

## Calvary Chapel School of Ministry

Calvary Chapel School of Ministry (SOM) is located in Orrington, Maine, and is an outreach ministry of Calvary Chapel Bangor. The vision of the School of Ministry is to feed and equip God's people for service. Under the direction of Senior Pastor Ken Graves, the School of Ministry focuses on teaching the Word of God line upon line, precept upon precept.

Each student is required to participate in church services, which includes Sunday and Wednesday evening Bible studies. Practical Ministry is a course designed to cultivate the heart of a servant while helping meet needs around campus, such as: landscaping, housekeeping, and all aspects of church ministry.

Each student will also have the opportunity to serve alongside and disciple the men and women in the Calvary Residential Discipleship / Blessed Hope program. CRD programs provide in-house rehabilitation for those struggling with addiction, offering a Christ-centered total cure and ongoing discipleship for anyone involved in life-controlling substances. This is a powerful opportunity for students to gain real, hands-on ministry experience.

This school is intended for serious-minded students who sense the Lord's call upon their lives—students who are willing to be challenged and shaped into true servants.

Jesus said,  
“Whosoever will come after me, let him deny himself,  
And take up his cross, and follow me.”  
Mark 8:34

### INFORMATION:

- Must have a valid drivers license.
- Must have a valid passport or have already submitted your passport application
- All students are required to live in the dorms, with room and board provided at Calvary Residential Discipleship / Blessed Hope.
- Missions Outreach Trips: Students may have the opportunity to participate in outreach trips as they become available. The cost for an annual trip typically ranges from \$1,200–\$3,000.

### CERTIFICATE OF COMPLETION

Upon graduation, each student will be issued a diploma as a **Certificate of Completion**. We have chosen not to issue degrees, as we do not want the state or an accreditation board to determine what we can or cannot teach. One of the primary downfalls of Christian institutions of higher education is the pursuit of worldly status. Our desire is to train students to serve the Lord—not to gain recognition from man. The proof of your ministry will be the fruit in the lives of those the Lord places in your care, and that will be your credentials.

**Calvary Chapel Bangor  
School of Ministry**

154 River Road Orrington Maine 04474  
207-991-9555  
Senior Pastor Ken Graves

**APPLICATION FOR ADMISSION**

Instructions

1. This application and the references are to be completed and returned to the address above.
2. A nonrefundable \$100.00 Book and Workbook fee upon acceptance to the school.
3. A photocopy of Driver license and Passport.

(Please type or print clearly)

FULL NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

DRIVER LICENSE# \_\_\_\_\_ STATE \_\_\_\_\_ PASSPORT# \_\_\_\_\_

How did you hear about the School? (Please give a specific name): \_\_\_\_\_

Have you previously attended A Calvary Chapel School? \_\_\_\_\_ If so, what year? \_\_\_\_\_ Are you planning on attending school full time? \_\_\_\_\_

**Personal Information**

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Occupation/Trade \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Marital Status (Circle One) S M D W Name of Spouse: \_\_\_\_\_

Children? Please list names and ages: \_\_\_\_\_

Do you desire on-campus housing? (Dormitories are for single adults) \_\_\_\_\_

Name of one parent or nearest living relative (or person to contact in case of emergency):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Medical Information**

(Use a separate sheet of paper if necessary)

Are you in good health? \_\_\_\_\_ When was your last complete physical exam? \_\_\_\_\_

Do you have any physical handicaps? \_\_\_\_\_

List any major illnesses you have had:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any communicable diseases? (Explain) \_\_\_\_\_

Have you been or are you presently under psychiatric or psychological care, or been in counseling or psychotherapy? (Explain) \_\_\_\_\_

Have you ever been hospitalized or admitted to a treatment facility for any reason? If so, where? (Explain) \_\_\_\_\_

**General Information**

(Use a separate sheet of paper if necessary)

Are you a current smoker? (If yes, explain) \_\_\_\_\_

Do you currently drink alcoholic beverages? (If yes, explain) \_\_\_\_\_

Do you currently use any illegal drugs? (If yes, explain) \_\_\_\_\_

Have you ever been involved in any legal problems? (If yes, explain) \_\_\_\_\_

Do you have a personal history of violence or abuse towards others, or of sexual immorality? (If yes, explain) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Does your life currently conform to biblical standards of morality? (If not, explain)

\_\_\_\_\_  
\_\_\_\_\_

Is there any habitual sin in your life that affects your walk with God? (If yes, explain) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been involved in any non-Christian cult or occult activities? (If yes, explain) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

### Education

What is your educational background from high school to present? (Please list all schools attended from high school to present. Give names of schools and dates attended.)

