

# ALL PEOPLES

## *training school*

We're so excited that you're interested in the training school at All Peoples Church and we look forward to talking to you more about being a part of the school. We recognize that this application may seem thorough. By honestly and completely filling out this application, you are helping us identify strengths and weaknesses in your life that we will strive to develop in you for the glory of God.

All information given in this application is confidential and will only be read by the All Peoples staff directly involved in the interview process.

Your application will be kept on file if you were ever to accept a full-time ministry position within All Peoples Church or have a staff role in future church plants and ministry ventures.

## INSTRUCTIONS:

- Please answer all questions completely and legibly. Use the application form and attach additional sheets, as necessary, to the end of the application.
- This application may take you a few hours to complete. Start early and turn the application in as soon as possible, **BUT NO LATER THAN SUNDAY APRIL 25<sup>th</sup>**.
- We operate on **rolling admissions**, so we will schedule an interview and try to provide you with feedback shortly after receiving your application
- Applicants applying from out of town may be asked to interview via video chat on 'Skype.'
- Be sure to give your three references plenty of time to complete their sheets by the April 25<sup>th</sup> deadline. You must provide each of your references with a stamped envelope addressed to:  
**All Peoples Church - 6161 El Cajon Blvd #925 - San Diego, CA 92115**
- A passport size photo should be attached to your application. (It does not have to be an actual passport photo. You may cut a picture, which clearly shows your face.)
- **All applications should be turned in by April 25<sup>th</sup>**  
Applications should be turned into the APC Offices, Attn: Kendall Laughlin.
- Late applications may be considered. We reserve the right to deny any late applicants on the basis of lateness alone.
- After your application is received, you will be contacted regarding interview times. You will be contacted for an interview, which usually last 30 minutes.
- Your returned application should contain the following items:
  - application form with photo attached
  - physical/psychological questionnaire and morals questionnaire
  - **"Why You Want to Attend APTS" (see attached instructions for this 1 page essay)**

# PLEASE READ THIS FIRST:

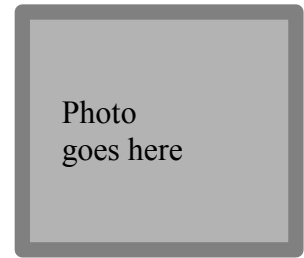
Filling out this application honestly will allow us to get to know you better as we pray about your admission into APTS next school year.

With information on your personal background, your education, and your finances we will be able to ascertain a better understanding of your current situation in life and more about your personal history. College degrees, previous employment, and other training is certainly not a requirement to be in our school and admittance is not granted on the basis of a student's resume. We ask these questions simply to get to know you better.

Your moral and medical history will not alone preclude you from admittance to the school, either. Our goal in obtaining this information is to learn how to best shepherd you through this process and your potential time in APTS.

Our goal is to admit students who seem to be in a place in life where the school would be helpful to them in becoming all that God has for them in the future. We pray about and consider the admission of all applicants to APTS.

# PERSONAL INFORMATION:



Full legal name: \_\_\_\_\_

Preferred name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Gender \_\_\_\_\_

Current Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (work/cell) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Marital Status: (fill out all that apply)

**Single**

are you currently dating anyone? If so, who? \_\_\_\_\_

**Engaged**

fiancé's name and birth date: \_\_\_\_\_

Will your fiancé be applying for the school? \_\_\_\_\_ Date of wedding: \_\_\_\_\_

**Married**

spouse's name and birth date: \_\_\_\_\_

Will your spouse be applying for the school? \_\_\_\_\_ Anniversary: \_\_\_\_\_

**Separated**

date of separation: \_\_\_\_\_

**Divorced**

number of divorces and date(s) of divorce: \_\_\_\_\_

**Widow/er**

date of spouse's death: \_\_\_\_\_

Children's name(s) and Birth date(s):

_____	_____
_____	_____
_____	_____
_____	_____

If you are expecting a child, please give the due date: \_\_

Citizen of which country: \_\_\_\_\_ Do you have a passport? **Yes / No**

Expiration Date: \_\_\_\_\_

Highest level of Education on beginning date of school: (please check only one)

Have not finished high school

High school diploma or GED

Some college classification?

