



# HEART *of* DAVID

## STUDENT APPLICATION

**FALL 2017**

AUG 14<sup>th</sup> – NOV 12<sup>th</sup>

Optional Mission Trip NOV 7<sup>th</sup> – 14<sup>th</sup>

## Application Process

Please read over all of the FAQs on [www.heartofdavid.org/school](http://www.heartofdavid.org/school) before filling out this application.

The application has several components, which must all be sent together in one packet. Admissions decisions will not be made until we receive your *complete* application.

Application items needed:

1. Application form, completed and signed
2. Current, personal photograph attached to the application
3. One page personal testimony typed on a separate sheet
4. Completed, pastoral recommendation in a sealed and signed (by the pastor) envelope
5. Non-refundable application fee of \$50 USD per applicant; make cashier's checks or money orders payable to Heart of David with the applicant's name in the memo. Please do not send cash or personal checks.
6. Copy of high school diploma or GED
7. Background check authorization form

## Acceptance

1. Application dead line is July 31<sup>st</sup> 2017
2. Applicants are not accepted to the Heart of David Ministry School until they have received an official letter of acceptance from the admissions office via email
3. We may also contact you to arrange a phone interview
4. We will notify you of your acceptance or denial within thirty days of receiving your application

## Mailing Address

Please return your complete application to:

Heart of David Movement  
Attn: Ministry School  
PO Box 1474  
Round Rock, TX  
78680

## Heart Of David Ministry School Expectations

- Expect God to deal with your perceived identity and destiny.
- Live a life of holiness and consecration by only participating in entertainment choices that glorify God.
- Set your heart to embrace a season of living a fasted lifestyle; primarily a fast of personal comfort and time, as well as an invitation to fast food.
- Live above reproach by never being alone with someone of the opposite sex.
- Be teachable (Proverbs 2); be flexible and patient.
- Have a willingness to be challenged, stretched, and to try new ways of doing things.
- Bring all questions, suggestions, or feedback respectfully to your core leader first. We want to hear your heart and ideas, while avoiding a spirit of complaining.
- Always be helpful and servant hearted, especially in service assignments (Philippians 2:3).
- Commit yourself to the internship with the same level of excellence you would give to your job.
- Be timely and attentive, and participate in all worship sets, teaching, and team building events.
- Complete and turn in all homework assignments on time.
- Honor the leadership/mentorship/coaching of HOD leadership (Romans 13:1).

## Heart Of David Ministry School Guidelines

**Dating:** We ask that interns not date/court while being a student at our school. However, students who are **engaged** before beginning the semester may continue in the relationship.

The purpose of our school is focused pursuit of the Lord. We are confident that when students separate themselves for this short season, they will find that the reward far outweighs the sacrifice.

**Vacation:** Students should plan ahead and keep the semester set aside as a focused season to seek the Lord. However, applicants will also be given eight personal/sick days.

**Personal appearance:** Students are expected to uphold a clean and modest appearance in their dress for all meetings, classes, services, and gatherings throughout the Heart of David community. Please no tight or revealing clothing. Please no low cut shirts. Please no short shorts (anything two inches above the knee will be considered too short). Please no cut off or spaghetti strap shirts. We desire to bring glory to Jesus with our bodies and clothing. We also ask that clean, un-torn clothing and shoes be worn when on any Heart of David ministry platform.

**Health insurance:** HOD is not responsible for covering hospitalization, visits to the doctor, or medications.

**Vehicle:** Students are responsible for their own transportation and timeliness (i.e., they must be punctual for meetings and classes) therefore we ask that all applicants have their own reliable transportation.

**Purity:** The HOD Ministry School community expects all members (staff, and students), to make a personal commitment to live counter to the prevailing moral laxity of our society by not participating in, advocating, supporting, or condoning any sexual activity (heterosexual or homosexual) outside of marriage between one man and one woman, as set forth in the Scripture.

**Season of consecration:** Demonstrate your commitment to Christ and to each other by refraining from the use of all tobacco and alcoholic beverages for the duration of your time as a student at HOD.

**Personal expenditures:** Students are required to have sufficient funds to cover all personal and living expenses incurred throughout the internship. Due to the extensive time commitments during the program, it is recommended that students not acquire outside employment.

## Personal Information

Date of application (MM/DD/YY) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Last name/given name \_\_\_\_\_

First name \_\_\_\_\_

Middle name \_\_\_\_\_

Gender \_\_\_\_\_ Age \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of birth (MM/DD/YY) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Please attach a current photo here

Please check the box that applies to you.

- U.S. Citizen  
 U.S. Legal permanent resident  
 International - What nation? \_\_\_\_\_

Marital status; check all that apply.