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NAME OF INSTITUTION	YEARS ATTENDED	DEGREE/DIPLOMA MAJOR/MINOR	YEAR RECEIVED

### References

Three references are required (forms are enclosed). If the required number of references do not respond, the application will not be considered. Please give the forms to those people who have known you for at least one year and well enough to respond adequately. We would like one from your pastor or another leader in your church you currently attend. References should not be from family members.

### Person Profile Sketch

(Please use a separate sheet of paper)

1. Please describe: a) Your personality, b) Your relationship with others.
2. Please list and describe a) Your personal strengths/weaknesses b) Your spiritual gifts.
3. Please list your talents, hobbies and interests.
4. Are you aware of areas of doctrine which you currently disagree with Calvary Chapel? (I.e. Calvinism, cessation of spiritual gifts, post tribulation, eschatology, etc.)
5. Ministry Experience (teaching, outreach activities, church positions, etc.) List church/place and dates.
6. Sources of Training in the Bible. (Places, dates, etc.)

### Spiritual Life Profile Sketch

(Please use a separate sheet of paper)

1. Please describe in detail your testimony of how and when you became a Christian or your born again experience.
2. Please describe your current church involvement.
3. Where do you attend church?
4. How often do you go to church?
5. How long have you been a part of this fellowship?
6. Please state the reasons why you desire to attend the School of Ministry, and how you see it enhancing your present spiritual life and future ministry plans.
7. How do you feel about serving God in our Program?

Please list the three Christian preachers/teachers that have most influenced your life:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Please list the three Christian books (other than the Bible ) that have most influenced your life. (Please identify both the title and author)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### Statement of Faith

On a separate sheet of paper, write a brief but concise statement of your belief regarding the following:

- |                    |                                   |
|--------------------|-----------------------------------|
| 1. The Bible       | 6. Salvation                      |
| 2. God             | 7. Baptism with the Holy Spirit   |
| 3. Jesus Christ    | 8. Eschatology (End Times Events) |
| 4. The Holy Spirit | 9. The Rapture                    |
| 5. Sin             | 10. Eternal Security              |

### Work-Study Program

In order to keep costs to the lowest rate possible and to teach students the principles of practical servanthood and Leadership, each student is required to participate in the work-study program on the School of Ministry grounds for 20 to 40 hours per week. (Hours are somewhat reduced for married students who bring their families.) In addition, students are periodically asked to serve in special capacities to minister to others.

### Responsibility

#### Application Checklist

- \_\_\_\_\_ I have completely filled out the application in the manner requested.
- \_\_\_\_\_ I have given my reference forms to the necessary people.
- \_\_\_\_\_ I have enclosed a copy of my valid driver's license for your records.
- \_\_\_\_\_ I have enclosed a copy of my valid passport.
- \_\_\_\_\_ I have signed and dated this application.

I hereby make my application to CCSM. I understand my responsibility for punctual, regular class attendance and the fulfillment of all classroom assignments. I will cooperate in observing all regulations and upholding the standards of the School. For each student applying to CCSM we conduct a criminal background check. Information obtained will be handled by the CCSM in a confidential manner. I hereby give my permission for the CCSM and its agents to obtain information relating to my criminal history. The background check history record, as obtained from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications. I understand that this record will be used, in part, to determine my eligibility for CCSM.

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

Calvary Chapel's School of Ministry does not discriminate on the basis of race, sex, ethnic background, native language, nationality or physical disability. The School of Ministry is a ministry of Calvary Chapel Bangor Maine, and gives priority to members of Calvary Chapel for admission.