Technical school degree

What Major? \_\_\_\_\_

Bachelor's degree

What Major? \_\_\_\_\_

Master's degree

Degree: \_\_\_\_\_

PhD or professional degree

Degree: \_\_\_\_\_

Other ministry training school

School name: \_\_\_\_\_

Have you previously applied to this school? **Yes / No**

If yes, were you accepted? **Yes / No**

If you were accepted, but did not attend, please explain:

\_\_\_\_\_

If you were not accepted, why (to the best of your knowledge)?

\_\_\_\_\_

Have you applied to any other Antioch movement training schools the past 5 years? **Yes / No**

If so, were you accepted? \_\_\_\_\_

## FINANCIAL INFORMATION:

Tuition for APTS IS \$2500 PER PERSON.

*A deposit of \$250 per person is due (upon your acceptance) by June 15th; the remaining amount **must be paid in full on the first day of the school.***

\*Funds received for your tuition costs (from you or others) are *not* tax deductible.

An additional estimated cost for the outreach trip is \$2,500 - \$4,000 and must be paid in full before you can go on the trip. As a general rule, students raise support for their overseas outreach.

Please fill in all of your major monthly financial obligations as well as any debts that you have. Use a separate sheet if necessary.

Basic Monthly Expenses	\$
Monthly Rent Cost	
Monthly Utilities Cost	
Monthly Car Insurance Payment	
Monthly Telephone & Internet	
Medical Insurance	
Other	
Total	
Total Debt	\$ (total balance)
Name of Charge Card 1:	
Name of Charge Card 2:	
Name of Charge Card 3:	
Student Loan	
Other	
Total Debt Obligation	

Monthly Debt Obligations	\$ (Monthly Payment)
Name of Charge Card 1:	
Name of Charge Card 2:	
Name of Charge Card 3:	
Student Loan	
Mortgage	
Car Payment	
Total Monthly Debt Payment	

APTS is a ministry training school and not accredited by the US Dept of Education.

If you have any student loans, you must begin paying them six months from the time you stop attending college full-time.

If you have student loans, who will pay for these while you attend the school? \_\_\_\_\_

Do you tithe (10%) regularly to the local church? yes \_\_\_\_\_ no \_\_\_\_\_

Do you give offerings over and above a tithe regularly? yes \_\_\_\_\_ no \_\_\_\_\_

**Note: Students attending APTS are expected to work 25-30 hours weekly** in order to provide for themselves while in the school.

Do you currently have a job that will provide for the schedule flexibility APTS requires? **Yes/No**

If no, what kind of jobs will you search for as we move towards the APTS school year?

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# FAMILY BACKGROUND:

List any siblings you have and their ages: \_\_\_\_\_

\_\_\_\_\_

Are your parents Christians and are they currently involved in a church? (Not a requirement to be in the school)

\_\_\_\_\_

What is your current relationship with your parents like? How do they feel about APTS? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Briefly describe your family background: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# CHRISTIAN EXPERIENCE:

At what age did you accept Christ and become born again? \_\_\_\_\_

Briefly describe how you began your relationship with Jesus: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is your religious or denominational background? \_\_\_\_\_

Current Church membership: \_\_\_\_\_ When did you become a member? \_\_\_\_\_

If you do not attend All Peoples Church, how did you hear about this school? \_\_\_\_\_

\_\_\_\_\_

Have you ever been involved in the occult, new age practices, or a cult (Mormons, Jehovah's Witness, etc.)? \_\_\_\_

If so, explain: \_\_\_\_\_

Have you been water baptized? \_\_\_\_\_ Date: \_\_\_\_\_

Do you believe in the Holy Trinity?

(God is one being with three distinct personalities: Father, Son, and Holy Spirit) **Yes/No**

If you were to summarize how a person comes to know God and is accepted into Heaven, what would you say?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your views on the Holy Spirit, the baptism of the Holy Spirit, and the gifts of the Holy Spirit?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In your previous religious experience, were you ever in an environment that in retrospect was guilt-driven or legalistic?

**Yes/No**

If Yes, how does this affect your daily Christian walk today? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## MINISTRY INTEREST:

Check the one that describes your **current** leadership responsibility:

I have never been involved in leading cell groups.

