

Application Form Singing Waters Ministries Summer School of Restoration (July 4 ~ July 30, 2010)

*Thank you for your enquiry regarding Singing Waters Summer School of Restoration, 2010. The number of available placements in the school is limited. As good stewards, we have the responsibility to ensure that, as far as possible, we accept the students who will most benefit from this teaching and experience. Ultimately, our primary concern is to hear what the Lord would say about a particular application; but, in order for us to pray about each application, we do need a certain amount of information — hence, this form. Please answer the following questions honestly and prayerfully. **Married couples should each complete a separate form.** Please photocopy this form should you need another copy. **In order for your application to be considered, a deposit of \$100 must accompany with the application.***

Please note that the Summer School is not a training program.

Please complete all relevant sections of this form. It would be appreciated if you could write clearly and legibly. Please PRINT all essential information, i.e., names, addresses, phone numbers.

Family name _____ First name _____

Permanent address _____

Postal/zip code _____

Temporary address (if you are a visitor to Canada at present) _____

_____ Postal code _____

Telephone numbers (home) _____ (work) _____

Fax _____ E-mail _____

Age _____ Sex F / M Nationality _____ Ethnic origin _____

Occupation _____

Languages spoken and understood (*English is essential*) _____

Marital status: Single Married Divorced Widowed

Home church attended _____

Name & address of church leader/pastor. _____

How long have you worshipped at the above church? _____

If you are accepted on the School would you be coming with your church leader/pastor's support and blessing? _____

If yes, please ask your church leader/pastor to sign in the appropriate place at the end of this form. If not, can you give the reasons why? _____

If you have only recently moved to the above church please state your reasons for moving _____

If you are married, but would be coming to the School alone, would you be coming with your husband/wife's total support? _____ If the answer to this question is no, can you please summarize here your reasons why you still feel it would be right for us to consider your application:

How long have you been a committed Christian? _____

Please summarize below your Christian testimony of conversion to Christ, including brief details of family background, relevant Christian experience since conversion, and local church responsibilities. (Please also outline any serious occult activity either you or your parents have been involved in, indicating whether or not you have yet received ministry into these areas). You may find it necessary to continue this section on a separate sheet:

Please summarize below your career to date, in both secular employment and full-time Christian work.

Please list here any other training courses or special conferences you have attended of relevance to the subject matter of the School: _____

For church leaders/pastors only:

Denomination _____ Year ordained _____

Present and previous churches _____

Please summarize here your present experience of the healing and/or deliverance ministries:

Is your church generally open and willing to learn about healing and deliverance and support you in your ministry in these areas? _____

If you should be accepted on the School, would you be coming with the full support of your church leadership (council, deaconate, eldership, etc)? If not, explain your reasons. _____

Your personal health:

Are you generally in good health? _____ If not, please indicate any problem areas you have:

Please give details of any physical disability you have and any special needs connected with it:

Do you have any physical/psychiatric conditions for which ongoing medical treatment or special diet is necessary? Please give brief details _____

Have you ever been medically treated for psychiatric/psychological/emotional problems? _____

If yes, please give brief details, including mention of any periods of hospitalization. _____

Please summarize below why you want to come on the School and explain how you believe it will benefit your life and ministry:

Please add here any further information about yourself that you feel would be helpful for us to know:

Please furnish the names, addresses, telephone numbers and email of two references who have known you for at least three years and who will vouch for your suitability to attend this School:

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Total Cost: \$ 1,900.00 CDN

Enclosed is my \$100 application fee to process my registration

I understand that this deposit is only refundable if I am not accepted on the school.

Credit Card No: Expiration Date: Name on Card:.....

Signature..... Date.....

Church leader/pastor's signature of approval.....

Date..... Please send this form, along with a **passport-size photograph**, to

School Administrator,
Singing Waters Ministries,
673394 Hurontario Street, RR#1,
Orangeville, Ontario, L9W 2Y8, Canada.

You also have the option to e-mail or fax us back the form before mailing us the original copy in order to speed up the application review process. All information sent to us will be safe and treated as confidential at all times.

Phone: (519) 941-0929 Fax: (519) 941-4062

Email: training@singingwaters.org