



# TAKING BACK THE HIGH PLACES APPLICATION FORM

(Please Note: All applications must be accompanied by a non-refundable US\$20 application fee)

## Personal

Name:

\_\_\_\_\_

First

Middle

Last

Male:  Female:

Current Residential Address: \_\_\_\_\_

\_\_\_\_\_

Postal Address: Same as Above:  : \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Nationality: \_\_\_\_\_

Is English your first Language? Yes  No  Do you speak any other Languages? Yes  No

Please indicate other languages: \_\_\_\_\_

Marital Status: *Single*  *Engaged*  *Married*  *Separated*  *Divorced*  *Remarried*  *Widowed*

If you are married is your spouse also applying to attend the school? Yes  No

Name of Spouse (Your spouse must fill in a separate application form) \_\_\_\_\_

## Education

Give a brief overview of your educational history, including University Degrees, Diplomas, courses, etc.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Employment

Current Occupation: \_\_\_\_\_ Present Employer \_\_\_\_\_

Name and Phone. ( ) \_\_\_\_\_

Occupational Skills (Give a brief overview of your employment history) \_\_\_\_\_

\_\_\_\_\_

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## Spiritual

When did you accept Christ as your personal Savior? \_\_\_\_\_

Home Church /Denomination \_\_\_\_\_

Pastors Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address of church \_\_\_\_\_

Does the oversight of your church support you in your decision to apply for entry to this program?

Yes  No

Did you immediately become part of a local church upon conversion? Yes  No

Have you consistently been part of a local church? Yes  No

State your church history: Include church and denominations:

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Tick which group that you mostly identify with:

Non charismatic Evangelical  Charismatic Evangelical  Pentecostal

Catholic  Charismatic Catholic

Have you ever been in any kind of ministry position in a church? Yes  (Please Describe) No

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State any extra Christian Service you have done (include church involvement)

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Do you feel called to a particular area of ministry service? Yes  (Please Describe) No

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Do you play an instrument? Yes  No  Have you had experience leading worship? Yes  No

If so, what do you play?

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Have you ever engaged in any kind of theological training or have you attended a Discipleship Training School? Yes  (Please Describe) No  Did you complete the course? Yes  No

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Have you come out of a New Age Background? Yes  No

Do you have a passion to minister to New Age / Postmodern culture? Yes  No

Have you had experience ministering to New Agers? Yes  No

Have you had experience ministering to the Postmodern culture? Yes  No

## Health

Are you allergic to any medications? Yes  No  (If yes please specify)

Do you have a history of mental illness or psychiatric treatment? Yes  No  (If yes please specify)

Do you have any physical impairments, disabilities or health conditions that require special attention including food allergies? Yes  No  (If yes please specify)

## Finances

Do you have all your fees for this training program? Yes  No

## History

*We realise that the following questions are personal. Please be assured that all answers are held in strict confidentiality and are not the basis for school acceptance.*

Have you used any of the following substances?

- Overuse of prescription medication etc.
- Excessive Alcohol Use                       Tobacco
- Drugs such as marijuana, cocaine, heroin, ice, ecstasy etc

Do you still use drugs? Yes  No

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If yes, please explain your present drug use.

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Have you ever been involved in any of the following areas?

1. Other belief systems or occult involvement such as:

- Satanism       Witchcraft       Hinduism       Buddhism       Islam  
 New Age       Eastern Mysticism       Gothic       Christian Cults       Freemasonry  
 Other, please specify: \_\_\_\_\_

2. Heterosexual sin including pornography or sexual immorality. Yes  No

3. Homosexual Activity    Yes  No

4. Eating Disorders      Yes  No

5. Have you suffered abuse in any of the following areas?    Yes  No

- Psychological       Physical       Emotional       Sexual

6. Do you have a criminal record? Yes  No

If yes, please provide details of your criminal history

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Have you experienced any of the following ministries for any of the above?

- Prayer Counseling     Deliverance     Healing Ministry

If so, please describe:

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## Goals and Expectations

What would you like to see happen in and through your life through your participation in this program?

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Are there any areas of your life that you consistently struggle with that you would like help with during the school? \_\_\_\_\_

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How did you find out about this training event?

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Why do you think this particular program will be beneficial to you?

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Do you have any body piercing? Yes  No

**Body piercing *is compulsory* for Students who attend this event!**

**And only those students with body piercing will be accepted!**

(We're only kidding but we're kidding to make a point. A number of Christian ministries refuse entry to applicants with body piercing or insist that they remove their piercings. So we thought it would be fun to have a school where body piercing was compulsory, but that would be too discriminatory against those who don't. So if you have body piercing, don't worry; we won't tell you to remove it.)

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## **Declarations**

### **Acknowledgment of Financial Responsibility**

I confirm that I understand payment of the required school tuition and accommodation fees must be made up front before the commencement of the training program, unless otherwise arranged with leadership, and I agree to do so. I therefore accept all responsibility for my tuition fees, and additional personal expenses incurred during my involvement with 'Taking Back the High Places.'

