

Attach wallet size photo here

Program application



I WOULD LIKE TO ENROLL FOR ACTS: Fall session _____ Winter session _____

Thank you for applying to the ACTS program. In order for us to process your application we must receive each of the following items. The checklist below is provided for your convenience. Please make sure all sections are filled out completely and that all requested items are sent with your application. Thank you and may God bless you!

- Complete Section A. (Personal Information)
- Complete Section B (Financial information and Program Agreement. Be sure to sign the bottom).
- Prayerfully answer the questions in Section C. (Supplemental Questions)
- Complete Section D (Confidential Health Form. Physician must fill out top half of page 2; applicant must sign the bottom half).
- Include a recent, wallet-size photo of yourself.
- Sign Outreach Agreement.
- Make two copies of the Confidential Reference Form. Give one to your pastor/youth pastor, one to a teacher or employer, and one to a mature Christian friend along with a stamped envelope with the address below.
- Send all papers, photo and your non-refundable registration fee of \$40 to the address below. (There will be a late fee of \$10 for applicants registering after 15 days prior to the beginning date of the Program)

GCM
P.O. Box 942
Naches, WA 98937

Questions?
(509) 673-2290• Email: kristin@gcmacts.com

ENTRY APPLICATION

SECTION A: Personal Information (Please print or type)

Name _____

Address _____ Phone (____) _____

City _____ St _____ Zip _____ E-Mail _____

Country _____ Sex _____ Date of Birth _____

Citizenship _____ Passport# _____ Exp. Date _____

Home Church _____ Pastor's Name _____

Church Address _____

Church Phone (____) _____ How long have you been attending? _____

Highest level of education completed _____

Post-secondary school attended _____

What languages do you speak? (in decreasing order of fluency) 1. _____ 2. _____

3. _____

Driver's license # _____ State _____ Type _____

Social Security # _____ Present employer _____

Occupation _____ Other occupational skills _____

#of years exp. _____ Musical abilities/other talents _____

In Case of emergency contact:

Name _____

Address _____ City _____

State _____ Zip _____ Country _____ Relationship _____ Phone (____) _____

SECTION B: Supplemental Questions

Prayerfully and concisely answer the following questions on a separate piece of paper. We are looking for honesty and transparency. Please don't tell us what you think we want to hear! Please print or type.

1. Describe how you came to know Jesus as your Savior, and your present relationship with the Lord.
2. Describe significant experiences you have had in your walk with the Lord.
3. Describe your relationship with your family. How do they feel about your plans to attend ACTS?
4. Describe your relationship with your local church; include areas of service and leadership.
5. Are you presently employed or in school? Please specify.
6. Describe your long-term goals. Has God spoken to you about your life's calling? Please explain.
7. Have you had any mission's experience? Where and what type of ministry were you involved in?
8. What are your strengths? Do you know your spiritual gift(s)? Please explain.
9. What are your weaknesses? What areas of your character are you presently seeking God to further develop and improve?
10. How would you solve a conflict with another Christian in the body of Christ?
11. Describe your ability to work in a team?
12. How did you hear about the ACTS program?
13. Please let us know in detail your motivation for coming to ACTS.
14. Please list any special circumstances or situations we should know about.
15. Please list the names and addresses of your three references.

SECTION C: Financial Information and Program Agreement

Financial Information

Do you have the total school fees? Yes No, If no what percentage do you have? _____

From what source(s) will you receive the remainder? _____

Do you have any outstanding debts? If so, explain: _____

I certify that all information in this application is complete and accurate. If accepted by GCM, I will abide by the spirit, rules, and schedule of the program. I understand that any and all Confidential Evaluations in my file are GCM property, and I relinquish the right to view them or obtain information from them in any way. In accordance with biblical principles, I agree to resolve any and all disputes with GCM, its directors or staff by means of reconciliation or mediation, and waive any right to pursue action by way of litigation. I confirm that I understand that payment of required tuition fees must be made upon or before arrival unless prior arrangements have been made. I also confirm that I am fully aware of my financial obligation, both to the Lord and to the students and staff at GCM. I therefore commit myself to paying all personal expenses incurred during my involvement with GCM.

