



APPLICATION

Encountering God in India

September 2012

The application process is as follows:

1. The application has 7 components. We require that you send in all 7 components together as one packet.
 - a. Application Form (must be at least 18 year's old and a high school graduate)
 - b. Photograph
 - c. A typed one or two page personal testimony as per question #1 on page 2.
 - d. Front and back copy of insurance card
 - e. Copy of photo page of current passport (if available)
 - f. Pastoral Recommendation – having known you for two years (in a sealed & signed envelope). If you are a pastor, please have a fellow pastor or leader in the Body of Christ fill this out for you.
 - g. \$50 (US dollars) application fee (make check or money order payable to **Kingdom Foundations**). This fee will be applied to your tuition (\$25 refund if application denied).
2. Please complete and submit the above 7 components no later than **June 1, 2012**. (You will need to apply for a visitor's visa for entry into India along with having a current passport – see page 4 of the application.)
3. Mail your entire application packet to:
Kingdom Foundations
c/o Ronda Adams
PO Box 901313
Kansas City, MO 64190
4. Upon acceptance, a letter and additional information will be either mailed or emailed to you. The balance due for tuition (\$1950.00) will be August 1, 2012 (see pg 7 for cancelation policy).
5. Please email Ronda Adams at ronda@kingdomfoundations.org or call her at 1.816.719.6735 with any questions.

SECTION B: Education/Occupational Background

Year of high school graduation: _____

Highest level of education completed: _____

What languages do you fluently speak? _____

Present employer _____ Date employed _____

Other Occupational Skills: _____

What are your plans after you complete this training? Full-time missions/ministry Back to school

Back to job Other _____

SECTION C: Ministry and Gifting Information

In your current local church, what areas are you involved?

Musical abilities/other talents: _____

Are you presently ordained Yes No

What would you consider to be your spiritual giftings? _____

SECTION D: Personal Assessment

Please try and assess yourself in the following categories:

	Uncertain	Weak	Fair	Good	Very Good	Outstanding
Spiritual Maturity.....	—	—	—	—	—	—
Devotion to Christ.....	—	—	—	—	—	—
Personal Integrity.....	—	—	—	—	—	—
Self – Discipline.....	—	—	—	—	—	—
Willingness to Serve.....	—	—	—	—	—	—
Willingness to Learn.....	—	—	—	—	—	—
Interpersonal Relationships.....	—	—	—	—	—	—
Family Life.....	—	—	—	—	—	—
Ability to work with others.....	—	—	—	—	—	—
Communication Skills.....	—	—	—	—	—	—
Leadership Skills.....	—	—	—	—	—	—
Reliability.....	—	—	—	—	—	—
Physical Health	—	—	—	—	—	—
Emotional Health.....	—	—	—	—	—	—

Comments on any of the above: _____

SECTION E: Passport Information

Country of Citizenship: _____

Name as it appears on passport: _____

City and country where passport was issued: _____

Passport # _____ Passport Expiry Date _____

If you do not have a current passport, you will need to go ahead and apply for one. Use this link: http://travel.state.gov/passport/passport_1738.html to download the forms needed. You will need to obtain a visa for entry into India, please visit: <https://indiavisa.travisaoutsourcing.com/guidelines> for additional information on how to apply for a tourist visa.

SECTION F: Confidential Health Form

Insurance Company: _____

Emergency contact: _____ Phone: _____

2nd Emergency contact: _____ Phone: _____

ATTACH A COPY (front & back) OF YOUR INSURANCE CARD TO THIS APPLICATION!

Personal Medical History

Please answer all questions. Explain any "Yes" answers in the space below.

Have you ever had, or do you have any of the following?

	Yes	No		Yes	No		Yes	No
Skin conditions	___	___	Shortness of breath	___	___	Ulcers	___	___
Eye Trouble	___	___	Asthma, hay fever	___	___	Gall Bladder issues	___	___
Ear Trouble	___	___	Heart Trouble	___	___	Jaundice	___	___
Head Injury	___	___	High Blood Pressure	___	___	Hepatitis	___	___
Headaches	___	___	Low Blood Pressure	___	___	Intestinal troubles	___	___
Epilepsy	___	___	Rheumatism/arthritis	___	___	Recurrent diarrhea	___	___
Fainting Spells	___	___	Back Problems	___	___	Diabetes	___	___
Mental disorder	___	___	Dislocation of joints	___	___	Kidney disease	___	___
Nervous disorder	___	___	Broken Bones	___	___	Anemia	___	___
Paralysis	___	___	Eating Disorders	___	___	Venereal disease	___	___
Insomnia	___	___	Anorexia nervosa	___	___	Tumor/cancer	___	___
Allergies:			Bulimia	___	___	Females only:	___	___
Penicillin	___	___	Surgery:			Irregular periods	___	___
Sulfonamides	___	___	Appendectomy	___	___	Severe cramps	___	___
Serum	___	___	Hernia repair	___	___	Excessive flow	___	___
Other - list	___	___	Tonsillectomy	___	___	Are you pregnant?	___	___
Food - list	___	___	Other -list	___	___			

