

Island LIFE Discipleship Centre

6553 Portsmouth Rd., Nanaimo, BC, Canada V9V 1A3

Application for Admission Checklist

A. Send the following, together, to Island LIFE Discipleship Centre:

- Fully completed Application for Admission
 - Foreign student's page (if applicable)
 - Copy of visa/passport (if applicable)
 - Copy of immunization records
- Colour photo – passport size (graduation or passport style)
- Criminal Record Check – original copy
- Non-refundable, \$50 application fee, made out to "Island LIFE Discipleship Centre."

B. Please have the following sent directly to Island LIFE Discipleship Centre by the person writing them :

- Two separate confidential personal references.
- A confidential Pastor's reference.

Submission of Application

Complete Application package (including Checklist page) must be mailed together and postmarked no later than six weeks prior to the program start date. Any faxed copies must be followed up immediately by mailing the original, completed Application package.

Please send your application package to:

Island LIFE Discipleship Centre
6553 Portsmouth Road
Nanaimo, BC, Canada V9V 1A3

Island LIFE Discipleship Centre

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Application for Admission

How did you hear about Island LIFE Discipleship Centre? _____

Desired enrolment status: Full time

Part time (evening classes)

Personal Information

Please print.

Full Name: (last) _____ (first) _____ (middle) _____

(Please circle the name you prefer to be known by.)

Address: (street) _____ (city) _____

(province) _____ (country) _____ (postal code) _____

Phone: () _____ Cell: () _____ E-mail: _____

Date of Birth: (dd/MMM/yyyy) _____ Gender: Male Female S.I.N.: _____

Do you have First Nations status? Yes No

If "Yes," name of Nation: _____ Name of Band: _____

Ethnicity: _____ Citizenship: _____

Status if not a Canadian citizen: Landed Immigrant Student Visa Visitor

Do you have a valid passport? Yes No (If "yes," please include a copy of the main page with this application.)

How many brothers and sisters do you have? _____

Marital Status: Single Engaged Married Widowed Separated Divorced Remarried

Single Applicants (if still living at home)

Parent(s)/Guardian(s)' Names: _____

Address: (street) _____ (city) _____

(province) _____ (country) _____ (postal code) _____

Is your family supportive of your decision to attend Island LIFE Discipleship Centre? Yes No Unconcerned

Married Applicants

Spouse's Name: (first) _____ (last) _____

Child(ren)'s Name(s): _____

Which of the following areas of ministry do you enjoy or find that you have gifting in? (Please check all that apply.)

Speaking	<input type="checkbox"/>	Dance	<input type="checkbox"/>	Children's work	<input type="checkbox"/>	Medical	<input type="checkbox"/>
Teaching	<input type="checkbox"/>	Evangelism	<input type="checkbox"/>	Youth work	<input type="checkbox"/>	Computer	<input type="checkbox"/>
Music	<input type="checkbox"/>	Counselling	<input type="checkbox"/>	Prayer	<input type="checkbox"/>	Secretarial	<input type="checkbox"/>
Worship	<input type="checkbox"/>	Administration	<input type="checkbox"/>	Electrical	<input type="checkbox"/>	Graphics	<input type="checkbox"/>
Art	<input type="checkbox"/>	Encouragement	<input type="checkbox"/>	Plumbing	<input type="checkbox"/>	Video	<input type="checkbox"/>
Drama	<input type="checkbox"/>	Hospitality	<input type="checkbox"/>	Carpentry	<input type="checkbox"/>	Other: _____	

Sizing Information

T-shirt size: Men's Women's (circle one) XS S M L XL XXL XXXL

NOTE: All full time students are required to have some particular items of clothing for the duration of their time in attendance at Island LIFE Discipleship Centre. Please see the **Student Handbook** for details.

Personal History

Date you accepted Christ as Saviour: _____ (dd/MMM/yyyy)

Briefly describe your lifestyle before your salvation: _____

Have you been baptized in water? Yes No If so, when? (dd/MMM/yyyy) _____

Have you received the baptism of the Holy Spirit? Yes No If so, when? (dd/MMM/yyyy) _____

Please write the story of how you met Jesus. (You may attach one separate piece of paper to the back of the Application for Admission form if there is insufficient room below. Please write legibly or type your story.)

Which best describes your present relationship with Christ?
 Active and growing Inconsistent Recently committed

For what reason(s) do you want to attend Island LIFE Discipleship Centre? _____

Is there a "calling" you believe God has placed upon your life (e.g., schooling, ministry, occupation)?

Will it be difficult for you to respond to the authority of the staff of Island LIFE Discipleship Centre? Yes No

If "yes," please explain. _____

During the past six months, have you engaged in behaviours that are inconsistent with the life of a believer (e.g., drunkenness, drug use, sexual activity outside of marriage, viewing pornography, lying, cheating, occult activities, arson, stealing). Yes No If "yes," please explain:

Church Information

Home Church: _____

Denomination/Affiliation: _____

Mailing Address of Church: (street) _____ (city) _____

(province) _____ (country) _____ (postal code) _____

Pastor's Name: _____ Phone No.: () _____

Church involvement: (Check all that apply.)

