



# IMPACT

MASTERS COMMISSION

DISCOVER YOUR IMPACT

MMXIII

**STUDENT APPLICATION**



**DEAR IMC APPLICANT,**

**WE ARE EXCITED THAT YOU ARE CONSIDERING IMPACT MASTERS COMMISSION AS A PART OF YOUR FUTURE ENDEAVORS. PLEASE TAKE THE TIME TO DISCOVER WHAT IMC IS ALL ABOUT AND THEN PRAYERFULLY COMPLETE THIS APPLICATION AND SEND IT BACK TO OUR MAIN OFFICE OR VIA EMAIL. THIS WILL BEGIN YOUR APPLICATION PROCESS. BE SURE TO CAREFULLY READ AND COMPLETE EACH SECTION OF THIS FORM. AT THE END OF THE APPLICATION YOU WILL FIND THIS CHECKLIST OF ITEMS TO INCLUDE WHEN RETURNING THIS INFORMATION TO IMC:**

- COMPLETED APPLICATION**
- TYPED PERSONAL TESTIMONY (200-WORD MINIMUM)**
- RECENT PHOTO**
- \$25 APPLICATION FEE ( CHECK OR MONEY ORDER MADE PAYABLE TO IMC)**
- PASTORAL REFERENCE FORM (THIS SHOULD BE GIVEN TO YOUR PASTOR, WHO WILL MAIL IT IN SEPARATELY)**

**ONCE THE IMC STAFF HAS RECEIVED YOUR APPLICATION MATERIALS, YOU WILL BE CONTACTED BY A STAFF MEMBER TO SET UP A SERIES OF PHONE INTERVIEWS. AFTER THESE HAVE BEEN COMPLETED, THE IMC STAFF WILL JOIN YOU IN PRAYING FOR GOD'S WILL CONCERNING YOUR FUTURE IN REGARDS TO ADMISSION TO THE PROGRAM. PLEASE VISIT OUR WEBSITE IF YOU HAVE ANY QUESTIONS OR FEEL FREE TO CONTACT US BY EMAIL OR PHONE.**

**-IMC STAFF**

**1400 WEST WASHINGTON CENTER ROAD FORT WAYNE, IN 46825 | PHONE 260.490.8585 |  
IMPACTMASTERS@GMAIL.COM | WWW.IMPACTMASTERSFW.COM**