Please use the following lines to explain any question answered "Yes" or other questions:

Personal Medical History – Continued

Are you now under a doctor's care for any condition? No Yes, please explain

Are you taking any medication at this time? No Yes, please explain

Do you have any physical handicaps or health conditions which require special attention? No
 Yes, please explain _____

Do you have a history of receiving counseling or psychiatric treatment? No
 Yes, please explain _____

Would you rate your health condition as: Excellent Good Fair Poor

Have you ever had any of the following diseases?

	Yes	No		Yes	No
Chickenpox	<input type="checkbox"/>	<input type="checkbox"/>	Pertussis	<input type="checkbox"/>	<input type="checkbox"/>
Measles	<input type="checkbox"/>	<input type="checkbox"/>	Scarlet Fever	<input type="checkbox"/>	<input type="checkbox"/>
Mumps	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>			

If yes, please list when or other, please specify: _____

Doctor's Name: _____ Phone #: _____

SECTION G: Consent/Release/Agreement Form

Cancelation Policy Agreement

All tuition money will be due no later than August 1, 2012. Due to this school operating on a group basis and needing a certain number of participants, there is no refund for anyone who would need to cancel after August 1, 2012. KFS reserves the right to cancel at any time and would issue a full refund.

I, _____ (name) has read and hereby agrees to the cancelation policy.

Applicant's Signature _____ Date _____

Statement of Faith Agreement

1. WE BELIEVE that only the sixty-six books of the Bible are the inspired, and therefore inerrant, Word of God. It is the final authority for all we believe and how we are to live. Matthew 5:18; John 10:35; 17:17; 2 Timothy 3:16-17; 2 Peter 1:20-21.

2. WE BELIEVE that the one true God exists eternally in three persons, Father, Son, and Holy Spirit, and that these, being one God, are equal in deity, power, and glory. We believe that God not only created the world but also now upholds, sustains, governs, and providentially directs all that exists and that He will bring all things to their proper consummation in Christ Jesus to the glory of His name. Psalm 104; Psalm 139; Matthew 10:29-31; 28:19; Acts 17:24-28; 2 Corinthians 13:14; Ephesians 1:9-12; 4:4-6; Colossians 1:16-17; Hebrews 1:1-3; Revelation 1:4-6.

3. WE BELIEVE that Satan, originally a great and good angel, rebelled against God, taking a multitude of angels with him. He was cast out of God's presence and is at work with his demonic hosts to establish his counter-kingdom of darkness and evil on the earth. Satan was judged and defeated at the cross of Christ and will, at the end of the age, be cast forever into the lake of fire which has been prepared for him and his angels. Matthew 12:25-29; 25:41; John 12:31; 16:11; Ephesians 6:10-20; Colossians 2:15; 2 Peter 2:4; Jude 6; Revelation 12:7-9; 20:10.

4. WE BELIEVE that Adam was originally created in the image of God, righteous and without sin. In consequence of his disobedience, Adam's posterity are born subject to both imputed and inherent sin, and are therefore by nature and choice the children of wrath, justly condemned in the sight of God, wholly unable to save themselves or to contribute in any way to their acceptance with God. Genesis 1-3; Psalm 51:5; Isaiah 53:5; Romans 3:9-18; 5:12-21; Ephesians 2:1-3.

5. WE BELIEVE that Jesus Christ is God incarnate, fully God and fully man, that He was conceived and born of a virgin, lived a sinless life, and offered himself as a penal, substitutionary sacrifice for sinners. By the blood of His cross He obtained for us eternal redemption, the forgiveness of sins, and life everlasting. He was raised bodily on the third day and ascended to the right hand of the Father, there to make intercession for the saints. Matthew 1:18-25; John 1:1-18; Romans 8:34; 1 Corinthians 15:1-28; 2 Corinthians 5:21; Galatians 3:10-14; Philippians 2:6-11; Colossians 1:15-23; Hebrews 7:25; 1 Peter 2:21-25; 1 John 2:1-2.

