



Iasis 5-fold Center

Application for Admission

Personal Data

Last Name _____ Middle Initial _____ First Name _____

Address _____

City _____ State _____ ZIP _____

Home Phone (_____) _____ Cell Phone (_____) _____

E-mail Address (please print legibly) _____

Personal

Marital Status: ☐ Single, never married ☐ Married ☐ Engaged ☐ Widowed

☐ Divorced ☐ Separated ☐ Remarried

Name of Spouse _____

If married, is your spouse in agreement with your decision to apply? ☐ Yes ☐ No, please explain _____

Gender: ☐ Male ☐ Female

Are you a US citizen? ☐ Yes ☐ No If no, country of citizenship? _____

If no, what type of visa have you obtained to live and study in the United States? _____

Are you a veteran? ☐ Yes ☐ No Branch of service? _____

Do you qualify for VA education benefits? ☐ Yes ☐ No

Education

Highest Education Completed? ☐ GED ☐ High School Diploma ☐ Bachelor ☐ Master
☐ Doctorate

High School Attended: _____

College(s) Attended: _____

(Please include any additional colleges on an additional sheet of paper)

Please list any additional qualifications you consider relevant for the application _____

Criminal Background

Have you ever been convicted of a criminal offense (misdemeanor or felony)? ☐ Yes ☐ No
If yes, explain number of conviction(s), nature of offence(s) leading to conviction(s), when they were committed, sentence(s) imposed, and type(s) of rehabilitation.

(Please use an additional sheet of paper if required.)

Have you in the past or are you currently struggling with an alcohol or drug addiction?
☐ Yes ☐ No

If yes, please explain past addictions / current additions, any rehabilitation periods that you have gone through or are currently going through

(Please use an additional sheet of paper if required.)

Medical

Are you presently under the care of a physician? [☐] Yes [☐] No If yes, please explain below:

Do you have any physical limitations that would require assistance from us order for you to be successful during your time at lasis? _____

Church Information

Church Name _____ Denomination _____

Church Address _____

City _____ State _____ ZIP _____

Phone (____) _____ E-mail _____

Pastor's Name _____

Do you give us permission to contact your Pastor? [☐] Yes [☐] No If no, please explain below:

How long have you been at your current church? ____ years ____ months

Have you accepted Jesus Christ as your personal Savior and Lord? [☐] Yes [☐] No

Have you been baptized in the Holy Spirit? [☐] Yes [☐] No

Please write a brief summary about your relationship with the Lord, providing significant moments where your life changed and your relationship grew deeper with Him.

(Please use additional sheet of paper if required.)

Please write a brief summary of what your understanding is of 5-fold ministry and how it impacts the church? _____

(Please use additional sheet of paper if required.)

General

How did you hear about Iasis 5-fold Center? _____

Explain why you desire to attend Iasis 5-fold Center and what you hope to achieve during your time with us? _____

Please can you provide a summary of your views on the following:

Marriage: _____

Calvanism: _____

Women in ministry: _____

Homosexuality/transgender: _____

(Please use additional sheet of paper if required.)

Please post completed application forms to:

Iasis 5-fold Center

ICFAN

PO Box 1112

Fort Collins

CO

80522

Or E-mail: info@icfanetwork.com