

# FIRE SCHOOL

## MINISTRY TRAINING FOR THE HARVEST

Attach a recent  
2 X 3 head and  
shoulder photo

### First Year APPLICATION

Please answer all questions. If a question does not apply to you, write N/A.

#### PERSONAL

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

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Title: \_\_\_\_\_

(Exactly as it appears on your passport)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Home: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

Cell: (\_\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Are you a US Citizen?  Yes  No If no, country of citizenship?

\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Marital Status:  Single  Married  Separated  Divorced  Widowed

If separated, divorced, or widowed when did this occur? \_\_\_\_\_

\_\_\_\_\_

Name of spouse, if married: \_\_\_\_\_ Birthday \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_ Anniversary Date: \_\_\_/\_\_\_/\_\_\_

Do you have the support of your spouse to attend Fire School?  Yes  No If no, briefly explain:

\_\_\_\_\_

\_\_\_\_\_

Children: (list any others on reverse side of this sheet)

Name: \_\_\_\_\_ Live with you? \_\_\_\_\_ Age: \_\_\_\_\_  Male  Female

Name: \_\_\_\_\_ Live with you? \_\_\_\_\_ Age: \_\_\_\_\_  Male  Female

Name: \_\_\_\_\_ Live with you? \_\_\_\_\_ Age: \_\_\_\_\_  Male  Female

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## **SPIRITUAL**

Have you received salvation? If yes, describe: \_\_\_\_\_

Have you had an Acts 2:4 experience?    Yes    No    Unsure

Have you been water baptized?    Yes    No

Do you attend church regularly?    Yes    No   How long have you been attending there? \_\_\_\_\_

Do you tithe regularly?    Yes    No

Have you recently left another church?    Yes    No   Where? \_\_\_\_\_

If yes, was it a good parting or were there unresolved issues? \_\_\_\_\_

Present Home Church Name: \_\_\_\_\_

Home Church/Denomination or Affiliation: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

In what areas of church life are you currently serving: \_\_\_\_\_

In what areas of church life have you served in the past: \_\_\_\_\_

Previous Home Church Name: \_\_\_\_\_

Home Church/Denomination or Affiliation: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

In what areas of church life are you currently serving: \_\_\_\_\_

In what areas of church life have you served in the past: \_\_\_\_\_

Do you, or have you ever, held ministerial credentials? If so, when, with who, and what kind? \_\_\_\_\_

What do you believe are your spiritual gifting(s)? \_\_\_\_\_

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## EDUCATION/ SKILLS / MINISTRY TRAINING EXPERIENCE

High School: \_\_\_\_\_ Graduated?  Yes  No Date Graduated: \_\_\_\_\_

GED: Date \_\_\_\_\_

College: \_\_\_\_\_ Graduated?  Yes  No Date Graduated: \_\_\_\_\_

College year completed?  1  2  3  4  More Degree: \_\_\_\_\_

Majors: \_\_\_\_\_

Honors or achievements: \_\_\_\_\_

Have you received any ministry training in the area of healing?  Yes  No If so, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you received any other Christian Ministry Training?  Yes  No If so, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you fluent in any languages other than English?  Yes  No If so, name language(s) \_\_\_\_\_

\_\_\_\_\_

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## EMPLOYMENT

Occupation: \_\_\_\_\_ Present employer: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

May we contact your employer if necessary:  Yes  No

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## FINANCES

How do you plan to pay for your educational expenses? \_\_\_\_\_

\_\_\_\_\_

Do you plan on being employed while attending Fire School? \_\_\_\_\_

\_\_\_\_\_

How did you hear about Fire School? \_\_\_\_\_

\_\_\_\_\_

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## PERSONAL HISTORY

**We realize that the following questions are very personal. Please be assured that all answers are held in strict confidentiality and are not the basis of your acceptance to the school. If you have difficulty communicating your answer in writing, the school leadership can talk with you personally.**

*Please answer in detail. One sentence is not sufficient*

1. Have you used any of the following substances? If so, please explain how recently, in what quantities and what ministry you have had to overcome any addictions:
  - A. alcoholic beverages,  Yes  No
  - B. tobacco,  Yes  No
  - C. "soft drugs" (e.g. marijuana)  Yes  No
  - D. "hard drugs" (cocaine, heroin, chemicals).  Yes  No

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

2. Have you ever had psychiatric treatment?  Yes  No  
If so, please describe the treatment received, dates, any lingering difficulties.