6. WE BELIEVE that salvation is by grace alone, through faith alone, in Christ alone. No ordinance, ritual, work, or any other activity on the part of man is required in order to be saved. This saving grace of God, through the power of the Holy Spirit, also sanctifies us by enabling us to do what is pleasing in God's sight in order that we might be progressively conformed to the image of Christ. John 1:12-13; 6:37-44; 10:25-30; Acts 16:30-31; Romans 3-4; 8:1-17, 31-39; Ephesians 2:8-10; Philippians 2:12-13; Titus 3:3-7.

7. WE BELIEVE that the Lord Jesus Christ baptizes believers in the Holy Spirit, in whom also we are sealed for the day of redemption. The Holy Spirit regenerates, forever indwells, and graciously equips the Christian for godly living and service. Subsequent to conversion the Spirit desires to fill, empower, and anoint believers for ministry and witness. We also believe that signs and wonders, as well as all the gifts of the Spirit described in the New Testament, are operative today and are designed to testify to the presence of the kingdom and to empower and edify the church to fulfill its calling and mission. Matthew 3:11; 28:18-20; John 1:12-13; 3:1-15; Acts 4:29-30; Romans 8:9; 12:3-8; 1 Corinthians 12:12-13; 2 Corinthians 1:21-22; Galatians 3:1-5; Ephesians 1:13-14; 5:18.

8. WE BELIEVE that water baptism and the Lord's Supper are the two ordinances of the church to be observed until the time of Christ's return. They are not a means of salvation but are channels of God's sanctifying grace and blessing to the faithful in Christ Jesus. Matthew 26:26-29; 28:19; Romans 6:3-11; 1 Corinthians 11:23-34; 1 Peter 3:21.

9. WE BELIEVE that the church is God's primary instrument through which He is fulfilling His redemptive purposes in the earth. To equip the saints for the work of ministry, God has given the church apostles, prophets, evangelists, pastors and teachers. We also affirm the priesthood of all believers and the importance of every Christian being joined with and actively involved in a local community of the saints. We believe that women, no less than men, are called and gifted to proclaim the gospel and do all the works of the kingdom. Matthew 16:17-19; Acts 2:17-18, 42; Ephesians 3:14-21; 4:11-16; Hebrews 10:23-25; 1 Peter 2:4-5, 9-10.

10. WE BELIEVE that God has called the church to preach the gospel to all nations, and especially to remember the poor and to minister to their needs through sacrificial giving and practical service. This ministry is an expression of the heart of the Lord Jesus Christ and is an essential part of the kingdom of God. Isaiah 58:6-12; 61:1; Luke 4:18; 21:1-4; Galatians 2:10; 1 Timothy 6:8.

11. WE BELIEVE in the literal second coming of Christ at the end of the age when He will return to the earth personally and visibly to consummate His kingdom. We also believe in and are praying for a great end-time harvest of souls and the emergence of a victorious church that will experience an unprecedented unity, purity, and power in the Holy Spirit. Psalms 2:7-9; 22:27-28; John 14:12; 17:20-26; Romans 11:25-32; 1 Corinthians 15:20-28, 50-58; Ephesians 4:11-16; Philippians 3:20-21; 1 Thessalonians 4:13-5:11; 2 Thessalonians 1:3-12; Revelation 7:9-14.

12. WE BELIEVE that when the Christian dies he/she passes immediately into the blessed presence of Christ, there to enjoy conscious fellowship with the Savior until the day of the resurrection and glorious transformation of the body. The saved will then forever dwell in blissful fellowship with their great Triune God. We also believe that when the unbeliever dies he/she is consigned to hell, there to await the day of judgment when he/she shall be punished with eternal separation from the presence of God. Matthew 25:46; Luke 16:19-31; John 5:25-29; 1 Corinthians 15:35-58; 2 Corinthians 5:1-10; Philippians 1:19-26; 3:20-21; 2 Thessalonians 1:5-10; Revelation 20:11-15; 21:1-22:15.

I, _____ (name) hereby agrees to the KFS statement of faith.

Applicant's Signature _____ Date _____

SECTION G: Consent/Release/Agreement Form
Continued

Photo/Testimony Release

I, _____(name) the applicant for the KFS School of Missions agree that my likeness may be photographed or videotaped and that such images may be published in an outlet used to promote the program. In addition, I agree that any testimonies regarding my experiences during the training program (excluding anything shared in confidence) may be used for the same purpose.

Applicant's Signature _____ Date _____

Consent for Treatment

I, _____(name) hereby agree to the performance of medical treatment, anesthetics, and surgery as in the opinion of an attending physician which is deemed necessary.

