



# APPLICATION FORM

SEPT 5 – DEC 10, 2017

PLEASE SUBMIT TO THE CHURCH OFFICE—ATTENTION: PASTOR KEITH

**OFFICE USE ONLY:**

Date Received: \_\_\_\_\_ Accepted: \_\_\_\_\_

Date Interviewed: \_\_\_\_\_ By: \_\_\_\_\_

References Completed: \_\_\_\_\_ By: \_\_\_\_\_

**APPLICATION FOR ADMISSION****ADMISSIONS PROCESS CHECK LIST**

- Complete this application. Please type or print all required information. All portions of this application must be completed in order to be considered for admission.
- Attach a current 2½" x 3" head and shoulders photograph to the front of this form when ready to submit.
- Submit the completed application directly to Church of the Rock office. If you chose to fax you must still follow-up by submitting the original copy.
- Submit the confidential reference forms to appropriate persons and have them mail them directly to the Church of the Rock office.
- Complete and submit the autobiography forms/documents.
- Complete and submit the Health Information AND Medical Release forms.

Upon submission of application, applicants will be processed and called upon for an interview. If your application is accepted, appropriate information will be forwarded to you

**PERSONAL INFORMATION**Name \_\_\_\_\_  
*first middle last*Address \_\_\_\_\_  
*street/ PO box city/town province/state*\_\_\_\_\_ *postal/ zip code country email address*

Home Telephone (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Date of Birth (mm/dd/yy) \_\_\_\_\_ Age \_\_\_\_\_

Place of Birth \_\_\_\_\_  
*city province/ state country*What is your first language?  English  Other (please specify) \_\_\_\_\_Citizenship  Canadian  Other (please specify) \_\_\_\_\_Gender  Male  FemaleMarital Status  Single  Married  Widowed  Divorced  Re-Married  Separated**CHURCH AFFILIATION**

Name of home church \_\_\_\_\_ Denomination \_\_\_\_\_

Church telephone number (\_\_\_\_) \_\_\_\_\_ Name of Pastor \_\_\_\_\_

Address \_\_\_\_\_  
*street/P.O. box city/town province/state*\_\_\_\_\_ *postal/zip code country email address*

---

**EDUCATIONAL AND PROFESSIONAL INFORMATION**


---

In chronological order, list all schools attended including high school, colleges and/or universities.

Name of Institution	Location	Dates From      To	Field of Study	Degree Earned or Hours Completed

List the Bible courses you have taken that are not a part of the above certificates or degrees.

Name of Course	Location	Dates From      To	Number of Credits and/or Hours

---

**EMPLOYMENT**


---

Are you currently employed?     Yes     No    How many hours do you work weekly? \_\_\_\_\_

Name of Company \_\_\_\_\_ Current Position \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Telephone Number of Supervisor (\_\_\_\_) \_\_\_\_\_

Beginning with the next most recent, please list in chronological order your employment history with inclusive dates.

Employer	City	Province	Position	Dates From      To

---

**OTHER SKILLS AND INTERESTS**


---

Please indicate below your skills and experience in areas such as music, children's ministry, youth, public speaking, general areas of serving, computer programs, graphic design, small group leader, areas in building construction and maintenance, sound technician, missions, etc.

Skill	Level of Skill			Past Experience
	Beginner	Average	Excellent	

---

**FINANCIAL INFORMATION**


---

How do you plan to cover your cost of living expenses while attending MP3? Please explain:

---



---



---

**AUTOBIOGRAPHY - FORMS**


---

To enable us to know you better, please answer the following questions thoroughly and reflectively. Each question should receive a two-three page typed or printed page answer. These pages are to be submitted with application.

- A. Reflecting upon your spiritual walk, describe your journey chronologically, including:
  - a. discussion of your personal relationship to Jesus Christ
  - b. your understanding and attitude to what it means to be Holy Spirit filled, and
  - c. the most significant events and influences upon your life. What major events have occurred in your life and what effect have they had on you? (divorce, family death, career change, etc.)
  
- B. Explain your vocational or ministerial call and how you feel MP3 will equip you or help you to achieve your life goals.

---

**REFERENCES**


---

List the two references other than family members whom have known you for at least one year and whom Church of the Rock may contact.

1. Pastor/ Small Group or Youth leader

Name \_\_\_\_\_ Position \_\_\_\_\_ Years Known \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Province/State \_\_\_\_\_

Postal/Zip Code \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

2. A Mature Christian (excluding family and boy/girl friend)

Name \_\_\_\_\_ Occupation \_\_\_\_\_ Years Known \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Province/State \_\_\_\_\_

Postal/Zip Code \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

---

**APPLICATION CHECKLIST**


---

- Completed application with attached essays and signature of Code of Conduct agreement (page 4)
- Health information form
- Confidential application forms forwarded to appropriate reference
- Attached photograph

I certify that to the best of my knowledge the information I have given on this application is complete and true.