- Single       Engaged       Married  
 \*Separated       \*Divorced

If separated or divorced how long? \_\_\_\_\_ Month(s) \_\_\_\_\_ Year(s)

If married, how long? \_\_\_\_\_ Month(s) \_\_\_\_\_ Year(s)

\*Please provide a brief description of your marital history on a separate sheet of paper.

Did a Heart of David student refer you?  Yes  No

If so, who? \_\_\_\_\_

Briefly describe your childhood and your current family situation.

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

## Emergency Information

Emergency contact name \_\_\_\_\_

Relation to the applicant \_\_\_\_\_ Phone number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email address \_\_\_\_\_

## Ministry Information

Are you currently involved/serving at a local church or ministry?  Yes  No

If yes, how long? \_\_\_\_\_ Month(s) \_\_\_\_\_ Years

If no, please explain on a separate sheet of paper.

If no, have you been regularly involved in a church or ministry in the past?

Yes  No

Describe any previous ministry training and involvement. Use an extra sheet of paper if more space is needed.

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## Personal Evaluation

Please assess yourself in the following areas.

	Uncertain	Weak	Fair	Good	Outstanding
Spiritual maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Devotion to Jesus Christ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity and honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Openness to correction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working without supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to serve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teachability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional comments:

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What do you feel are your talents, gifts, and strengths?

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What are some of your weaknesses or struggles?

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What led you to apply for the HOD Ministry School?

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How do you plan on paying for your tuition?

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Do you currently have one or more people speaking into your life as a voice of leadership, encouragement, wisdom and accountability?  Yes  No

If yes, please explain.

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## Health Information

Please mark if you have had any occurrences of the following within the past 18 months, whether mild or severe:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> ADD or ADHA          | <input type="checkbox"/> Drug abuse               | <input type="checkbox"/> Sleeping Disorder |
| <input type="checkbox"/> Alcohol abuse        | <input type="checkbox"/> Tabaco                   | <input type="checkbox"/> Asthma            |
| <input type="checkbox"/> Mild depression      | <input type="checkbox"/> Prescription drugs       | <input type="checkbox"/> Diabetes          |
| <input type="checkbox"/> Chronic depression   | <input type="checkbox"/> Eating disorder          | <input type="checkbox"/> HIV/AIDS          |
| <input type="checkbox"/> Long-term medication | <input type="checkbox"/> Chronic pain             | <input type="checkbox"/> Seizures          |
| <input type="checkbox"/> Allergies            | <input type="checkbox"/> Chronic fatigue syndrome |  |
| <input type="checkbox"/> Other _____          |   |  |

If you checked any of the above, please explain.

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Do you have any substance abuse or addiction? If yes, please explain.

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Are you currently on or have you ever been on medication for a mental or emotional illness/disorder?  Yes  No

If yes, please explain.

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Have you ever been institutionalized?  Yes  No

If yes, please explain.

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Do you have a police record?  Yes  No

If yes, please explain on a separate sheet of paper.

Do you have any other health issues that we should be aware of? If yes, please explain.

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## Personal Testimony

Please write your *one page* personal testimony in a separate typed document. Include the following points:

1. A summary of your personal journey in Christ
2. Your goals for the future, including your life vision and ministry plans
3. Expectations for your time at HOD and a summary of what you hope to learn at HOD

## Musical, Singing, and Technical Abilities

*\*The following section will not affect your approval. It is simply for our own knowledge. Please fill out honestly.*

Are you a worship leader?  Yes  No

If yes, where have you served in leading worship (church, school, home)?

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If yes, how long have you been leading worship?

\_\_\_\_\_ 0-1yr    \_\_\_\_\_ 1-3yrs    \_\_\_\_\_ 3-5yrs    \_\_\_\_\_ 5-7yrs    \_\_\_\_\_ 7-10+yrs

If yes, would you be willing to use those gifts throughout the internship?

Do you play any instruments?  Yes  No

List instruments here.

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How long have you been playing?

\_\_\_\_\_ 0-1yr    \_\_\_\_\_ 1-3yrs    \_\_\_\_\_ 3-5yrs    \_\_\_\_\_ 5-7yrs    \_\_\_\_\_ 7-10+yrs

Would you be willing to use those gifts throughout the internship?  Yes  No

Are you a singer?  Yes  No

If yes, where do you usually sing (church, school, home)?

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If yes, how long have you been singing?

\_\_\_\_\_ 0-1yr    \_\_\_\_\_ 1-3yrs    \_\_\_\_\_ 3-5yrs    \_\_\_\_\_ 5-7yrs    \_\_\_\_\_ 7-10+yrs

Would you be willing to use those gifts throughout the internship?  Yes  No

Do you have any media and/or technical arts (sound, lighting, graphics, video) experience?  Yes  No

If yes, please explain.