Signature _____ Date _____

NON U.S. CITIZENS

All payments of registration and tuition fees should be made in U.S. dollars rather than in the currency of your own country. You may go to your bank and request a U.S. dollars money order or cashier's check. The check must have magnetic numbers at the bottom of it, otherwise the bank will not accept it and it will require special handling that will take about six weeks to process, often times with a service charge. Students submitting checks that require special handling are responsible for all service charges. You will need to apply for a U.S. visa for your stay here. Once your application has been approved we recommend you apply for a temporary, business (B1) visa which is normally granted for 1 year, renewable every six months.

OUTREACH Agreement

Because my purpose in joining Great Commandments Ministries is to grow in Christ and share His love with others, I agree to submit to it's leadership and policies and to conduct myself in a way that brings honor to the Lord.

I understand that outreach destinations and dates are subject to change and that GCM reserves the right to change or cancel outreaches in the event of a natural disaster, political crisis and/or ministry-related difficulties. Should an outreach be cancelled, GCM will look for an alternative destination. GCM is not liable in case of illness, accident, death or unexpected travel expenses.

In case of accidental death, Great Commandments Ministries cannot cover the cost of burial in the country of service, nor the cost of shipping the body to another country for burial. Family members must incur all burial related expenses. Some nations, by law, require immediate entombment or cremation.

GCM is registered with the Internal Revenue Service as a 501(c) 3 non-profit organization and thereby determines that any payments made toward tuition fees are NOT tax-deductible. However, donations made toward outreach fees are tax-deductible (and non-refundable). To receive a tax receipt, checks must be made payable to GCM and NOT to a specific participant. The participant's name MUST NOT appear anywhere on the check, include their name on a separate piece of paper.

I understand that IRS regulations prohibit GCM from refunding contributions received for outreaches. If I cannot go on my planned outreach, GCM will subtract the cost of any previously purchased airline tickets and administrative fees and apply the balance to another GCM outreach (for myself only) for up to one year. Donations are not transferable. Funds received in excess of the amount needed for my outreach will be used for the ministry of GCM.

I understand that if I fail to abide by this agreement I will be asked to leave at my own expense. My signature below (and that of my parent or legal guardian if I am under 18) certifies my approval of this agreement and intention to comply with its contents.

Signature of Participant

Date

*Signature of Parent or Guardian
(for participants under 18)*

Date

SECTION D: CONFIDENTIAL HEALTH FORM

Name _____

In an emergency, contact _____ Phone (____) _____

Medical Insurance Co. _____ Ins. # _____

Medical Insurance Co. Phone# (____) _____

PERSONAL HISTORY: Please answer all questions by placing a check in the appropriate box. Explain any "Yes" answers in the space below. Have you ever had, or do you have, any of the following?