I am not currently in cell leadership. The last position I held was: \_\_\_\_\_

I attend a LifeGroup. Leaders: \_\_\_\_\_

I am a LifeGroup Intern. Leaders: \_\_\_\_\_

I am a LifeGroup leader. Co-leaders: \_\_\_\_\_

Please check the one that most closely describes your long-term ministry interest:

\_\_\_ I am interested in being a church plant team member.....which country? \_\_\_\_\_

\_\_\_ I am interested in working in the marketplace.....what profession? \_\_\_\_\_

\_\_\_ I am interested in leading a church plant.....which country? \_\_\_\_\_

\_\_\_ I am interested in cell ministry.....which church? \_\_\_\_\_

\_\_\_ Other \_\_\_\_\_

Have you ever been on a mission trip? (Not a requirement to be in the school) Yes \_\_\_ No \_\_\_

If yes....

*Trip 1 (start with most recent)*

Trip Date \_\_\_\_\_ Trip Location \_\_\_\_\_ Sponsoring Group \_\_\_\_\_

Leaders Name \_\_\_\_\_ Role on the trip \_\_\_\_\_

Specific Trip Activities \_\_\_\_\_

*Trip 2*

Trip Date \_\_\_\_\_ Trip Location \_\_\_\_\_ Sponsoring Group \_\_\_\_\_

Leaders Name \_\_\_\_\_ Role on the trip \_\_\_\_\_

Specific Trip Activities \_\_\_\_\_

*Trip 3*

Trip Date \_\_\_\_\_ Trip Location \_\_\_\_\_ Sponsoring Group \_\_\_\_\_

Leaders Name \_\_\_\_\_ Role on the trip \_\_\_\_\_

Specific Trip Activities \_\_\_\_\_

# CONFIDENTIAL MEDICAL & PSYCHOLOGICAL QUESTIONNAIRE:

*\*We recognize that a person's past is a very tender subject due to the painful experiences that many have had. However, on the following questionnaires we need you to be extremely honest about the questions in order for us to assess how we can most effectively help you.*

A past problem in an area does not necessarily exclude you from the school. The information that you share with us will be treated confidentially and will be seen only by those directly involved in your application decision.

Name: \_\_\_\_\_

How many days were you absent from work (or school) due to illness in the last year? \_\_\_\_\_

Will you have medical insurance during your training program? \_\_\_\_\_

(Not a requirement to be in the school)

(All Peoples Church does not provide medical coverage for students or trips.)

Are you currently taking any medication or under a doctor's care? \_\_\_\_\_

If so, indicate reason, medication, purpose and any limitations it may cause: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you have any handicaps or health conditions that require special care? Yes / No Explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you have any chronic illnesses or allergies? Yes / No If so, what are they? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you ever had a period of illness that doctors had difficulty diagnosing? Yes/No

Explain: \_\_\_\_\_

Have you used narcotics, hallucinogens or drugs not prescribed by a physician in the past 5 years?

Yes/No

If so, what kind and when? \_\_\_\_\_

Do you now drink alcoholic beverages? \_\_\_\_\_ If so, how frequently? \_\_\_\_\_

Do you now use tobacco products? \_\_\_\_\_ If so, how frequently? \_\_\_\_\_

What are your thoughts in general on consuming alcohol and tobacco products?

\_\_\_\_\_  
\_\_\_\_\_

Would you be willing and open to submit your tobacco and alcohol use to the Holy Spirit and community if a change in your consumption level was required for you to be in our school? Yes / No

Have you been treated for a drug or alcohol problem in the past five years? \_\_\_\_\_

If yes, Please explain: \_\_\_\_\_

\_\_\_\_\_

How often do you tend to experience strong anxiety (circle one)?

Once a month/less    Several Days a Month    More than half the days in a month    Nearly every day

Have you ever experienced physical symptoms of anxiety including panic attacks, tightness of breath, unexplainable migraine headaches?

If yes, Please explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever experienced suicidal thoughts or engaged in self mutilation (cutting, scratching, etc)?

If yes, Please explain: \_\_\_\_\_

How Frequently would you say you experience any or all of the following problems?