**IMPACT MASTERS COMMISSION  
DISCOVER YOUR IMPACT**



## PERSONAL INFORMATION

Full Legal Name \_\_\_\_\_

Name you prefer to be called \_\_\_\_\_ Gender: Male or Female

Current Address \_\_\_\_\_

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

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

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

Current Relationship Status \_\_\_\_\_



Instagram username: \_\_\_\_\_



Twitter handle: \_\_\_\_\_

## EMPLOYMENT

Are you currently employed? Yes No If yes, do you have more than one job? Yes No

Present employer \_\_\_\_\_ Phone \_\_\_\_\_

Position \_\_\_\_\_ Date hired \_\_\_\_\_

Past employer \_\_\_\_\_

Position \_\_\_\_\_ Date hired \_\_\_\_\_

Quit Fired Laid-Off Reason \_\_\_\_\_ Date \_\_\_\_\_

## INTERESTS // PLEASE CHECK OFF AREAS IN WHICH YOU HAVE TALENTS, SKILLS, OR EXPERIENCE

|                          |                     |                          |                  |                          |             |                          |               |                          |                       |
|--------------------------|---------------------|--------------------------|------------------|--------------------------|-------------|--------------------------|---------------|--------------------------|-----------------------|
| <input type="checkbox"/> | Administrative Work | <input type="checkbox"/> | Drama            | <input type="checkbox"/> | Nursery     | <input type="checkbox"/> | Singing       | <input type="checkbox"/> | Video Filming/Editing |
| <input type="checkbox"/> | Auto Repair         | <input type="checkbox"/> | Drawing/Painting | <input type="checkbox"/> | Photography | <input type="checkbox"/> | Skateboarding | <input type="checkbox"/> | Visitor Follow-Up     |
| <input type="checkbox"/> | Children's Ministry | <input type="checkbox"/> | Evangelism       | <input type="checkbox"/> | Rap         | <input type="checkbox"/> | Speaking      | <input type="checkbox"/> | Website Design        |
| <input type="checkbox"/> | Computers           | <input type="checkbox"/> | Graphic Design   | <input type="checkbox"/> | Set Design  | <input type="checkbox"/> | Sports*       | <input type="checkbox"/> | Worship*              |
| <input type="checkbox"/> | Design              | <input type="checkbox"/> | Junior High      | <input type="checkbox"/> | Senior High | <input type="checkbox"/> | Teaching      | <input type="checkbox"/> | Other*                |

\*Sports please specify \_\_\_\_\_

\*Worship please specify \_\_\_\_\_

\* Other please specify \_\_\_\_\_



## FAMILY HISTORY

Name of Father/Guardian \_\_\_\_\_

Current Address \_\_\_\_\_

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

Accepted Christ? Yes No Occupation \_\_\_\_\_ Marital Status \_\_\_\_\_

Name of Mother/Guardian \_\_\_\_\_

Current Address \_\_\_\_\_

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

Accepted Christ? Yes No Occupation \_\_\_\_\_ Marital Status \_\_\_\_\_

If parents divorced, how old were you? \_\_\_\_\_ Are either remarried? \_\_\_\_\_

List any siblings and their ages \_\_\_\_\_

List an emergency contact name & number \_\_\_\_\_

## MEDICAL BACKGROUND

How would describe your health?                      Excellent      Good              Fair              Poor

List any physical limitations \_\_\_\_\_

List any allergies \_\_\_\_\_

List any medications you are currently taking \_\_\_\_\_

Have you ever used illegal drugs?      Yes      No              If yes, date of last use \_\_\_\_\_

Have you ever smoked tobacco?      Yes      No              If yes, date of last use \_\_\_\_\_

Have you ever drunk alcohol?      Yes      No              If yes, date of last use \_\_\_\_\_

Have you ever had professional counseling or therapy?      Yes      No

If yes, for what? \_\_\_\_\_

Do you have health insurance?      Yes      No              Company \_\_\_\_\_



## FINACIAL INFORMATION

How do you plan to pay for your tuition? \_\_\_\_\_

\_\_\_\_\_

Will you have the total by the required date?      Yes      No

If no, please explain \_\_\_\_\_

List any debts, loans and payments that you currently have and the amount due for each: \_\_\_\_\_

\_\_\_\_\_

Will these be paid off by the start of Impact Masters Commission?      Yes      No

If no, how will you make payments? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## CHURCH BACKGROUND

Name of home church \_\_\_\_\_ Denomination \_\_\_\_\_

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

Phone \_\_\_\_\_ How long have attended this church? \_\_\_\_\_

Senior Pastor \_\_\_\_\_ Youth Pastor \_\_\_\_\_

List any ministries you are currently involved in \_\_\_\_\_

\_\_\_\_\_

Are you a voting member of the church?      Yes      No      When did you accept Christ? \_\_\_\_\_

Have you had an Acts 2:4 experience?      Yes      No      At what age? \_\_\_\_\_

How many times a week do you attend church? \_\_\_\_\_

Did you attend another church before this one?      Yes      No      Denomination \_\_\_\_\_



## EDUCATIONAL HISTORY

Highest level of education completed High School 1 2 3 4 College 1 2 3 4

Approximate grade point average \_\_\_\_\_ List any educational disabilities \_\_\_\_\_

Other training \_\_\_\_\_

Have you ever been in the military? Yes No If yes, branch \_\_\_\_\_ Years of service \_\_\_\_\_

## CURRENT & PAST LIFE CIRCUMSTANCES

Who do you presently live with? \_\_\_\_\_

Have you ever lived with a member of the opposite sex other than a family member? Yes No