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### **Release of Liability**

I hereby release the staff, employees and volunteer assistants from any liability whatsoever arising out of any injury, damage or loss, which may be sustained by me during the course of my involvement with the 'Taking Back the High Places' training course.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### **Acceptance of the Terms and Conditions of River Grove Resort**

I will abide by the terms and conditions of staying in the cabins or camping at the River Grove Resort for the duration of my stay there.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### **Agreement:**

I understand that any falsification of information on this application is grounds for dismissal at any time. All information provided in this application form is true and accurate to the best of my knowledge.





Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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## Application Checklist

Please tick each box to ensure that there is nothing you have forgotten.

-  Filled in all details in the 'Taking Back the High Places' Application Form
-  Photograph Attached to Application Form
-  Pastoral Reference Form presented to your Pastor (To be posted directly to us)
-  Application Fee US \$20.00 (Please make checks payable to 'New Earth Tribe Santa Cruz.')

Please complete and post this form plus your application fee to:

Taking Back the High Places  
PO Box 611 Mount Hermon  
California 95041



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What do you perceive to be the applicant's best qualities?

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What do you perceive to be the applicant's personal struggles?

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Please indicate how the applicant performs in the following areas. If you have not observed the category, please leave it blank. (4 = excellent, 3 = good, 2 = fair, 1 = poor)

Mental Ability:	1	2	3	4
Punctuality:	1	2	3	4
Reliability:	1	2	3	4
Appearance:	1	2	3	4
Initiative:	1	2	3	4
Leadership skills:	1	2	3	4
Finances:	1	2	3	4
Relating to authority:	1	2	3	4
Self Discipline:	1	2	3	4
Getting along with others:	1	2	3	4
Team Work:	1	2	3	4
Relating to unbelievers:	1	2	3	4
Willingness to serve:	1	2	3	4
Physical Condition:	1	2	3	4
Ability to cope with flexibility:	1	2	3	4
Applicants emotional maturity:	1	2	3	4
Honesty:	1	2	3	4
Level of commitment:	1	2	3	4

Which of the following apply to the applicant? (Please tick)

- |                                       |                                      |  |                                       |
|---------------------------------------|--------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Warm-hearted | <input type="checkbox"/> Devoted     | <input type="checkbox"/> Zealous         | <input type="checkbox"/> Respectful   |
| <input type="checkbox"/> Tolerant     | <input type="checkbox"/> Patient     | <input type="checkbox"/> Kind            | <input type="checkbox"/> Grateful     |
| <input type="checkbox"/> Loving       | <input type="checkbox"/> Encouraging | <input type="checkbox"/> Leader          | <input type="checkbox"/> Enthusiastic |
| <input type="checkbox"/> Gentle       | <input type="checkbox"/> Initiator   | <input type="checkbox"/> Truthful        | <input type="checkbox"/> Dependable   |
| <input type="checkbox"/> Self starter | <input type="checkbox"/> Honouring   | <input type="checkbox"/> Servant Hearted | <input type="checkbox"/> Hard Worker  |

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- |  |                                  |                                     |                                       |
|--|----------------------------------|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Apathetic     | <input type="checkbox"/> Bitter  | <input type="checkbox"/> Rebellious | <input type="checkbox"/> Independent  |
| <input type="checkbox"/> Argumentative | <input type="checkbox"/> Selfish | <input type="checkbox"/> Critical   | <input type="checkbox"/> Antagonistic |

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- Short tempered     Flirtatious     Lazy     Seeks attention  
 Stubborn     Controlling     Proudful     Disrespectful

Do you approve of the applicant attending this training event? Yes  No

If you ticked No please explain why you disapprove? \_\_\_\_\_

Does the applicant smoke or have an ongoing problem with drugs? Yes  No

If Yes Please Describe: \_\_\_\_\_

Has the applicant had a history of mental illness? Yes  No

If Yes Please Describe: \_\_\_\_\_

Does the applicant exhibit a submissive attitude toward leadership? Yes  No

Please describe the gifting that is evident in the life of the applicant, including their spiritual giftings.

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

To your knowledge, has the applicant been involved in any of these areas:

1. Other belief systems or Occult involvement:

- Satanism     Witchcraft     Hinduism     Buddhism     Islam  
 New Age     Eastern Mysticism     Gothic     Christian Cults  
 Freemasonry     Other: please specify: \_\_\_\_\_

2. Heterosexual sin including pornography or sexual immorality. Yes  No

3. Homosexual Activity Yes  No

4. Eating Disorders    Yes  No

5. Other: \_\_\_\_\_

If yes, please comment briefly on what happened and what was done to restore or resolve the behaviour.

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

Does the applicant have a history of abuse?

- Verbal     Physical     Emotional     Sexual

Yes  No  If Yes, please give brief explanation.

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

Thank you for your co-operation in filling out this reference.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_