Issue	Rarely or never (less than once a year)	Once a month or less	Several Days a month	More than half of the days of the month	Nearly every day
1. Little interest or pleasure in doing things					
2.. Feeling down, depressed, or hopeless					
3. Trouble falling or staying asleep or oversleeping					
4. Feeling tired or having poor energy					
5. Poor appetite or overeating					
6. Feeling bad about yourself – or that you are a failure or have let yourself or your family down					
7. Trouble concentrating on things such as reading or watching television					
8. Moving or speaking so slowly that other people have noticed – or the opposite, being so fidgety that others have noticed					
9. Thoughts that you would be better off dead or of hurting yourself or others in some way					
10. Unresolved anger					

11. If you experience any of these problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all                    \_\_\_\_\_                    Somewhat difficult                    \_\_\_\_\_

Very difficult                            \_\_\_\_\_                    Extremely difficult                    \_\_\_\_\_



# CONFIDENTIAL MORALS QUESTIONNAIRE

1. What are your convictions regarding premarital and extra-marital physical involvement? (e.g. physical boundaries and sexual involvement) \_\_\_\_\_

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2. Have you set guidelines for yourself in the physical area to ensure minimal temptation? \_\_\_\_\_  
If so, what are they?

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3. Have you had a relationship in the past two years with a member of the opposite sex that would be considered morally compromising?  
(i.e., heavy kissing, fondling, sexual intercourse, extra-marital involvement, etc.) \_\_\_\_\_

If so, when was the last occurrence of involvement in this kind of relationship? (Month/year)\_\_\_\_\_

What was the extent of physical involvement? (Please be specific) \_\_\_\_\_

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a. **Singles:** Have you dated other men/women since the last occurrence? \_\_\_\_\_

If so, what has your physical relationship been with them? \_\_\_\_\_

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b. **Married:** How has this affected your relationship with your spouse? \_\_\_\_\_

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4. Please explain any current struggles with sexual temptation, masturbation, fantasy, pornography, difficulty applying your guidelines/convictions, etc. \_\_\_\_\_

5. a. female: Have you ever had an unmarried pregnancy or abortion? \_\_\_\_\_

b. male: Have you ever been responsible for a girlfriend's unmarried pregnancy or abortion? \_\_\_\_\_

If so, when? Explain the circumstances: \_\_\_\_\_

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6. Have you ever had any type of homosexual experiences? \_\_\_\_\_

If so, when was the last occurrence of involvement (Month/year) \_\_\_\_\_

What was the extent of physical involvement? (Please be specific) \_\_\_\_\_

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How does this affect your current relationships with the same sex? \_\_\_\_\_

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**Self Awareness:** Please circle the 3 areas you struggle with most:

Comparison  
Insecurity/Self Worth  
Materialism  
Envy/ Jealousy  
Anger  
Anxiety  
Rebellion  
Greed  
Fear

Self-Justification  
Control  
Manipulation  
Coarse Joking  
Lying  
Codependent  
Idolatry  
Pride  
Unforgiveness

Lust /Pornography/Masturbation  
Depression  
Hatred  
Gluttony  
Passivity  
Other \_\_\_\_\_

Do you have any additional comments or clarification about anything on this questionnaire? \_\_\_\_\_

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## ONE PAGE ESSAY

On a separate sheet of paper, please explain why you want to do APTS next year.

**Essays should be no more than one page, single spaced, and typed.**

\*Note: Applications will not be accepted without completion of essay.

# Pastor/Life Group Leader Reference

(someone in direct authority over you in a ministry/spiritual environment)

I, \_\_\_\_\_ have applied to be a student in APTS beginning in September, 2010.

*I have referred you to APTS for information concerning my character and fitness for this school. The APTS staff would appreciate your honest, straightforward answers, evaluating both my assets and liabilities. APTS's standards are high because of the special demands of this school and the positions of spiritual leadership in which people are placed. Thus, the school needs accurate information about me in a variety of areas in order to make a fair appraisal of my qualifications. Your PROMPT COOPERATION in filling out this form will be greatly appreciated. Be assured that your reply will be held in strict confidence and that I will not see this form after you complete it.*

**Reference Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

In what relationship? \_\_\_\_\_

How well would you say you know the applicant?

