVMC are you willing to make a 9 month commitment? Yes No

I have completed the application form, answering all the questions to the best of my ability and the utmost honesty.

SIGNATURE _____ DATE _____