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If yes, how long have you been involved with media/tech-arts?

\_\_\_\_\_ 0-1yr    \_\_\_\_\_ 1-3yrs    \_\_\_\_\_ 3-5yrs    \_\_\_\_\_ 5-7yrs    \_\_\_\_\_ 7-10+yrs

Would you be willing to use those gifts throughout the internship?  Yes  No

## **Acknowledgement and Agreement**

- I have read, agree with, and will abide by the HOD Expectations.
- I have read, understand, and will adhere to the HOD Guidelines.
- I understand that my time at HOD will include practical ministry training and service.
- I understand that I must secure funds to cover all my tuition before attending HOD.
- I understand that I must secure funds sufficient to cover all my personal expenses.
- I declare that the information I have provided in my application is true, accurate, and complete and that false information in my application may be grounds for denial of my application and/or dismissal from HOD.

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



## HEART<sub>of</sub> DAVID

### P A S T O R A L   R E C O M M E N D A T I O N

#### **To The Applicant**

This form is to be filled out by a pastor that you have been in relationship with for at least one year. The pastor cannot be related to you in any way. You will not be allowed to see what they have filled out. After the pastor has completed this form, please have them return it to you in a sealed and signed envelope so that you may submit all application components together in one packet.

#### **To The Person Completing The Recommendation**

Serious consideration will be given to your comments. You may not be related to the applicant. You must have known the applicant for at least one year. Once you have completed this form, please return it to the applicant in a sealed and signed envelope so that they may submit all components together in one packet.

If you have any questions, please email [shannont@heartofdavid.org](mailto:shannont@heartofdavid.org)

The information provided on this form will be held in the strictest confidence.

Thank you for your assistance.

HOD Applicant Name \_\_\_\_\_  
Date \_\_\_\_\_

Pastor's name \_\_\_\_\_  
Church name \_\_\_\_\_  
Staff position \_\_\_\_\_ Church phone \_\_\_\_\_  
Church address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Your email \_\_\_\_\_

How long have you known the applicant?  
\_\_\_\_\_  
\_\_\_\_\_

How well do you know them?  
\_\_\_\_\_  
\_\_\_\_\_

Please describe applicant's level of involvement in your church.  
\_\_\_\_\_  
\_\_\_\_\_

What is applicant's effect on his/her peers?  
\_\_\_\_\_  
\_\_\_\_\_

Has the applicant served your congregation in any capacity?  Yes  No

If yes, please give brief description.  
\_\_\_\_\_  
\_\_\_\_\_

The HOD Ministry School consists of a heavy weekly schedule. Do you foresee difficulties for the applicant with a schedule combining high expectations and extensive time constraints?  
\_\_\_\_\_  
\_\_\_\_\_

What is your assessment of applicant's ability to handle situations involving correction?  
\_\_\_\_\_  
\_\_\_\_\_

What would you consider are some of the applicant's spiritual gifts and strengths?  
\_\_\_\_\_  
\_\_\_\_\_

What would you consider are some of the applicant's weaknesses or struggles?

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Are you aware of any complex family or relational factors that may affect applicant's time at HOD?

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Please assess the applicant in the following areas.

	Uncertain	Weak	Fair	Good	Outstanding
Spiritual maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Devotion to Jesus Christ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity and honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Openness to correction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working without supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to serve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teachability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you have the applicant on your staff?  Yes  No Why or why not?

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Do you recommend the applicant for the Heart of David internship?

- Highly recommend  Recommend  
 \*Recommend with reservations  \*Do not recommend

\*Please explain.

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Additional comments:

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



# HEART *of* DAVID

## B A C K G R O U N D C H E C K

Each intern will have service hours during the HOD internship. Some of these hours may include working with children. We therefore require that each applicant fill out and sign this form to authorize a background check. This written authorization is required to complete the application process.

Please complete this form and return it with your other application items.

Name \_\_\_\_\_ Date \_\_\_\_\_

Social Security Number \_\_\_\_\_

Driver's license number \_\_\_\_\_ Issuing state of driver's license \_\_\_\_\_

Complete address as listed on driver's license:

\_\_\_\_\_

Have you ever been reported to a Social Service Agency/Department of Family Services?

Yes  No

If yes, why?

\_\_\_\_\_

Have you ever been accused of or reported for physical or sexual abuse?  Yes  No

If yes, please explain.

\_\_\_\_\_

I attest that the above information is true and correct to the best of my knowledge. I hereby give permission to the Heart of David Movement to investigate my background and check references as it relates to my working with children and youth during the internship I am applying for. I understand this could also include a police background check as well as investigation by professional agencies. I also understand that I may withhold my permission and that in such a case, no investigation will be done and my application for the internship will not be processed further.

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