# MISSIONS ABLAZE

## Enrollment Application/Registration

PERSONAL PARTICUL	ARS				
<ul> <li>Mark with "X" where appropriate</li> </ul>	te:- □ Mr	☐ Miss	☐ Mrs	□ Other	
Surname:					
First Names:					
Postal Address					
•				Code	
Residential Address:					
•				Code	
Marital Status: □ Never	Married	☐ Married		Vidowed	□ Divorced
• Spouse's name (if applicabl	e)				
Country of Birth			Are you a S A	Citizen	
Date of Birth		A	ge		
Telephone Number		(H	)		(W)
• Fax Number:		(Ce	ell)		
I D Number		E-ı	mail		

# **MISSIONS ABLAZE**



Cell: 083 270 1913

E-mail: ablaze@global.co.za Web: www.missionsablaze.org.za

#### **ACADEMIC INFORMATION**

E	ducation Level ( <i>standard passed</i> ,	<i>)</i> Name o	School or Institution	
Da	ate completed			
Sı	ubjects passed			
Po	ost-Secondary Education (give de	etails if applicable)		
Bi	ble School or other spiritual cour	ses done (specify)		
	D (Cf P I. I.)			
	here (if applicable)		-	
•••				
Ε	MPLOYMENT DETAILS			
Ar	re you in full-time employment?	Years of	service (if applicable).	
Na	ame of Employer			
Αd	ddress			
W	ere you ever involved in ministry	work? (give details if a	pplicable)	
S	PIRITUAL			
Na	ame of your church		Address	
Na	ame of your Pastor		Phone no:	
M	ay we contact him/her if necessa	ıry		
•	Church Denomination:	☐ Charismatic	☐ Pentecostal	□ Evangelical
				□ Other
Ar	re you a born again Christian?	Date Born Again	Date B	aptized

#### (SPIRITUAL CONTINUED) Describe your level of spiritual maturity..... Give a short description of your expectations and your reason for coming to Missions Ablaze: ..... ..... What is your vision/long term goal?..... ..... Where do you see yourself in one year from now?..... Where do you see yourself in three years from now?..... ..... Where do you see yourself in five years from now?..... ..... Tell us about yourself! (include a photograph if possible)..... ..... ..... ..... **HEALTH** (mark with "X") Are you medically fit? ☐ Yes ☐ No Do you currently take any medication? ☐ Yes ☐ No Have you had any serious illnesses? ☐ Yes ☐ No Your state of health? □ Poor □ Fair ☐ Good Rate your ability to engage and partake in physical working activity □ Poor □ Fair ☐ Good Have you ever been involved or suffered from any of the following: Occult practices ☐ Yes ☐ No Homosexual or lesbian activity ☐ Yes ☐ No Drug or alcohol addiction ☐ Yes ☐ No ☐ Yes ☐ No Mental illness or depression Do you drink alcoholic beverages Do you smoke cigarettes ☐ Yes ☐ No ☐ Yes ☐ No Any other information you want to disclose regarding your health (details if any)......

### **MISCELLANEOUS INFORMATION** Do you have any hobbies, special interests or skills? (give details) ...... How long do you plan to stay at Missions Ablaze? □ 3 months ☐ 6 months □ 12 months □ longer (tick ✓) Where did you hear about Missions Abalze? Do you want to enroll for the Bible School programme? (full year course only—starts February) ☐ Yes ☐ No How will you be supported financially during your stay at MISSIONS ABLAZE?..... AGREEMENT— MUST BE COMPLETED BY ALL APPLICANTS Agreement entered into by Missions Ablaze and the student/missionary and/or his/her parent(s) or guardian:-I, (full names of student/missionary)..... Declare, undertake and agree to the following: To abide by the rules and regulations of MISSIONS ABLAZE. To acquaint myself with the rules and regulations of MISSIONS ABLAZE and ABLAZE BIBLE SCHOOL as well as the changes thereto, which might be applicable to any courses I may be entering. I agree to follow the decision of the leadership on the full schedule of the programme(s) for any of the courses. To pay in full all monies due for course fees for any year of enrollment for any course at ABLAZE BIBLE SCHOOL. I exempt MISSIONS ABLAZE from all claims for compensation which may occur during my period of stay. (A) capable to enter this agreement without assistance. That I am (B) That I enter this agreement with the consent of my parents/guardian/spouse. (Delete A or B, whichever is not applicable) (Signature of student/missionary) (Date) (The following section must be completed if the applicant is under 21 years of age) Parent/guardian/spouse I/we ..... (full name and surname) (delete whichever is not applicable) I D number..... Declare, agree and undertake that the particulars pertaining to the student/missionary in the above agreement is correct and that I agree and submit to the contents of the agreement. (Signature of parent/guardian/spouse) (Date) (Delete whichever not applicable) (Official use) Application accepted..... Starting date.....