Any correspondence should be directed to Pastor David Norsworthy at:  
154 River Road, Orrington ME. 04474  
Phone 207-991-9555, Fax 207-989-0687

# REFERENCE FORM

**THE APPLICANT:** Print your name and address on the lines below. Applicants should provide a stamped envelope addressed to Calvary Chapel School of Ministry for the person filling out the reference.

\_\_\_\_\_

Last Name of applicant

First

Middle

The Family Education Rights and Privacy Act of 1974 permits the right to inspect their files. Because of the importance of preserving the confidentiality of a reference, the Act permits an applicant to waive his right of access to the reference. By signing below, the applicant willingly waives his right of access to see this recommendation knowing that this waiver is NOT required as a condition for admission.

Signed: \_\_\_\_\_

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

### **To The Person Writing the Reference:**

The above name applicant has applied for acceptance to the Calvary Chapel Bangor School of Ministry and has named you as a reference. Based upon the information we receive from you, we can better make a decision concerning whether or not our school would best contribute to the applicant's current spiritual growth. Therefore, we would appreciate it if you would complete the following and mail it to us as soon as possible.

1. How long have you known the applicant? \_\_\_\_\_ 2. In what capacity do you know the applicant? \_\_\_\_\_ 3. How long has the applicant been an active Christian? \_\_\_\_\_
4. Describe the evidence you see in the applicant's life of his or her commitment to follow Christ:

\_\_\_\_\_

\_\_\_\_\_

5. What gifts or ministries do you feel God has given the applicant? \_\_\_\_\_

\_\_\_\_\_

6. Please circle at the appropriate number on each scale 1 being low 7 being high. Circle the "?" if you feel your knowledge of the applicant is insufficient in that particular area.

Trait / Area	?	1	2	3	4	5	6	7
Responsibility	?	1	2	3	4	5	6	7
Ability to faithfully assume & carry out duties or obligations	?	1	2	3	4	5	6	7
Adaptability	?	1	2	3	4	5	6	7
Ability to adjust to changes in circumstances	?	1	2	3	4	5	6	7
Perseverance	?	1	2	3	4	5	6	7
Ability to move ahead in the face of adversity	?	1	2	3	4	5	6	7
Decisiveness	?	1	2	3	4	5	6	7

Ability to synthesize information and choose a direction	?	1	2	3	4	5	6	7
Personal appearance and manner	?	1	2	3	4	5	6	7
Social Poise	?	1	2	3	4	5	6	7
Social demeanor or confidence	?	1	2	3	4	5	6	7
Cooperation / Teamwork	?	1	2	3	4	5	6	7
Ability to work with other people	?	1	2	3	4	5	6	7
Communication	?	1	2	3	4	5	6	7
Ability to present, evaluate, and exchange thoughts with clarity & logic	?	1	2	3	4	5	6	7
Spiritual Maturity	?	1	2	3	4	5	6	7
Demonstrates maturity & consistency in Christian faith experience	?	1	2	3	4	5	6	7
Church Involvement	?	1	2	3	4	5	6	7
Relationship with a local church / carries out duties or obligations	?	1	2	3	4	5	6	7
Emotional Stability	?	1	2	3	4	5	6	7
Response to stressful situations	?	1	2	3	4	5	6	7
Leadership (Demonstrated)	?	1	2	3	4	5	6	7
Concrete evidence of ability to direct, guide, or influence people	?	1	2	3	4	5	6	7
Leadership (Potential)	?	1	2	3	4	5	6	7
Has abilities & skills necessary for development of quality leadership	?	1	2	3	4	5	6	7

7. Please include information which could be helpful in the consideration of this applicant. \_\_\_\_\_

8. Do you have any reservations about this applicant? If so, what are they? \_\_\_\_\_

Thank you for your cooperation in this matter.

**Please mail this reference to CCSOM 154 River Rd. Orrington, Me. 04474**

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

Name (print): \_\_\_\_\_ Position/Title: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Contact

Number: (\_\_\_\_) \_\_\_\_\_

Organization or church to which you belong: \_\_\_\_\_