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

3. Have you ever been involved in any of the following areas? If so, please explain the circumstances briefly, the time and length of involvement and what ministry you have had to overcome them:

- A. the occult;  Yes  No
- B. a cult or sect, (new age, eastern mysticism, naturalistic philosophies  Yes  No  
Mormonism, Jehovah's Witnesses, etc.);
- C. heterosexual sin, including pornography and promiscuity;  Yes  No
- D. homosexual activity;  Yes  No
- E. compulsive behaviors, (shopping, eating, washing, scratching, etc.);  Yes  No

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

\_\_\_\_\_ (continue on next page)

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4. Do you have a history of being abused, either verbally, physically, emotionally or sexually.  Yes  No

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

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5. Have you ever been arrested or convicted?  Yes  No If yes, when?

\_\_\_\_\_

Please give a brief explanation and any punishment: \_\_\_\_\_

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## MUSICAL HISTORY

Do you have any musical ability? Yes No

***(if yes, please answer the questions below; if no, please continue to the next page):***

**a. Please indicate previous involvement in the following:**

- Have you served as a Worship Leader? Yes No

If Yes, in what setting and period of time? \_\_\_\_\_

- Background Vocalist Yes No

If yes, how long have you been singing? \_\_\_\_\_

- Instrumentalist Yes No

If yes, what instrument (s) ? \_\_\_\_\_

How long have you been playing an instrument? \_\_\_\_\_ year(s)

What is your major instrument? \_\_\_\_\_

- Have you had any formal lessons? Yes No

Name of school(s) or instructors: \_\_\_\_\_

How many years at the above school? \_\_\_\_\_ year(s)

- Have you had theory lessons? Yes No

Is yes, what is your level? \_\_\_\_\_

**b. Are you presently on a worship team? Yes No**

**c. On a separate sheet, please answer the following in one or two sentences for each question.**

- State your personal philosophy of worship.
- Why do you want to come to our school?
- Where do you see yourself ministering in the future?

**d. You *may* include in your application a recording with a sample of up to 3 short musical selections that demonstrate your current style and musical ability. (This is optional!)**

- This does not need to be of studio quality or original pieces.
  - Please label and indicate clearly what your part is in each selection.
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## Service Placement Preference

Service is a part of our curriculum. It is a practical study in the way a church or ministry operates and gives each student a chance to be active in an area of their choice. Please choose 3 areas of interest indicating priority (1, 2, & 3) and we will try to place you closest to your preference.

Children: \_\_\_\_ Nursery\_\_\_\_ Preschool\_\_\_\_ Kids Church\_\_\_\_

Youth \_\_\_\_

Greeting \_\_\_\_

Hospitality\_\_\_\_

Food Preparation \_\_\_\_

Grounds Maintenance \_\_\_\_

Overhead Projection\_\_\_\_

Snow Shoveling\_\_\_\_

Video \_\_\_\_

Recording and Duplication \_\_\_\_

Bookstore \_\_\_\_

Sound \_\_\_\_

Janitorial \_\_\_\_

Admin \_\_\_\_

Other \_\_\_\_\_

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# HEALTH FORM

**TO THE APPLICANT:** This information will be treated confidentially and separately from your academic records.

**Name:** (Your name) \_\_\_\_\_

(Primary Subscriber's name) \_\_\_\_\_

Social Security number: \_\_\_\_\_

Citizen of: \_\_\_\_\_

Medical insurance- Company: \_\_\_\_\_

Policy number: \_\_\_\_\_

Contact phone number: \_\_\_\_\_

Please briefly explain your medical insurance coverage \_\_\_\_\_

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Medical coverage is **essential** if you come from a country other than the United States. .

