



# TEEN-Ship (Discipleship)

Summer 20\_\_ APPLICATION

to complete the application process please submit the following

- Application
- Application Fee (\$25.00)
- Registration Fee (\$50.00)
- Written Personal Testimony
- Photo (email to npladfasttrack@gmail.com)
- Pastoral Reference Form
- 2 other Reference Names & Information
- Internship Fee (\$900.00)

Scan and email application to: npladfasttrack@gmail.com

PERSONAL INFORMATION

Last	First	Middle	
Address	City	State	Zip
Birthdate	E-mail	Cellphone	

GENDER:       Male       Female

CITIZENSHIP:

I am a citizen of       United States       Other \_\_\_\_\_

EDUCATION:

I am currently       Student in       Middle/JR High       High School       College

List your High School and College Education:

SCHOOL	LOCATION	Dates Attended	GRADUATED	GPA	DEGREE
		○ From      ○ To	○ Yes ○ No		
		○ From      ○ To	○ Yes ○ No		
		○ From      ○ To	○ Yes ○ No		

HOME CHURCH INVOLVEMENT:

What is your Home Church? \_\_\_\_\_ Lead Pastor \_\_\_\_\_

How long have you attended this church?      ○ less than 1 yr.      ○ Over 2 years      ○ Over 5 years

Please briefly tell How you nurture your Christian life? \_\_\_\_\_

# Center for Theological Studies (CTS)

## TEEN-Ship

### PARENTAL CONSENT/ INSURANCE FORM

Send original and make copy for yourself

CHURCH \_\_\_\_\_ SECTION \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

<p><b>Registrant Medical History</b></p> <p>Health Insurance _____                  Policy # _____ Group# _____</p> <p>Is registrant on prescription medication?  <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>Taken _____</p> <p>Date of the last Tetanus shot: ____/____/____</p>	<p style="text-align: right;"> <input type="checkbox"/> Jr. High   <input type="checkbox"/> High School   <input type="checkbox"/> College                 </p> <p>Name _____                  Address _____                  City/State _____                  Zip _____ Birth date _____                  Email _____                  Cell Phone No.: _____</p> <p style="text-align: right;"> <input type="checkbox"/> Male   <input type="checkbox"/> Female                 </p> <p>Email Address _____                  Parent/Guardian. _____                  Emergency Cell Phone No. _____</p>
<p>Does registrants have any of these conditions?  <input type="checkbox"/> Diabetes   <input type="checkbox"/> Epilepsy  <input type="checkbox"/> Tuberculosis   <input type="checkbox"/> Asthma  <input type="checkbox"/> Other Drugs _____</p> <p>Foods: _____                  _____</p> <p>List surgeries or serious injuries in the last 2 years:                  _____                  _____</p> <p>Restricted activities:                  _____</p> <p>Dietary Restrictions:                  _____</p> <p>Does registrants have any of these conditions?  <input type="checkbox"/> Hay Fever   <input type="checkbox"/> Penicillin  <input type="checkbox"/> Poison Ivy   <input type="checkbox"/> Insect Bites  <input type="checkbox"/> Other _____</p>	<p><b>Every applicant must secure the following signatures:</b></p>
<p style="text-align: center;"><b>CENTRAL PACIFIC MINISTRY NETWORK</b>                  of the General Council of the Assemblies of God                  PO BOX 292758 Sacramento, CA 95829                  Office (916) 387-8800   www.cpmnag.org                  Email: npladfasttrack@gmail.com</p>	<p><b><u>Registrant Declaration:</u></b>                  I will fully cooperate with the staff, all rules, and the program as established for TEEN-Ship participants during _____ (month) _____ (date), 20 ____.</p> <p>Signature: _____ Date: _____                  (If you are 18 &amp; over sign both registrants and parent's declaration).</p> <p><b><u>Parent's Declaration:</u></b> I understand that I will be held responsible for any damage done by my child, and I will pay any and all repairs. I hereby consent to any treatment deemed advisable in an emergency by an EMT, nurse, medical doctor, or hospital. I also certify that my child's immunizations are up-to-date. I release the CENTRAL PACIFIC MINISTRY NETWORK and Assemblies of God from any and all liability, claims, or demands for accidents, illnesses, or emergency treatment required as well as property damage, and/or expenses incurred.</p> <p>Signature: _____ Date: _____</p>
<p style="text-align: center;"><b>CENTRAL PACIFIC MINISTRY NETWORK</b>                  of the General Council of the Assemblies of God                  PO BOX 292758 Sacramento, CA 95829                  Office (916) 387-8800   www.cpmnag.org                  Email: npladfasttrack@gmail.com</p>	<p><b><u>Pastor's Declaration:</u></b>                  I recommend this registrant to the CENTRAL PACIFIC MINISTRY NETWORK as one who will cooperate with the rules and the TEEN-Ship internship program.</p> <p>Signature: _____ Date: _____</p>



# TEEN-Ship References

One of the references MUST be the Lead Pastor’s Reference. The other two could come from youth pastor/youth Group leader, and one from a teacher or an adult other than the parents.