- Regularly attend services and enthusiastically engage in other activities.
- Regularly attend services, but seldom participate in other activities.
- Regularly participate in other activities, but seldom attend services.
- Irregular in attendance and do not participate in other activities.
- Do not presently have a church home.

Describe your involvement at your church. _____

Academic Background

Name of High School attended: _____

Location of High School attended: (city) _____ (province) _____

Year of graduation: _____ or Grade 12 Equivalent: _____ If not graduated, last grade completed: _____

List below any colleges, universities, or other schools you have attended.

<i>Name of Institute</i>	<i>Address</i>	<i>Dates Attended</i>	<i>Diploma/Degree Earned</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Describe your academic strengths: _____

Describe your academic weaknesses: _____

Personal Health

Because there is a specific activity element to the Island LIFE Discipleship Centre program, and because physical health is a part of a believer's responsibility before God, please complete the following. This information will be kept confidential and will be used only to help us assist you with any health problems, whether an emergency or an on-going one, which you may experience while a student at Island LIFE Discipleship Centre.

All students are expected to have sufficient medical coverage. Foreign Student Medical Coverage can be applied for through the Ministry of Health, P.O. Box 9035, Stn. Prov. Govt., Victoria, BC V8W 9E3.

Are you covered by Canadian Health Care? Yes No

If "yes," what Province? _____ Health Card Number: _____

Are you covered by private health insurance? Yes No

If "yes," what is the name of the Health Insurance Company? _____

Please describe briefly any health problems/conditions which we need to be aware of (e.g., allergies, heart condition, diabetes, depression, anxiety attacks, epilepsy, Attention Deficit Disorder, asthma, AIDS, HIV positive, a sexually transmitted disease).

Do any of these conditions require the use of regular medication? Yes No

If "yes," please indicate which condition and the medications you will need to take.

Have you had or are you now receiving assistance for emotional, mental, or chronic physical difficulties? Yes No

If "yes," please explain.

Mother's/Guardian's Name: _____

Father's/Guardian's Name: _____

In case of emergency, contact: _____ (name)

_____ (relationship)

Emergency Contact's Daytime Phone: _____

(phone) ()

(ext.)

Emergency Contact's Evening Phone: _____

(phone) ()

(ext.)

Father's/Guardian's Business Phone and Extension: _____

(phone) ()

(ext.)

Mother's/Guardian's Business Phone and Extension: _____

(phone) ()

(ext.)

Family Physician's Name: _____

Physician's Phone Number: ()

In case of minor medical emergency, I would like to go to the following medical clinic or doctor in Nanaimo.

Clinic Address: _____

Clinic Phone No.: ()

Dates of Childhood Immunizations (dd/MMM/yyyy)

Hepatitis A	Hepatitis B	Smallpox	Polio
TB Test	DTP	Tetanus	MMR

For students not living at home, please enclose a copy of your current immunization records.

Student Agreement

I have read the current Island LIFE Discipleship Centre *Student Handbook* and I agree to fully comply with all program rules, guidelines, and policies, including those related to dismissal, romantic relationships, living with house-parents, and my personal financial commitment to the Centre. I understand that my compliance with these rules, guidelines, and policies applies to me during the entire time I am at Island LIFE Discipleship Centre student, including weekends, breaks, and while traveling away from Nanaimo.

Yes No

All information provided in this application is complete and accurate. I realize that supplying incomplete or false information in this application or during my interview with Island LIFE Discipleship Centre staff may result in my failure to be accepted into the program or may result in being dismissed from it.

I consent to the sharing of relevant information written on this application and/or shared during my application interview, with the staff of Island LIFE Discipleship Centre and Maranatha Foursquare Gospel Church, and with the house-parents with whom I will be placed.

IMPORTANT NOTE: Students who will be **minors** at the start date of their program at Island LIFE Discipleship Centre MUST include the **Parent/Guardian Waiver and Release** form. (Please request this form from the Centre.)

Applicant's Signature

Date

Section for Foreign Students

A valid visa and passport is required for the duration of your time at Island LIFE Discipleship Centre. You must bring the papers associated with your visa and your passport with you. Please contact us for a separate guide to help you obtain the proper clearance for your participation at Island LIFE Discipleship Centre.

Type of visa: _____ Dates visa is effective: _____

Type of passport: _____ Dates passport is effective: _____

Will your visa need to be renewed during your time at Island LIFE Discipleship Centre? _____

Will your passport need to be renewed during your time at Island LIFE Discipleship Centre? _____

What is the name of the Canadian Consulate or Embassy which issued your visa?

Where is that consulate or embassy located? _____ (city) _____ (country) _____

Do you have any relatives or friends in Canada that should be contacted in case of an emergency?

- In case of emergency, contact: _____ (name) _____ (relationship)
- Emergency Contact's Daytime Phone: _____ (phone) () _____ (ext.)
- Emergency Contact's Evening Phone: _____ (phone) () _____ (ext.)

What is your first language? _____

How good is your understanding of English? Excellent Good Fair Poor

What other language(s) do you speak? _____

Please note that an **admission interview** will be done on the telephone after your application has been received and reviewed by Island LIFE Discipleship Centre.