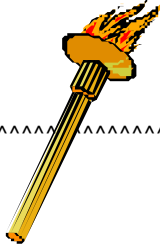


PLEASE COMPLETE THE FOLLOWING APPLICATION AND RETURN IT TO:

IMMANUELS' CHURCH
16819 NEW HAMPSHIRE AVENUE
SILVER SPRING, MD 20905
WWW.IMMANUELS.ORG

Phone: 301-989-4673
Fax: 301-989-1640



ICM TORCHBEARERS
Immanuel's Church Mentoring Ministry
APPLICATION

*"The things you have heard me say in the presence of many witnesses
entrust to reliable men who will also be qualified to teach others."
(II Timothy 2:2)*

MY NAME: _____ DATE OF BIRTH: _____

GENDER: Male Female

HOW TO CONTACT YOU:

HOME ADDRESS: _____

HOME PHONE: country code (_____) _____

E-MAIL: _____

OTHER: _____

MARITAL STATUS: Single Married

CHILDREN: Yes / No IF YES, HOW MANY? _____

ARE YOU OR YOUR SPOUSE, PRESENTLY EXPECTING A CHILD? Yes / No

DO YOU HAVE A SERIOUS ILLNESS OR REQUIRE MEDICAL ASSISTANCE?

Yes / No

IF YES, PLEASE EXPLAIN: _____

DO YOU HAVE (OR HAVE YOU HAD) MALARIA?

Yes / No

YOUR LIFE’S CALLING

PLEASE CHECK ALL STATEMENTS THAT APPLY TO YOUR LIFE’S CALLING:

- Apostolic Missions and Church Planting.
- The Prophetic Ministry.
(Prophetic Worship, Prophetic Intercession, Prophetic Word)
- The Evangelistic, Soulwinning Ministry.
- The Teaching Ministry (of God’s Holy Word).
- The Pastoral Ministry (of Tending God’s Flock).
- The Practical, Supportive, Serving Ministry, “Helping” and facilitating others in their calling.
- I’m not yet sure.
- I wish to learn how to plant a Camp Sonshine.
 - Here in the USA.
 - Abroad, in _____ (land).
 - I have been accepted as a Camp Sonshine Intern.

General questions:
1. Why do you wish to participate in Immanuel’s Church Mentorship Program?
2. What is your long-term vision and how can this Mentorship help you accomplish that?

3. What would your pastor, recent supervisor or employer say is your:
(a) strongest quality and (b) an area you could improve?

(a.)

(b.)

4. What do you think will be your biggest personal challenge in being a mentee in our program?

5. The mentees work closely together and become like a family. What unique qualities do you hope to add to the group?

6. What education have you completed?

7. What ministry experience have you had?

8. Why should Immanuel's Church choose you as mentee?

--

Rate yourself on the following qualities:

Poor

Average

Excellent

Attitude & flexibility	1	2	3	4	5	6	7	8	9	10
Patience	1	2	3	4	5	6	7	8	9	10
Sense of Humor	1	2	3	4	5	6	7	8	9	10
Self Motivation	1	2	3	4	5	6	7	8	9	10
Ability to get along with others	1	2	3	4	5	6	7	8	9	10
Ability to lead others	1	2	3	4	5	6	7	8	9	10
Ability to follow others	1	2	3	4	5	6	7	8	9	10
Maturity	1	2	3	4	5	6	7	8	9	10
Punctuality	1	2	3	4	5	6	7	8	9	10
Organizational Abilities	1	2	3	4	5	6	7	8	9	10
Independence	1	2	3	4	5	6	7	8	9	10
Attention to details	1	2	3	4	5	6	7	8	9	10
Ability to Speak English Fluently	1	2	3	4	5	6	7	8	9	10
Ability to Write in English	1	2	3	4	5	6	7	8	9	10
Ability to Read English	1	2	3	4	5	6	7	8	9	10

HOUSING

- I will require housing assistance.
- I can continue living where I am.
- I am willing to share a room with a fellow mentee.

US EMPLOYMENT

- I currently have a job in the U.S. (If so, where: _____)
- I am available to participate in classes held during weekday afternoons.
- I am available to participate in classes held during weekday evenings.

STATUS

- I am an American citizen.
- I am on a VISA until _____ (Date).
- I will seek to extend my VISA until _____ (Date)
- I will need to secure a VISA for this program.

Signature

Date

Please include a COMPLETED copy of the following Reference Form with your application or have it sent directly to:
Immanuel's Church
16819 New Hampshire Avenue
Silver Spring, MD 20905
301-989-4673

REFERENCE FORM

Name of Applicant: _____

Your Name as Reference: _____

____ I have been the applicant's employer.

____ I have been the applicant's teacher.

How long have you known the applicant? _____

Please rate the applicant on the following qualities:

	Excellent	Good	Fair	Poor
Adaptability to new situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Problem Solve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity/Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates Good Judgement Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation with Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Initiate Conversation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of Humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Initiate Friendships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cheerfulness/Enthusiasm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Describe the applicant's ability to relate to people of different nationalities, ages, genders, and social strata:

The YMCA International Career Advancement Program offers training opportunities in the United States for 3 weeks to 18 months in the occupational fields of social services, health enhancement, business and management. Participants must be able to use the training upon their return to their home country. Please describe why you believe this applicant can benefit from the training program:

I recommend the applicant for participation on the YMCA International Career Advancement Program:

Signature of Person Giving Reference

Professional Title

Date

Mail Address: _____

e-mail Address: _____

Phone: _____