Please provide three references:

1. NAME (church pastor) \_\_\_\_\_  
 TITLE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

2. NAME (Teacher/Professor) \_\_\_\_\_  
 TITLE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

3. NAME (Adult Church Leader) \_\_\_\_\_  
 TITLE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

The Administrative staff of TEEN-Ship as part of the CENTRAL PACIFIC MINISTRY NETWORK will contact all references to document validation of your application information.

There may be a need to do a background check on applicant’s over 18 years old if references input merit it.



Center for Theological Studies (CTS)

TEEN-Ship Internship Application

Central Campus Location 6051 S. Watt Ave., Sacramento, CA 95829 www.cpmnag.org admin@cpmnag.org (916) 387-8800

Student Information (STUDENT)

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

Student Name: \_\_\_\_\_

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

Hm Number: (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Church Membership: \_\_\_\_\_

Student: \_\_\_\_\_ (  daughter  son ) Legal Guardian/ Parent: \_\_\_\_\_

We petition acceptance in the CENTRAL PACIFIC TEEN-Ship Summer Internship. We understand that it is a three-week internship as part of the CENTER FOR THEOLOGICAL STUDIES. The Administration REQUIRES a PASTORAL REFERENCE to be completed and submitted with application. Please bring with you, or email to npladfastrack@gmail.com or snail mail to our office at (PO Box 292758 Sacramento, CA 95829).

PASTORAL REFERENCE (Church Pastor)

1. How well do you know the applicant?

Personally       Socially       Casually       I do not know him/her

2. Are you related to the applicant?       Yes       No

3. How often does he/she attend church?

Regularly       Occasionally       Seldom       I do not know

4. How does the applicant participate in the life of the church?

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

5. In your opinion, Is the applicant an active worship participant?

Always       Often       Seldom       Never       I do not know

6. Has he/she had a personal encounter with Christ?

Yes       No       I do not know him/her

7. How would you describe the applicant's maturity? Very  →  Not Very  
 1  2  3  4  5  Don't Know

8. Please check all the words below which you believe accurately describe the applicant:  
 Timid  Gentle  Impatient  Modesto  Impulsive  
 Nervous  Lovely  Diplomatic  Socially awkward  intelligent  
 Mature  Sarcastic  Patient  Compassionate  Insecure  
 Kind  Congenial  Stubborn  Studios  Verbal  
 Deliberate  Selfish  Secure  Considerate  Relax  
 Abrasive  Trustworthy  Motivated  Organized  Angry

9. Does the applicant keep a good testimony?  
 Yes  No  I don't know her/him

10. Do you consider the applicant a youth member in good standing and what is your report of the applicant? Explain \_\_\_\_\_  
\_\_\_\_\_.

11. Does the applicant hold positions of leadership at church? Explain \_\_\_\_\_  
\_\_\_\_\_.

12. Do you (as the lead pastor) recommend the applicant? \_\_\_\_\_  
\_\_\_\_\_.

13. Are you (as the pastor) willing to report to the CENTRAL PACIFIC administration of any changes of standings about the applicant? \_\_\_\_\_

<b>Pastor's Name</b> _____ <b>Pastor's Signature</b> _____
<b>Pastor's Phone Number</b> (____) _____ <b>Cell Phone:</b> (____) _____
<b>email:</b> _____
<b>Church's Name</b> _____
YES ___ I validate this recommendation for one Summer Internship at TEEN-Ship. Date: _____
NO ___ with my answer I invalidate this recommendation Date: _____

<b>Administrative NOTES for NPLAD Fast-Track program ONLY:</b> <b>Date Reviewed:</b> _____
_____



Center for Theological Studies (CTS)

TEEN-Ship Internship Application

Central Campus Location 6051 S. Watt Ave., Sacramento, CA 95829 www.cpmnag.org admin@cpmnag.org (916) 387-8800

Student Information (STUDENT)

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

Student Name: \_\_\_\_\_

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

Hm Number: (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Church Membership: \_\_\_\_\_

