



# SCHOOL OF DISCIPLESHIP

## APPLICATION

Thank you for your interest in School of Discipleship. The information you provide below **is confidential** and will be reviewed only by **qualified SOD staff** for approval.

RETURN APPLICATION BY: **MAIL**

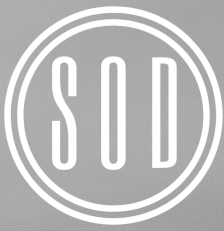
School of Discipleship  
P.O. Box 1528  
Alpine, CA 91903

RETURN APPLICATION BY: **EMAIL**

After filling out application- SAVE FILE  
Open email to Drew Macintyre: [ccalpinemac@gmail.com](mailto:ccalpinemac@gmail.com)  
Attached newly SAVED FILE  
Then SEND the email

DATE OF APPLICATION: \_\_\_\_\_

HOW DID YOU HEAR ABOUT THE SCHOOL OF DISCIPLESHIP?  
\_\_\_\_\_



## PERSONAL INFORMATION

Please print clearly and answer all questions that follow.

FULL NAME: \_\_\_\_\_

☐ MALE ☐ FEMALE

BIRTHDAY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

NAME OF SPOUSE: \_\_\_\_\_

NAME(S) & AGE(S) OF CHILDREN: \_\_\_\_\_

\_\_\_\_\_

EMPLOYER: \_\_\_\_\_

WHAT TYPE OF WORK DO YOU DO THERE?

\_\_\_\_\_

YEARS EMPLOYED THERE: \_\_\_\_\_

MAY WE CALL YOUR WORK? ☐ YES ☐ NO

WHERE DO YOU ATTEND CHURCH: \_\_\_\_\_

REGULARLY? ☐ YES ☐ NO YEARS ATTENDED? \_\_\_\_\_

IN THE PAST 5 YEARS WHAT OTHER CHURCHES HAVE YOU

ATTENDED REGULARLY? (CHURCH NAME, PASTORS NAME, PHONE)

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

WHAT AREAS OF CHRISTIAN SERVICE DO YOU DESIRE TO BE

INVOLVED IN? \_\_\_\_\_

WHAT WAS YOUR FAMILY UPRBINGING: \_\_\_\_\_

\_\_\_\_\_

APPLICATION



## BELIEFS QUESTIONNAIRE

Briefly state your beliefs on the following. This is not a test of your scriptural or spiritual knowledge, but we do want to know what you believe regarding some key, sometimes controversial doctrines. If you are unsure of an answer, please feel free to say so. We will gladly meet with you to discuss these issues.

Use additional paper if needed to answer the following questions.

WHO IS JESUS? \_\_\_\_\_

HOW IS SOMEONE SAVED? \_\_\_\_\_

IF YOU DIED RIGHT NOW, WOULD YOU GO TO HEAVEN? \_\_\_\_\_

WHY? \_\_\_\_\_

WHO OR WHAT IS THE HOLY SPIRIT?

IS THE BIBLE 100% TRUE? ☐ YES ☐ NO

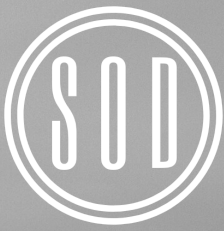
HAVE YOU BEEN BAPTIZED? ☐ YES ☐ NO

WHAT IS THE SIGNIFICANCE OF WATER BAPTISM?

WHAT IS THE BIBLE'S VALUE OR ROLE IN A CHRISTIAN'S LIFE?

WHAT IS THE SIGNIFICANCE OF THE BAPTISM OF THE HOLY SPIRIT & GIFTS?

APPLICATION



## BELIEFS QUESTIONNAIRE

WHAT ARE THE REASONS FOR TRIALS AND SICKNESS (ARE ALL HEALED?)

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ACCORDING TO THE TEACHING OF THE TRINITY, IS JESUS GOD?

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WHAT ARE YOUR BELIEFS REGARDING THE RAPTURE OF THE CHURCH (PRE, MID OR POST - TRIBULATION?)

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DESCRIBE YOUR PRESENT RELATIONSHIP WITH THE LORD?

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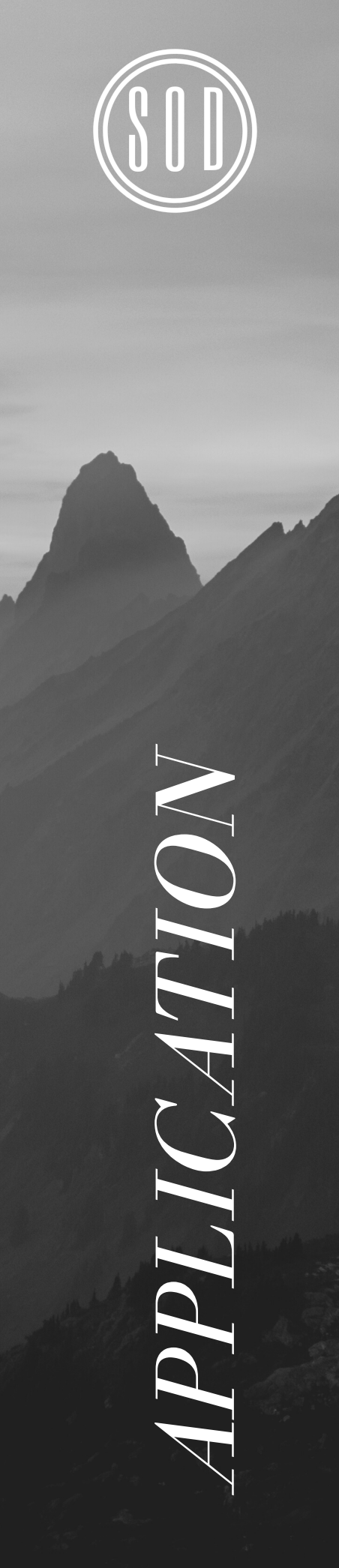
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HAVE YOU HAD ANY TRAINING IN DISCIPLESHIP OR BASIC DOCTRINES OF CHRISTIANITY? (IF SO WHEN, WHERE, AND WHAT TYPE OF TRAINING?)

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APPLICATION



SCHOOL OF DISCIPLESHIP

## SALVATION EXPERIANCE

State your salvation experience (testimony).

[illegible]



## REFERENCES

Please provide TWO references. These references are not to be under the age of 18 or related to you. A questionnaire will be sent to your references, please provide complete mailing addresses.

### REFERENCE #1

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

HOW LONG: \_\_\_\_\_

### REFERENCE #2

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

HOW LONG: \_\_\_\_\_

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