	Yes	No		Yes	No		Yes	No
Skin conditions	<input type="checkbox"/>	<input type="checkbox"/>	Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>	Stomach/ulcer	<input type="checkbox"/>	<input type="checkbox"/>
Eye trouble	<input type="checkbox"/>	<input type="checkbox"/>	Asthma, hay fever	<input type="checkbox"/>	<input type="checkbox"/>	Gall bladder prob.	<input type="checkbox"/>	<input type="checkbox"/>
Ear trouble	<input type="checkbox"/>	<input type="checkbox"/>	Heart trouble	<input type="checkbox"/>	<input type="checkbox"/>	Jaundice	<input type="checkbox"/>	<input type="checkbox"/>
Head injury	<input type="checkbox"/>	<input type="checkbox"/>	High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>
headaches	<input type="checkbox"/>	<input type="checkbox"/>	Low blood pres.	<input type="checkbox"/>	<input type="checkbox"/>	Intestinal troubles	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	arthritis	<input type="checkbox"/>	<input type="checkbox"/>	Re-current diarrhea	<input type="checkbox"/>	<input type="checkbox"/>
Fainting spells	<input type="checkbox"/>	<input type="checkbox"/>	Back problems	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Nervous disorders	<input type="checkbox"/>	<input type="checkbox"/>	Joint dislocation	<input type="checkbox"/>	<input type="checkbox"/>	Kidney disease	<input type="checkbox"/>	<input type="checkbox"/>
Weakness	<input type="checkbox"/>	<input type="checkbox"/>	Broken bones	<input type="checkbox"/>	<input type="checkbox"/>	Anemia	<input type="checkbox"/>	<input type="checkbox"/>
Paralysis	<input type="checkbox"/>	<input type="checkbox"/>	Eating disorders	<input type="checkbox"/>	<input type="checkbox"/>	Venereal disease	<input type="checkbox"/>	<input type="checkbox"/>
Insomnia	<input type="checkbox"/>	<input type="checkbox"/>	Anorexia nervosa	<input type="checkbox"/>	<input type="checkbox"/>	Tumor/cancer	<input type="checkbox"/>	<input type="checkbox"/>
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	Bulimia	<input type="checkbox"/>	<input type="checkbox"/>			
						FEMALES ONLY		
Penicillin	<input type="checkbox"/>	<input type="checkbox"/>	Surgery	<input type="checkbox"/>	<input type="checkbox"/>	Irregular periods	<input type="checkbox"/>	<input type="checkbox"/>
Sulfonamides	<input type="checkbox"/>	<input type="checkbox"/>	Appendectomy	<input type="checkbox"/>	<input type="checkbox"/>	Severe cramps	<input type="checkbox"/>	<input type="checkbox"/>
Serum	<input type="checkbox"/>	<input type="checkbox"/>	Hernia repair	<input type="checkbox"/>	<input type="checkbox"/>	Excessive flow	<input type="checkbox"/>	<input type="checkbox"/>
Other*	<input type="checkbox"/>	<input type="checkbox"/>	Tonsillectomy	<input type="checkbox"/>	<input type="checkbox"/>			
Food*	<input type="checkbox"/>	<input type="checkbox"/>	Other*	<input type="checkbox"/>	<input type="checkbox"/>			

*Other/Explain

Are you now under doctor's care for any condition? YES NO (specify)

Are you taking any medication at this time? YES NO (specify)

Do you have any physical handicaps or health conditions which require special attention? YES NO (specify)

Do you have a history of receiving counseling or psychiatric treatment? YES NO (specify)

Height _____ Weight _____ Blood Type _____

Would you rate your health condition as: Excellent Good Fair Poor

TO THE PHYSICIAN

Name of applicant _____

The above-named person has applied for service with the Great Commandments Ministries, ACTS program. This program requires good health and endurance. Please review the "Personal History" information sheet, fill out the portion below, and make any additional comments.

Blood Pressure _____ Pulse _____

Are there any abnormalities of the following systems?

	Yes	No	Please describe
Ears, nose, throat	<input type="checkbox"/>	<input type="checkbox"/>	_____
Eyes	<input type="checkbox"/>	<input type="checkbox"/>	_____
Neurological	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cardiovascular	<input type="checkbox"/>	<input type="checkbox"/>	_____
Respiratory	<input type="checkbox"/>	<input type="checkbox"/>	_____
Musculoskeletal	<input type="checkbox"/>	<input type="checkbox"/>	_____

Would applicant be able to walk 3 to 4 miles per day? YES NO

Comments _____

PHYSICIAN RECOMMENDATION Acceptable without limitations Not acceptable
 Should remain in areas where adequate medical care is provided Acceptable with limitations (specify)

Physician's signature _____ Date _____

Physician's name (please print) _____

Full address _____

CONSENT FOR TREATMENT

I/we hereby agree to the performance of such treatment, anesthetics, and operations as in the opinion of the attending physician as deemed necessary on the above-named person.