If yes, please explain \_\_\_\_\_

Have you ever struggled with homosexuality or engaged in a homosexual relationship? Yes No

If yes, please explain \_\_\_\_\_

Have you ever been: Engaged? Divorced? Please explain \_\_\_\_\_

Do you have any children? Yes No Are you financially responsible for any children? Yes No

How do your parents feel about you attending Impact Masters Commission? \_\_\_\_\_

Describe your family's relationship? \_\_\_\_\_

Does your family attend church regularly? Yes No

What is the approximate population of the town you grew up in? \_\_\_\_\_

How did you hear about Impact Masters Commission? \_\_\_\_\_

If accepted, are you willing to make a 9 month commitment to IMC? Yes No

Do you own a vehicle that you will be bringing to IMC? Yes No

Are you prepared to share a room while at IMC? Yes No



T-Shirt size: XS S M L XL XXL

Sweat shirt size: S M L XL XXL

## REFERENCES

Please list the name and phone number of 3 non-relative references as well as your relationship and years of connection. Please include at least one reference from outside of your church.

| Name | Phone Number | Relationship | Years Known |
|------|--------------|--------------|-------------|
|      |              |              |             |
|      |              |              |             |
|      |              |              |             |

## MINISTRY PERSPECTIVE

What is your definition of a servant?

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Define your idea of ministry.

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Explain your heart in wanting to join the IMC team and what you hope to gain from the experience.

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## EDUCATION PERSPECTIVE

What role do you feel education plays in ministerial work?

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## FUTURE PLANS

What do you plan to do after attending Impact Masters Commission?

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Where do you plan to be in 5 years?

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If you do not attend IMC next year, what would you do instead?

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## APPLICATION CHECKLIST

Before sending in your application, be sure you have included the following:

1. Completed Application
2. Typed Personal Testimony (200-word minimum)
3. Recent Photo
4. \$25 application fee (check or money order made payable to First Assembly of God)

**(Also, be sure you have given the Pastoral Reference form to your pastor. They will send it in separately.)**

**I have completed this application truthfully and have answered the questions to the best of my ability.**

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

**PLEASE SEND YOUR COMPLETED APPLICATION TO ONE OF THE FOLLOWING:**

Impact Masters Commission  
c/o First Assembly of God  
1400 W. Washington Center Rd.  
Fort Wayne, IN 46825

Email: [impactmasters@gmail.com](mailto:impactmasters@gmail.com)



# IMPACT

MASTERS COMMISSION

Discover your Impact



**APPLICANT: PLEASE WRITE YOUR NAME ON THE LINE PROVIDED AND GIVE TO YOUR MINISTER SO THAT IT CAN BE FILLED OUT PRIVATELY AND MAILED BY HIM/HER.**

\_\_\_\_\_  
Name of Applicant

- How long have you known the applicant? \_\_\_\_\_
- How well do you know him/her?  Very well  Fairly well  Casually  By name/sight
- Are there any family problems you know of that may interfere with his/her commitment to Master's Commission? \_\_\_\_\_
- Does the applicant have any relationships that may stand in the way of becoming a fully dedicated disciple? \_\_\_\_\_
- Has the applicant proven on any occasion to be unreliable, dishonest, or of questionable character? \_\_\_\_\_

Please check one in each group.