Very well - Well - Average - Not Very Well - Almost Not at All

Please discuss the following areas, based on your knowledge of the applicant. If further space is needed, please attach additional sheets.

1. Is there any indication that the applicant's decision to do the discipleship school has been significantly influenced by:

- |   |     |    |
|---|-----|----|
| A. A desire to escape personal, family or vocational situations?      | Yes | No |
| B. An unrealistic appraisal of what is involved in Christian service? | Yes | No |

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

2. Does the applicant have the ability to make decisions and follow through on them? Yes No

If no, please explain: \_\_\_\_\_

\_\_\_\_\_

3. How does the applicant respond to authority? \_\_\_\_\_

\_\_\_\_\_

4. Can the applicant take responsibility and demonstrate leadership? Give examples: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Comment on the applicant's (a) Sensitivity to the needs, feelings and attitudes of others: \_\_\_\_\_

\_\_\_\_\_

(b) Ability to work with others: \_\_\_\_\_

6. What is the applicant's attitude toward other groups, races or nationalities?

7. To your knowledge, how does the applicant respond under difficult circumstances? \_\_\_\_\_

8. Are you aware of any instance(s) of mental or emotional illness or difficulty that the applicant has had? If yes, please explain on another page. Yes No

9. To your knowledge, has the applicant ever used narcotics, hallucinogens or drugs not prescribed by a physician? If yes, please explain on another page. Yes No

10. Do you have any reservations concerning the financial integrity and/or the indebtedness of the applicant? If yes, please explain on another page. Yes No

11. Have you ever had reason to question the applicant's morals? If yes, please explain on another page. Yes No

12. What outstanding abilities or talents does the applicant have? \_\_\_\_\_

13. What degree of confidence would you have in this applicant in:

(A) Pastoral Ministry					(B) Leadership				
1	2	3	4	5	1	2	3	4	5
lowest				highest	lowest				highest

Please comment. \_\_\_\_\_

14. Please summarize this applicant's fitness for Christian service adding any considerations that may influence his/her effectiveness: \_\_\_\_\_

15. What, in your opinion, are the 3 areas of growth most needed by the applicant through this discipleship school?

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

Occupation: \_\_\_\_\_

This form is an essential part of each student's acceptance into APTS. **Please mail this form directly to ALL PEOPLES CHURCH by April 25<sup>th</sup>**. The applicant should provide you with a stamped, addressed envelope.  
All Peoples Church – 5875 El Cajon Blvd Suite 101 - San Diego, CA 92115 Attn: Kendall Laughlin

# Employer or Teacher Reference

(someone in direct authority over you in your current or most recent work/school environment)

Dear Employer or Teacher,

I, \_\_\_\_\_, am applying to be part of a Christian Bible and Discipleship School next fall. The school is part of All Peoples Church, which is the non-denominational Christian church that I attend. The staff of the school would appreciate your honest, straightforward answers evaluating both my assets and liabilities. All Peoples Training School's standards are high because of the demands of the school and the positions of spiritual leadership in which people are placed. Thus, the school needs accurate information about me in a variety of areas in order to make a fair appraisal of my qualifications. Your PROMPT COOPERATION in filling out this form will be greatly appreciated. Be assured that your reply will be held in strict confidence and that I will not see this form after you complete it. (Due April 25, 2010)

Any questions about this form can be directed to Kendall Laughlin, All Peoples Training School director, at [kendall@allpeopleschurch.org](mailto:kendall@allpeopleschurch.org)

Reference Name: \_\_\_\_\_ Phone: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

In what relationship? \_\_\_\_\_

How well would you say you know the applicant?

