

# MISSIONS ABLAZE

## Enrollment Application/Registration

### PERSONAL PARTICULARS

- Mark with "X" where appropriate:-  Mr  Miss  Mrs  Other.....
- Surname: .....
- First Names:.....
- Postal Address.....  
• .....Code.....
- Residential Address:.....  
• .....Code.....
- Marital Status:  Never Married  Married  Widowed  Divorced
- Spouse's name (if applicable) .....
- Country of Birth.....Are you a S A Citizen.....
- Date of Birth.....Age.....
- Telephone Number.....(H).....(W)
- Fax Number:.....(Cell).....
- I D Number.....E-mail.....

# MISSIONS ABLAZE



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Cell: 083 270 1913

E-mail: [ablaze@global.co.za](mailto:ablaze@global.co.za)

Web: [www.missionsablaze.org.za](http://www.missionsablaze.org.za)

## ACADEMIC INFORMATION

Education Level (*standard passed*) .....Name of School or Institution.....

Date completed.....

Subjects passed.....

.....

Post-Secondary Education (*give details if applicable*).....

.....

Bible School or other spiritual courses done (*specify*).....

.....

.....

Where (*if applicable*).....Period of training & dates.....

.....

## EMPLOYMENT DETAILS

Are you in full-time employment?.....Years of service (*if applicable*).....

Name of Employer.....

Address.....

.....

Were you ever involved in ministry work? (*give details if applicable*).....

.....

## SPIRITUAL

Name of your church.....Address.....

.....

Name of your Pastor.....Phone no:.....

May we contact him/her if necessary.....

- Church Denomination:  Charismatic  Pentecostal  Evangelical  
 Protestant  Roman Catholic  Other.....

Are you a born again Christian?.....Date Born Again.....Date Baptized.....

**(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 Mental illness or depression  Yes  No

Do you smoke cigarettes  Yes  No Do you drink alcoholic beverages  Yes  No

Any other information you want to disclose regarding your health *(details if any)*.....