Applicant's signature _____
Parent/guardian signature (for applicants under 18)

Date _____
Relationship to applicant _____
Date

LIABILITY RELEASE

I/we hereby release Great Commandments Ministries, its agents, employees, and volunteer assistants from any liability whatsoever arising out of any injury, damage, or loss which may be sustained by said person during the course of involvement with Great Commandments Ministries. I/we agree to resolve any and all disputes with Great Commandments Ministries, its directors or staff by means of reconciliation or arbitration; and waive any right to pursue action by way of litigation.

Applicant's signature _____
Parent/guardian signature (for applicants under 18)

Date _____
Relationship to applicant _____
Date

CONFIDENTIAL REFERENCE

Name of Applicant _____ Phone (____) _____ Address _____

_____ City _____ St _____ Zip _____ Country _____

Applying for ACTS: Summer session _____ Winter session _____

TO THE PERSON FILLING OUT THIS FORM

The above applicant has applied for participation in a program sponsored by Great Commandments Ministries. GCM, founded in 1994, is an international, interdenominational, Christian missions organization. Serious consideration will be given to your comments, so we greatly appreciate your careful and thoughtful completion of this form. All evaluations are kept in strict confidence and will not be shown to the applicant. Your early response (within 7 days) is most appreciated. Thank you for your assistance.

What is your relationship to the applicant? Employer Teacher Pastor Friend

How well do you know the applicant? Very well Well Casually

How long have you known the applicant? _____ years _____ months

Please check the following and comment as necessary:

	SUPERIOR	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
Ability to receive correction				
Self-confidence				
Ability to make decisions				
Social poise				
Concern for others				
Ability to follow leadership				
Willingness to serve				
Emotional stability				
Communication skills				
health				
Personal hygiene				

Comments: _____

Mental ability

Quick to comprehend

Average

Slow

Industry

Hard worker

Average

Lacks persistence

Reliability

Meets obligations

Average

Neglects obligations

Teamwork

Works well with others

Average

Often causes friction

Flexibility	<input type="checkbox"/> Open to change	<input type="checkbox"/> Average	<input type="checkbox"/> Unyielding
Christian character	<input type="checkbox"/> Well-balanced	<input type="checkbox"/> Average	<input type="checkbox"/> Unstable
Disposition	<input type="checkbox"/> Cheerful	<input type="checkbox"/> Average	<input type="checkbox"/> Passive
Punctuality	<input type="checkbox"/> Punctual	<input type="checkbox"/> Average	<input type="checkbox"/> Often late
Financial responsibility	<input type="checkbox"/> Honors obligations	<input type="checkbox"/> Average	<input type="checkbox"/> Neglectful

1. Which of the following would best describe the applicant's Christian experience?

Mature Contagious Genuine and growing Over-emotional Superficial

Comments: _____

2. With reference to Christian service, is applicant: Dedicated Average Casual

Comments: _____

3. Does he/she display high moral standards? Yes No Explain: _____

4. What do you believe are the applicant's motives in applying for this program? Check one or more boxes.

Christian service Desire to spread the Gospel Receive help/ministry find God's direction
 Desire to help others Escape an unpleasant home situation Travel
 Other (explain) _____

5. Please comment on the applicant's family background

6. What do you consider to be the applicant's strong points? (include special abilities)

7. What are the applicants weaknesses? What could GCM do to aid in the applicant's personal development?

9. (Pastors Only) Does your congregation/group stand behind the applicant with enthusiasm and prayer?

10. Would you recommend the applicant for acceptance to this GCM program?

Yes With some reservations (explain) No (explain) _____

Signature _____ Date _____

Name (please print) _____ Phone (_____) _____

Address _____ State _____ Zip _____ Country _____