Casual Relationship  Work together daily  Close, professional relationship

Friendship outside of work or school  Long-term family friend or personal friendship

1. Does the applicant show up on time to class or school? Yes No

If no, please explain: \_\_\_\_\_

\_\_\_\_\_

2. Does the applicant have the ability to make decisions and follow through on them? Yes No

If no, please explain: \_\_\_\_\_

\_\_\_\_\_

3. How does the applicant respond to authority? \_\_\_\_\_

\_\_\_\_\_

4. Can the applicant take responsibility and demonstrate leadership? Give examples: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Comment on the applicant's (a) Sensitivity to the needs, feelings and attitudes of others: \_\_\_\_\_

\_\_\_\_\_

(b) Ability to work with others: \_\_\_\_\_

6. To your knowledge, how does the applicant respond under difficult circumstances? \_\_\_\_\_

7. Are you aware of any instance(s) of mental or emotional illness or difficulty that the applicant has had? If yes, please explain on another page. Yes No

9. To your knowledge, does the applicant have any issue with drug or alcohol abuse? Yes No

10. Do you have any reservations concerning the financial integrity and/or the indebtedness of the applicant? If yes, please explain on another page. Yes No

11. Have you ever had reason to question the applicant's morals? If yes, please explain on another page. Yes No

12. What outstanding abilities or talents does the applicant have? \_\_\_\_\_

13. Is there anything else our church should consider before placing this applicant in a position of spiritual leadership?

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

Occupation: \_\_\_\_\_

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**All Peoples Church – 5875 El Cajon Blvd Suite 101 - San Diego, CA 92115**  
**Attn: Kendall Laughlin**

# Friend Reference

I, \_\_\_\_\_ have applied to be a student in APTS beginning in September, 2010.

*I have referred you to APTS for information concerning my character and fitness for this school. The APTS staff would appreciate your honest, straightforward answers, evaluating both my assets and liabilities. APTS's standards are high because of the special demands of this school and the positions of spiritual leadership in which people are placed. Thus, the school needs accurate information about me in a variety of areas in order to make a fair appraisal of my qualifications. Your PROMPT COOPERATION in filling out this form will be greatly appreciated. Be assured that your reply will be held in strict confidence and that I will not see this form after you complete it.*

**Reference Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

In what relationship? \_\_\_\_\_

How well would you say you know the applicant?

Very well - Well - Average - Not Very Well - Almost Not at All

Please discuss the following areas, based on your knowledge of the applicant. If further space is needed, please attach additional sheets.

1. Is there any indication that the applicant's decision to do the discipleship school has been significantly influenced by:

- |   |     |    |
|---|-----|----|
| A. A desire to escape personal, family or vocational situations?      | Yes | No |
| B. An unrealistic appraisal of what is involved in Christian service? | Yes | No |

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

2. Does the applicant have the ability to make decisions and follow through on them? Yes No

If no, please explain: \_\_\_\_\_

\_\_\_\_\_

3. How does the applicant respond to authority? \_\_\_\_\_

\_\_\_\_\_

4. Can the applicant take responsibility and demonstrate leadership? Give examples: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Comment on the applicant's (a) Sensitivity to the needs, feelings and attitudes of others: \_\_\_\_\_

\_\_\_\_\_

(b) Ability to work with others: \_\_\_\_\_

6. What is the applicant's attitude toward other groups, races or nationalities? \_\_\_\_\_

\_\_\_\_\_

7. To your knowledge, how does the applicant respond under difficult circumstances? \_\_\_\_\_

\_\_\_\_\_

8. Are you aware of any instance(s) of mental or emotional illness or difficulty that the applicant has had? If yes, please explain on another page. Yes No

9. To your knowledge, has the applicant ever used narcotics, hallucinogens or drugs not prescribed by a physician? If yes, please explain on another page. Yes No

10. Do you have any reservations concerning the financial integrity and/or the indebtedness of the applicant? If yes, please explain on another page. Yes No

11. Have you ever had reason to question the applicant's morals? If yes, please explain on another page. Yes No

12. What outstanding abilities or talents does the applicant have? \_\_\_\_\_

\_\_\_\_\_

13. What degree of confidence would you have in this applicant in:

(A) Pastoral Ministry  
1 2 3 4 5  
lowest highest

(B) Leadership  
1 2 3 4 5  
lowest highest

Please comment. \_\_\_\_\_

\_\_\_\_\_

14. Please summarize this applicant's fitness for Christian service adding any considerations that may influence his/her effectiveness: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

15. What, in your opinion, are the 3 areas of growth most needed by the applicant through this discipleship school?

\_\_\_\_\_

\_\_\_\_\_

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

Occupation: \_\_\_\_\_

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