Applicant's Signature _____ Date _____

Liability Release

I, _____(name) hereby release Kingdom Foundations, its agents, employees, and staff/students from any liability whatsoever arising out of any injury, damage, or loss which may be sustained during the course of involvement with the missions school. I agree to resolve any and all disputes with the Kingdom Foundations, its agents, employees, and staff/students by means of reconciliation or mediation and waive any right to pursue action by way of litigation.

Applicant's Signature _____ Date _____

Outreach Agreement

The purpose of joining the KFS School of Missions is to learn to take the gospel to the nations and I agree to submit to the leadership and policies and to conduct myself in a way that brings honor to the Lord Jesus Christ.

I understand that I need to be flexible with the schedule and unforeseen circumstances that may occur while attending the KFS School of Missions. KFS is not liable in case of illness, accident, death, or unexpected travel and/or incidental expenses.

I understand that if I fail to abide by the rules and/or policies, I will be asked to return home which may incur additional expenses.

I certify that all information in this application is complete and accurate. I understand that any and all confidential evaluations in my file are KFS property and I relinquish the right to view them or obtain information from them in any way. I confirm that payment of required tuition fees must be made before arrival and I commit myself to paying all personal expenses incurred during my involvement with the KFS School of Missions.

Applicant's Signature _____ Date _____



Kingdom Foundations
c/o Ronda Adams
PO Box 901313
Kansas City, MO 64190
Phone: 1.816.719.6735
Email: ronda@kingdomfoundations.org

SECTION F: Pastoral Recommendation Form

To be completed by the applicant:

Name: _____ Phone: _____

Address: _____

Email: _____

This evaluation is confidential and will not be shown to you. Please ask them to put it in a sealed envelope with their signature across the seal and return to you as soon as possible.

To the Pastoral Reference:

The person listed above is interested in attending a 3-week long mission's training school in Bangalore, India next Sept., 2012. This recommendation form (pg 9-11) is to be completed by the applicant's (present or former) pastor. In the case that the applicant's family member is the pastor or the applicant is the pastor, an elder or other church officer may act as pastoral reference. Please return this form directly to the applicant in a sealed envelope with your signature across the seal. If you have any questions, you may contact Ronda Adams at the phone or email listed above. Thank you for promptly returning this to the applicant.

Pastoral Information

Your Name: _____ Church Name: _____

Church Address: _____

Church Phone: _____ Cell Phone: _____

Your Position: _____ Home Phone: _____

Email: _____

Pastoral Recommendation Form – Cont'd

1. How long have you known the applicant? _____

How well? Very Well Fairly Well Casually By name/sight

2. Please describe the applicant's level of involvement in your church (Check all that apply)

- | | | |
|--|--|-------------------------------------|
| <input type="checkbox"/> Attends regularly | <input type="checkbox"/> Cooperative | <input type="checkbox"/> Interested |
| <input type="checkbox"/> Attends irregularly | <input type="checkbox"/> Involved | <input type="checkbox"/> Distant |
| <input type="checkbox"/> Enthusiastic | <input type="checkbox"/> Willing to help | <input type="checkbox"/> Teachable |

3. How has the applicant served in your congregation? _____

4. Please try to access the following based on your knowledge of the applicant:

	<u>Uncertain</u>	<u>Weak</u>	<u>Fair</u>	<u>Good</u>	<u>Very Good</u>	<u>Outstanding</u>
Spiritual Maturity.....	—	—	—	—	—	—
Devotion to Christ.....	—	—	—	—	—	—
Personal Integrity.....	—	—	—	—	—	—
Self – Discipline.....	—	—	—	—	—	—
Willingness to Serve.....	—	—	—	—	—	—
Willingness to Learn.....	—	—	—	—	—	—
Interpersonal Relationships.....	—	—	—	—	—	—
Family Life.....	—	—	—	—	—	—
Ability to work with others.....	—	—	—	—	—	—
Communication Skills.....	—	—	—	—	—	—
Leadership Skills.....	—	—	—	—	—	—
Reliability.....	—	—	—	—	—	—
Physical Health	—	—	—	—	—	—
Emotional Health.....	—	—	—	—	—	—

Comments on any of the above: _____

Pastoral Recommendation Form – Cont'd

5. What are the strengths and spiritual gifts of the applicant according to your observations?

6. What is your assessment of the applicant's weaknesses?

7. Are there any complex family factors which might affect the applicant's participation?

8. Would you have the applicant on your staff? Yes No Please explain why not?

9. I recommend this applicant for the Supernatural Missions School in Bangalore, India.

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

**Please explain concerns below or add your comments:

Signature _____ Date _____