## PERSONAL HISTORY

**Please answer all the following questions.**

Have you ever had, or do you have, any of the following? Please check all that apply. (Please give the details for any that you check on a separate sheet.)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Skin condition        | <input type="checkbox"/> Hepatitis                           | <input type="checkbox"/> HIV                       |
| <input type="checkbox"/> High blood pressure   | <input type="checkbox"/> Head injury                         | <input type="checkbox"/> Low blood pressure        |
| <input type="checkbox"/> Intestinal problems   | <input type="checkbox"/> Arthritis                           | <input type="checkbox"/> Recurrent diarrhea        |
| <input type="checkbox"/> Recurrent headache    | <input type="checkbox"/> Back problems                       | <input type="checkbox"/> Diabetes                  |
| <input type="checkbox"/> Epilepsy              | <input type="checkbox"/> Kidney disease                      | <input type="checkbox"/> Fainting spells           |
| <input type="checkbox"/> Dislocation of joints | <input type="checkbox"/> Broken bones                        | <input type="checkbox"/> Mental / nervous disorder |
| <input type="checkbox"/> Anemia                | <input type="checkbox"/> Venereal disease                    | <input type="checkbox"/> Stomach / duodenal ulcer  |
| <input type="checkbox"/> Weakness              | <input type="checkbox"/> Tumor /cancer                       | <input type="checkbox"/> Gall bladder problems     |
| <input type="checkbox"/> Paralysis             | <input type="checkbox"/> Surgery                             | <input type="checkbox"/> Insomnia                  |
| <input type="checkbox"/> Appendectomy          | <input type="checkbox"/> Tonsillectomy                       | <input type="checkbox"/> Shortness of breath       |
| <input type="checkbox"/> Hay fever             | <input type="checkbox"/> Asthma                              | <input type="checkbox"/> Hernia repair             |
| <input type="checkbox"/> Ear Trouble           | <input type="checkbox"/> Allergies, including food allergies | <input type="checkbox"/> Other                     |

Do you have a physical disability?  Yes  No If so, please describe \_\_\_\_\_

Have you ever been treated, or been recommended to receive treatment, for any mental or emotional condition?

Yes  No If so, please describe \_\_\_\_\_

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Please list any medications you are currently taking and for what purpose: \_\_\_\_\_

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Please list any allergies to food, medicine, etc. \_\_\_\_\_

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Are you at present under the care of a doctor for any condition?

*If yes, please specify:* Yes No

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Do you have a history of emotional instability or psychiatric treatment?

*If yes, please specify:* Yes No

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Do you now, or have you ever, receive compensation for disability from any source? Yes No

*If yes, please specify:*

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Do you have any physical impairments, handicaps or health conditions which require special attention including food allergies? Yes No

*If yes, please describe:* \_\_\_\_\_

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How would you rate your health?

Excellent Good Fair Poor

**COMMUNICABLE DISEASES / FAMILY HISTORY**

Have you ever had any of the following?

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Measles (Rubella) | <input type="checkbox"/> Measles (German)           | <input type="checkbox"/> Chicken pox   |
| <input type="checkbox"/> Mumps             | <input type="checkbox"/> Pertussis (whooping cough) | <input type="checkbox"/> Scarlet fever |
| <input type="checkbox"/> Tuberculosis      | <input type="checkbox"/> Hypertension               |  |
| <input type="checkbox"/> Epilepsy          | <input type="checkbox"/> Convulsions                |  |

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## HEALTH RELEASES, ACKNOWLEDGMENTS AND COMMITMENTS

Applicant's Name: \_\_\_\_\_

**If applicant is under 18 years of age, a Parent or Legal Guardian must sign all portions of this form.**

Parent or Guardians Name: \_\_\_\_\_

(Please print clearly)

Relationship to Applicant: \_\_\_\_\_

(Please print clearly)

**Release of Liability**

I/We do hereby release The River Inc./Fire School, its staff agents and volunteer assistants from any liability whatsoever arising out of any injury, damage or loss sustained by said persons during the course of involvement with Fire School.

Applicant, Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Signature of parent or guardian, if applicant is under 18 years of age*

**Consent For Treatment**

In case of emergency, I/ We hereby agree to the performance of such treatment, including anesthesia and surgery, or any other treatment that an attending doctor or physician may deem necessary. I/We agree to meet any and all medical expenses that are incurred during the course of involvement with Fire School.

Applicant, Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Signature of parent or guardian, if applicant is under 18 years of age*

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## **GUIDELINES AGREEMENT**

### **Agreement to Abide by School Guidelines & Structure**

If I am accepted I, (Name) \_\_\_\_\_ will abide by the rules, commitments and schedules of the school including:

1. All book reports, assignments, assessments and exams.
2. Arriving at all school functions and commitments on time.
3. Practical help around the school and church.
4. All training sessions, classes & workshops that are a designated part of my course of study.
5. Personal development of my gifting and talents as related to my course of study.
6. All ministry & outreach opportunities I am required to participate in.