\_\_\_\_\_  
*Applicant's signature*

\_\_\_\_\_  
*Date*

# CHURCH OF THE ROCK

---

## COTR STATEMENT OF FAITH, THE COTR LIFESTYLE AGREEMENT AND CODE OF CONDUCT AND THE COTR MISSION STATEMENT

---

As Christians that possess a personal faith in Jesus Christ as Lord and Saviour, we wish to further the aims of COTR in a true spirit of love and compassion, combined with a genuine concern for the needs of those whom we will serve, seeking to do all for the glory of God.

I, \_\_\_\_\_ as an individual serving with COTR, believe in, and am committed to the statement of faith of COTR. I affirm that I have read and believe the Statement of Faith and accept it as a condition of continuing service with COTR. I also affirm that I have read and accept the COTR Lifestyle Agreement and Code of Conduct, and I understand that these values are a condition of employment and/or a condition for leadership with COTR.

Signature: \_\_\_\_\_

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

### Mission Statement

IMPACTING our city, our country, the nations by: **PREACHING** the Gospel of Jesus Christ, **TEACHING** family values, and **REACHING** out to those in need.

### COTR STATEMENT OF FAITH

1. There is one true eternal God, Creator of the universe, and Redeemer of mankind (*Deuteronomy 6:4; Exodus 3:14; Isaiah 43:10–11; Psalm 90:2*). God has further revealed Himself as a triune being manifested as Father, Son, and Holy Spirit (*Isaiah 48:16; Matthew 28:19; Luke 3:22; 2 Corinthians 13:14*).
2. The scriptures, both Old and New Testament, are inspired of God, and comprise the infallible and authoritative Word of God to mankind (*2 Timothy 3:15–17; 2 Peter 19–21*).
3. The Lord Jesus Christ is God as manifest to mankind, and shares in the divinity and deity of God (*Matthew 1:23; John 5:22–23; 2 John 1:3; Hebrews 1:1–13; John 1:1–2, 20:28*). Christ lived a sinless life (*2 Corinthians 5:21; Hebrews 4:15*), performed divine miracles by the power of the Holy Spirit (*Acts 10:38*), and was born of a virgin (*Isaiah 7:14; Matthew 1:23; Luke 1:34*).
4. Adam and Eve were created good and upright before God (*Genesis 1:26–27*). The first man, Adam, through disobedience, fell from the grace of God, and thus sin entered the world and spread to all men (*Romans 5:12*). Since the fall of Adam all mankind has been born with a sinful nature (*Ephesians 2:3*).
5. Satan is a fallen angel, an enemy of God and mankind (*Isaiah 14:12–16; Ezekiel 28:12–16; 1 Peter 5:8; 1 John 3:8*).
6. Mankind's only hope of salvation from the power and consequences of sin and death is through the shed blood of the Lord Jesus Christ, bringing us into life and victory in Christ (*1 Corinthians 15:55–57; Acts 4:12; Romans 5:8–13, 10:9–10; James 1:21; Ephesians 2:8*). Man's redemption was purchased through Jesus' substitutionary death, His bodily resurrection, and His ascension to the right hand of the Father (*2 Corinthians 5:21; 1 Corinthians 15:20–23; Hebrews 8:1–6, 9:15–26*).
7. Water baptism is an important symbolic identification with the death, burial, and resurrection of Jesus Christ (*Romans 6:3–6; Colossians 2:11–14*). Water baptism should be done by immersion (*Matthew 3:16; John 3:23; Acts 8:36–39*), done into the name of Father, Son, and Holy Spirit (*Matthew 28:19*), and should be done in the name of Jesus (*Acts 8:16, 10:48*).
8. In communion the bread and the fruit of the vine are symbolic of the body and blood of our Lord Jesus Christ (*Luke 22:19–20*). We are encouraged to partake of these elements in remembrance of Him (*1 Corinthians 11:23–26*). In doing so, God gives the promise and hope of spiritual life, emotional strength and physical healing (*1 Corinthians 11:27–34; Acts 2:46*).
9. The baptism of the Holy Spirit is evidenced by the initial physical sign of speaking with other tongues as the Spirit of God gives utterance (*Acts 2:4, 19:6*). With the baptism in the Holy Spirit comes the receiving of the power of God (*Luke 24:49; Acts 1:4–8*). The Holy Spirit also gives the manifestation of the spiritual gifts, and distributes to each one individually as He wills (*1 Corinthians 12:1–31*). This experience is subsequent to the experience of new birth and distinct from new birth and water baptism (*Acts 8:12–17, 10:44–46, 11:14–15, 15:7–9; John 20:22; Acts 4–8*).