|                                     |                             |                                     |                          |                                     |                             |                                     |                            |                                     |                             |
|-------------------------------------|-----------------------------|-------------------------------------|--------------------------|-------------------------------------|-----------------------------|-------------------------------------|----------------------------|-------------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> | PHYSICAL CONDITION          | <input checked="" type="checkbox"/> | SERVANTHEARTEDNESS       | <input checked="" type="checkbox"/> | RELATIONSHIPS               | <input checked="" type="checkbox"/> | INTELLIGENCE               | <input checked="" type="checkbox"/> | LEADERSHIP ABILITY          |
|                                     | Frequently incapacitated    |                                     | Unmotivated              |                                     | Not relationship oriented   |                                     | Learns and thinks slowly   |                                     | Makes no effort to lead     |
|                                     | Below average               |                                     | Reluctant to serve       |                                     | Avoided/Tolerated by others |                                     | Average mental ability     |                                     | Tries but lacks ability     |
|                                     | Fairly healthy              |                                     | Usually willing to serve |                                     | Liked by others             |                                     | Alert, has a good mind     |                                     | Has some leadership ability |
|                                     | Good Health                 |                                     | Eager to serve as needed |                                     | Well liked by others        |                                     | Brilliant, exceptional     |                                     | Good leadership ability     |
| <input checked="" type="checkbox"/> | TEAMWORK                    | <input checked="" type="checkbox"/> | CHRISTIAN EXPERIENCE     | <input checked="" type="checkbox"/> | ACHIEVEMENT                 | <input checked="" type="checkbox"/> | EMOTIONAL MATURITY         | <input checked="" type="checkbox"/> | PERSONALITY QUIRKS          |
|                                     | Frequently causing friction |                                     | Superficial              |                                     | Does only what is assigned  |                                     | Shows signs of instability |                                     | Effeminate(M) / Tomboy(F)   |
|                                     | Insists on having own way   |                                     | Over-emotional           |                                     | Starts but does not finish  |                                     | Adequate stability         |                                     | Very flirtatious            |
|                                     | Usually cooperative         |                                     | Genuine and growing      |                                     | Meets average expectations  |                                     | More stable than avg       |                                     | Clumsy / accident prone     |
|                                     | Works well with others      |                                     | Warmly contagious        |                                     | Takes initiative            |                                     | Operates under stress      |                                     | None of the above           |

Please check words that describe the applicant. Choose the ones that stand out the most.

|                          |               |                          |               |                          |               |                          |             |                          |               |                          |                    |
|--------------------------|---------------|--------------------------|---------------|--------------------------|---------------|--------------------------|-------------|--------------------------|---------------|--------------------------|--------------------|
| <input type="checkbox"/> | teachable     | <input type="checkbox"/> | nervous       | <input type="checkbox"/> | flexible      | <input type="checkbox"/> | committed   | <input type="checkbox"/> | creative      | <input type="checkbox"/> | easily discouraged |
| <input type="checkbox"/> | dependable    | <input type="checkbox"/> | understanding | <input type="checkbox"/> | humorous      | <input type="checkbox"/> | domineering | <input type="checkbox"/> | good listener | <input type="checkbox"/> | easily embarrassed |
| <input type="checkbox"/> | lacking humor | <input type="checkbox"/> | critical      | <input type="checkbox"/> | perfectionist | <input type="checkbox"/> | jealous     | <input type="checkbox"/> | obnoxious     | <input type="checkbox"/> | easily offended    |
| <input type="checkbox"/> | motivated     | <input type="checkbox"/> | disciplined   | <input type="checkbox"/> | patient       | <input type="checkbox"/> | fearful     | <input type="checkbox"/> | moody         | <input type="checkbox"/> | selfish            |
| <input type="checkbox"/> | peaceful      | <input type="checkbox"/> | stable        | <input type="checkbox"/> | prejudiced    | <input type="checkbox"/> | wise        | <input type="checkbox"/> | enthusiastic  | <input type="checkbox"/> | craves attention   |

Do you recommend the applicant for acceptance as a Master's Commission disciple?  Yes, unreservedly  Yes, with hesitation  No

Comments: \_\_\_\_\_

Pastor: \_\_\_\_\_ Position: \_\_\_\_\_ Phone: \_\_\_\_\_

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**WE APPRECIATE YOU TAKING THE TIME TO HELP US WITH THIS REFERENCE. PLEASE EMAIL OR MAIL THIS FORM DIRECTLY TO:**

**IMPACTMASTERS@GMAIL.COM**

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**IMPACT MASTERS COMMISSION  
1400 W WASHINGTON CENTER RD.  
FORT WAYNE, IN 46825**

DETACH AND HAVE YOUR PASTOR COMPLETE