***I certify that all the information in this application is complete and accurate.***

Applicant Signature: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_

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

*Signature of parent or guardian is necessary if applicant is under 18 years of age*

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## DISCIPLINE POLICY

The goal of Fire School is to create a safe, healthy environment, in which every student can grow and prosper. We recognize that the students of the Fire School must be in correct relationship with God and with others, in order to ensure completion of the school's mission objectives. The consequences of one's sin or disobedience have the potential to bring confusion and destruction in the Fire School. We desire to come along side each student in loving correction only when necessary. It is the intent of Fire School, to follow the biblical patterns of discipline within the confines of all Student activities. If any individual is involved in any sin that can not, at the discretion of Fire School leadership, be taken care of in a timely manner or would affect the students in an adverse way, Fire School leadership reserves the right to give correction, public rebuke and/or dismissal.

***I agree to follow the directions and decisions made by Fire School regarding myself or other students in the school.***

Applicant Signature: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_

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

*Signature of parent or guardian is necessary if applicant is under 18 years of age*

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## MEDIA RELEASE

Fire School will take photographs and video footage of the school for advertising, promotional materials, web page, and publications. In signing below, you fully authorize Fire School to use video or photographs taken of you in any or all of the above mentioned materials.

***I authorize The River Inc./Fire School to use any photographs or video footage taken of myself in any and all publications mentioned above.***

Applicant Signature: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_

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

*Signature of parent or guardian is necessary if applicant is under 18 years of age*

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## **ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM**

I, \_\_\_\_\_, in consideration of my being accepted by the Fire School, for the 2012/2013 school year,

I hereby acknowledge that The River Inc./Fire School does not accept any responsibility for injury, illness or loss suffered by me, and that I will be responsible for all medical or personal expenses in connection with or made necessary by my illness or injury during my course of any involvement with the Fire School. I further acknowledge that Fire School has recommended that I carry or obtain primary medical insurance to cover possible additional medical needs, especially related to previously existing medical conditions.

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING AND/OR VOLUNTEERING IN THIS ACTIVITY OR EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently prepared or trained for participation in the activity or event, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity or event.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity or event in which I may participate, and that it will govern my actions and responsibilities at said activity or event.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS: The River and Fire School and/or their directors, officers, employees, volunteers, representatives, and agents, the activities or event holders, activity or event sponsors, activity or event volunteers;

(B) I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity or event, whether caused by the negligence of release or otherwise.

I acknowledge that The River Inc. and Fire School and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific event or activity on behalf of The River and Fire School.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity or event.

I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and assigns.

The accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

**I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT. I HEREBY SIGN IT OF MY OWN FREE WILL.**

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**Print Participant's Name (Full Legal Name Please)** **Age**

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**Signature (if under 18 years old, Parent or guardian must also sign below)** **Date**

**Print Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

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**Signature of Witness** **Date**

**Print Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**PARENT / GUARDIAN WAIVER FOR MINORS (Under 18 years old)**

The undersigned parent or legal guardian does hereby represent that he/she is, in fact, acting in such capacity, has consented to his/her child or ward's participation in the activity or event, and has agreed individually and on behalf of the child or ward, to the terms of the accident waiver and release of liability set forth above. The undersigned parent or guardian further agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim, or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

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**Print Participant's Name (Full Legal Name Please)** **Age**

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**Signature of Parent or Guardian** **Date**

**Print Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

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**Signature of Witness** **Date**

**Print Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

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## AGREEMENT

*I understand that any falsification of information on this application is grounds for dismissal at anytime. I, \_\_\_\_\_, declare that the information provided by me on this application is true and correct to the best of my knowledge. I authorize the leaders of Fire School to verify any and all information provided above.*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**ALONG WITH THIS APPLICATION, PLEASE INCLUDE THE \$35.00 APPLICATION FEE MADE PAYABLE TO:**

## **The River**

Please return to The River or mail to:

**FIRE SCHOOL c/o The River**

PO Box 7642

Kalispell, MT 59904

Phone: (406) 752-4141

Fax: (406)752-4149

Email: [contact@givemefire.com](mailto:contact@givemefire.com)

givemefire.com

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## **APPLICANT'S ADMISSION CHECKLIST**

- \_\_\_\_\_ Completed application
  
- \_\_\_\_\_ Paid Non-Refundable Application Fee of \$35. Make check payable to The River.
  
- \_\_\_\_\_ Completed Testimony and Purpose Statement
  
- \_\_\_\_\_ Double checked that all three references have been requested (One pastoral reference and two personal references).
  
- \_\_\_\_\_ Completed three signed releases (Discipline, Liability and Media).
  
- \_\_\_\_\_ Completed Personal Interview