

Streams School of Ministry - Canada Application Form

Place
Your
Photo
Here

Year applying for: _____

The information within this application is personal and will be held in the strictest confidence. This application is to help insure the safety of all of our students. Please answer all questions to the best of your ability. If a question does not apply to you, write N/A (not applicable) in the space provided. We will follow-up with a phone interview conducted by an interviewer of your gender.

Full Legal Name: _____ Gender: _____

Address: _____

City: _____ Prov/State: _____ PCode/Zip: _____ Country: _____

Country of birth: _____ Country of citizenship: _____

Phone: _____ Alt. Phone: _____ Email: _____

Marital status: _____ (Single, Married, Separated, Divorced) Birth date: _____

Family Contact Information

Parents' or guardians' names: _____ Please label Y/N if living or not

Address: _____

City: _____ Prov/State: _____ PCode/Zip: _____ Country: _____

Phone: _____ Alt. phone: _____ Email: _____

Tell us about your family: _____

Passport Information

Name on passport: _____ Citizenship: _____

City or country where passport was issued: _____

Passport number: _____ Date of issue: Month/_____/Day_____/Year_____

Expiry date: _____ Nationality: _____ Birth place: _____

Do you have a criminal record? · Yes · No *(This question is for immigration purposes only)*

Social and Health Insurance Numbers

Social insurance #: _____ Health insurance #: _____

Health insurance company: _____

Education and Employment History

List high school and institutions of higher education attended. Include locations, dates, and degrees.

School	Dates MM/DD/YYYY	Degree

List places of employment for the past five years. Include locations, dates, and type of work.

Employer	Dates MM/DD/YYYY	Position

List some practical skills or areas of experience: (Ex. Painting, video editing, mechanics)

Skill/Talent	Years of experience	Level of proficiency

Relationship Information

Describe your relationship with your father and mother.

If applicable, share about your relationship with your sibling(s).

How do your family and friends feel about you attending our school of ministry?

What would you consider your influence on others to be?

The Heart

What do you hope to attain from your time here?

If you were not attending our program this term, what would you be doing instead?

If different from the answer above, briefly describe what your plans are following your time at the school.

Personal Spiritual History/Growth

List the churches you have considered your home church over the past five years. Include church names, denominations, dates, and your involvement.

Church & Denomination	Dates MM/DD/YYYY	Involvement

Do you have any missions' experience? (List dates/places/level of participation)

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Have you ever been involved in a place of leadership? List where and describe experience(s).

Comment on your prayer life; what do your personal devotions look like?

Describe your understanding of the spiritual realm.

Describe a recent significant spiritual experience you have had.

Give some examples of how God is working in your life:

List some of your hobbies and interests:

What would you consider to be your greatest strength? What is your greatest weakness? Why?

What area of your life are you most bold; what area are you most timid?

Please assess yourself in the following categories by circling one of the listed options in each category below.

Category	Please circle one option per category
Relationship with God	Non-existent Stagnant Convenient Growing Intimate
Emotional stability	Unstable Unpredictable Emotional Controlled Strong
Physical health	Unhealthy Out of shape Average Healthy Excellent
Ability to communicate	Unable Inexpressive Passable Well Articulate
Attitude	Negative Pessimistic Circumstance Optimistic Positive
Teachable spirit	Un-teachable Stubborn Willing Eager Submissive
Reliability	Completely unreliable Erratic Regular Dependable Very reliable
Respect for authority	Disrespectful Disregards Indifferent Obedient Submissive
Flexibility	Rigid Inflexible Compliant Willing Flexible
Developing relationships	Socially Inept Awkward Friendly Adept Sociable
Judgment	Non-existent Undiscerning Average Discerning Wise
Sensitivity to others	Insensitive Unaware Aware Caring Compassionate

Personal Information

A) If single have you been sexually active within the last year? How long have you been clean from this activity?

B) Have you ever been pregnant or fathered a child? If so, please explain:

C) Pornography, if so when was the last time you were involved with it? Describe briefly your struggle with it; is it an addiction or habit?

D) Homosexuality, if so, how recent? Were there homosexual activities and/or long term homosexual relationships?

E) Have you ever been involved with the New Age or the occult? If so, please explain:

F) Do you currently or have you ever used alcohol on a regular or weekly basis? If so, please explain:

G) Do you currently or have you ever used tobacco products on a regular or weekly basis? If so, please explain:

H) Do you currently or have you ever used drugs on a regular or weekly basis? If so, please explain:

I) Have you ever struggled with an eating disorder? If so, please explain:

J) Do you have a history of abuse, verbal, physical or sexual? Briefly summarize.

K) Have you ever had suicidal thoughts, made attempts? Please briefly summarize.

L) Have you ever had professional counseling? If so, please explain (include dates, diagnosis, and medications prescribed):

M) Describe any current accountability.

Health Information

Do you have a physical handicap, disability, chronic illness, or disease that might affect your ability to fully function as a student at our school? If so, please explain:

Are you presently under medication prescribed by a doctor? If so, what kind(s)?

Do you have insurance? If so, what kind(s) of coverage?

Student Information

Have you ever attended a Streams conference, event, or taken any of our Institute for Spiritual Development courses? If so, which ones?

Have you ever been a part of another ministry school or internship program? If so, which one(s)?

Do you plan on bringing your own vehicle? _____ If so, do you have insurance? _____

Do you understand and agree with Streams Doctrinal Statement? (see website: streamsschoolofministry.ca under beliefs) _____

Do you understand and agree to comply with our internship code of conduct? (see website: streamsschoolofministry.ca under application > code of conduct) _____

*You will need to bring a police check with you when you come to the school. We will issue you a letter of request in your acceptance package. You can obtain a police check through your local police department. Some of the activities that you might be involved with while you are here require a police check. For example, children's ministry or youth ministry, etc. **Please fax it to us before your arrival date at 604-628-6057.***

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

Applicant, Parent or Guardian Signature: _____ Date: _____
Signature of parent or guardian, if applicant is under 18 years of age.

If you have any questions for us or would like to make additional comments please do so in the space provided below.

Please mail your completed forms to:

STREAMS MINISTRIES CANADA
Mailing Address Only:
Box 228, 8623 Granville Street
Vancouver BC CANADA V6P 5A2
Telephone: (604) 628-0419
Fax Line: (604) 628-6057
Toll Free: 800-409-3093
Email: interns@streamscanada.com