Student: \_\_\_\_\_ (  daughter  son ) Legal Guardian/ Parent: \_\_\_\_\_

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REFERENCE (Teacher/Professor)

1. How well do you know the applicant?

Personally       Socially       Casually       I do not know him/her

2. Are you related to the applicant?       Yes       No

3. How often does he/she attend church?

Regularly       Occasionally       Seldom       I do not know

4. How does the applicant participate in the life of the church?

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

5. In your opinion, Is the applicant an active worship participant?

Always       Often       Seldom       Never       I do not know

6. Has he/she had a personal encounter with Christ?

Yes       No       I do not know him/her

7. How would you describe the applicant's maturity? Very  →  Not Very  
1 2 3 4 5 Don't Know

8. Please check all the words below which you believe accurately describe the applicant:  
Timid Gentle Impatient Modesto Impulsive  
Nervous Lovely Diplomatic Socially awkward intelligent  
Mature Sarcastic Patient Compassionate Insecure  
Kind Congenial Stubborn Studios Verbal  
Deliberate Selfish Secure Considerate Relax  
Abrasive Trustworthy Motivated Organized Angry

9. Does the applicant keep a good testimony?  
Yes No I don't know her/him

10. Do you consider the applicant a youth member in good standing and what is your report of the applicant? Explain \_\_\_\_\_  
\_\_\_\_\_.

11. Does the applicant hold positions of leadership at church? Explain \_\_\_\_\_  
\_\_\_\_\_.

12. Do you (as the lead pastor) recommend the applicant? \_\_\_\_\_  
\_\_\_\_\_.

13. Are you (as the pastor) willing to report to the CENTRAL PACIFIC administration of any changes of standings about the applicant? \_\_\_\_\_

<b>Pastor's Name</b> _____ <b>Pastor's Signature</b> _____
<b>Pastor's Phone Number</b> (____) _____ <b>Cell Phone:</b> (____) _____
<b>email:</b> _____
<b>Church's Name</b> _____
YES ___ I validate this recommendation for one Summer Internship at TEEN-Ship. Date: _____
NO ___ with my answer I invalidate this recommendation Date: _____

<b>Administrative NOTES for NPLAD Fast-Track program ONLY:</b> <b>Date Reviewed:</b> _____
_____



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# Center for Theological Studies (CTS)

## TEEN-Ship Internship Application

### Student Information (STUDENT)

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

Student Name: \_\_\_\_\_

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

Hm Number: (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Church Membership: \_\_\_\_\_

Student: \_\_\_\_\_ (  daughter  son) Legal Guardian/ Parent: \_\_\_\_\_

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### **REFERENCE (Adult Church Friend)**

1. ¿How well do you know the applicant?

Personally       Socially       Casually       I do not know him/her

2. Are you related to the applicant?       Yes       No

3. How often does he/she attend church?

Regularly       Occasionally       Seldom       I do not know

4. How does the applicant participate in the life of the church?

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

5. In your opinion, Is the applicant an active worship participant?

Always       Often       Seldom       Never       I do not know

6. Has he/she had a personal encounter with Christ?



Yes

No

I do not know him/her

7. How would you describe the applicant's maturity? Very  →  Not Very  
 1  2  3  4  5  Don't Know

8. Please check all the words below which you believe accurately describe the applicant:

- Timid       Gentle       Impatient       Modesto       Impulsive
- Nervous       Lovely       Diplomatic       Socially awkward       intelligent
- Mature       Sarcastic       Patient       Compassionate       Insecure
- Kind       Congenial       Stubborn       Studios       Verbal
- Deliberate       Selfish       Secure       Considerate       Relax
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12. Do you (as the lead pastor) recommend the applicant? \_\_\_\_\_

13. Are you (as the pastor) willing to report to the CENTRAL PACIFIC administration of any changes of standings about the applicant? \_\_\_\_\_

**Pastor's Name** \_\_\_\_\_ **Pastor's Signature** \_\_\_\_\_

**Pastor's Phone Number** (\_\_\_\_) \_\_\_\_\_ **Cell Phone:** (\_\_\_\_) \_\_\_\_\_

**email:** \_\_\_\_\_

**Church's Name** \_\_\_\_\_

YES \_\_\_ I validate this recommendation for one Summer Internship at TEEN-Ship. Date: \_\_\_\_\_

NO \_\_\_ with my answer I invalidate this recommendation Date: \_\_\_\_\_

**Administrative NOTES for NPLAD Fast-Track program ONLY:**      **Date Reviewed:** \_\_\_\_\_

\_\_\_\_\_