10. Divine healing was provided for and purchased in the redemptive work of Christ; it is an integral part of our new covenant (*Isaiah 53:4–5; Matthew 8:16–17; 1 Peter 2:24; Psalm 103:1–3; James 5:14–16*).
11. Christ will return in glory for His church: the dead in Christ will rise first, and then those who remain shall be caught up (raptured) to meet the Lord in the air. The believer shall live and reign with Christ (*1 Thessalonians 4:16–17; 1 Corinthians 15:51–57; 2 Timothy 2:12; Revelation 5:10*). The resurrection of the unbelieving shall be to everlasting punishment in the lake of fire (*Revelation 20:11–15*).
12. Marriage is defined to be a living example of the relationship between Christ and the Church (*Ephesians 5:31–32*). It is a holy sacrament of the church defined as being between one naturally born man and one naturally born woman. As a church, we do not recognize common-law or same-sex marriage (*Genesis 2:18–24; Matthew 19:4–6; Hebrews 13:4*).

## COTR LIFESTYLE AGREEMENT AND CODE OF CONDUCT

This agreement sets out standards that express loving faithfulness and service to Christ as a condition of service. Church of the Rock elders, volunteers, employees, directors, agents and voting members are expected to adhere to our code of conduct.

Church of the Rock rejects the following conduct, viewing it as being incompatible with biblical standards and values for personal lifestyle of anyone serving with Church of the Rock:

- a. **Abusive behaviour;** (*Lev 18; 1 Tim 5:22; 1 John 3:3*)
- b. **Breach of trust or confidence;** (*Matt 5:3, 19:18; Phil 4:8; 1 John 3:3*)
- c. **Criminal activity;** (*Ex 20:12–17; Matt 5:37; 1 John 3:3*)
- d. **Extra-marital sexual relationships** (adultery); (*Ex 20:1; Lev 18; Rom 7:3; 1 Cor 5:1–2, 9–13; Eph 5:3–5; Heb 13:4*)
- e. **Gambling behaviour** (habitual, compulsive or addictive); (*Prov 15:27a*)
- f. **Lying,** deceit or dishonesty; (*Matt 5:37; 19:18; Eph 4:25–29*)
- g. **Occultic practices** or adherence to or participation in occultic activities; (*Deut 18:10–11; Acts 13:6–9; Gal 5:19–21*)
- h. **Participation or involvement in pornography,** including reading, viewing, or listening to pornographic material; (*Phil 4:8; Col 3:5; 1 John 3:3*)
- i. **Premarital sexual relationships** (fornication); (*Acts 15:29; Eph 5:3–5; Heb 13:4*)
- j. **Physical aggression;** (*Lev 18; 1 Tim 5:22; 1 John 3:3*)
- k. **Racist conduct** or expressing racist viewpoints; (*James 2:1–4; Col 3:10–11*)
- l. **Same-sex unions** or unions involving transsexual and transgendered individuals, practices and relationships, promotion or support of such activity or organization, or any other sexual activity or organization departing from biblical standards; (*Lev 18; Rom 1:26–27; 1 Cor 10:8*)
- m. **Substance abuse,** including the abuse of alcohol and drugs; (*Phil 4:8; 1 Tim 5:22; 1 John 3:3*)
- n. **Sexual assault, abuse, or harassment;** (*Lev 18; 1 Tim 5:22; 1 John 3:3*)
- o. **Theft or fraud;** (*Ex 20:15, 17; Matt 5:37*)
- p. **Use of profane or abusive language;** (*Eph 4:29; Col 3:8*)
- q. **Other behaviours** or activities deemed inconsistent with biblical moral standards.

## ENFORCEMENT OF LIFESTYLE AGREEMENT AND MORALITY STANDARDS

While the previous list is not exhaustive, it does outline areas of conduct deemed inconsistent with Christian conduct and biblical standards. Consequences for breaching these standards will vary depending on the circumstances and may result in church discipline, including termination from a role or office as a volunteer, employee, director, agent or official leader. The assessment of behavior as being contrary to these standards and values and the determination of the consequences for such behaviour within the context of the Church is in the entire discretion of the governing elders of the church.

### Disciplinary Action:

- Probation
  - Monitoring
- Loss of membership, volunteer privileges, termination from staff or disfellowship (denied participation in church group activities)

# CHURCH OF THE ROCK

## MP3 Training Program

### Health Information Form

(confidential)

Name of Applicant \_\_\_\_\_  
*last name* *first name* *middle name*

Mailing Address \_\_\_\_\_  
*street/ box* *city* *province/ state* *postal code/ zip*

**The following information is required to help with any emergency or ongoing health problems you may have while attending MP3. Please consider and answer the questions carefully.**

A. Family Physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

B. Health Card registration number \_\_\_\_\_ Personal Pin # \_\_\_\_\_ Issuing Province \_\_\_\_\_

C. Private coverage \_\_\_\_\_ Company \_\_\_\_\_ Policy number \_\_\_\_\_

D. Have you had any surgery or significant illness during the past 5 years?  Yes  No If "yes", please explain:

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

E. Do have any allergies to:

Medication (Please list name of medication and type of reaction)

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

Foods (Please list name of food and type of reaction)

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

Other (Please list name and type of reaction)

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

Have you experienced health problems or difficulties in any of the following? If "yes" give dates and medical intervention and/or personal management of condition.

Diabetes  Yes  No \_\_\_\_\_

Epilepsy  Yes  No \_\_\_\_\_

Heart Condition  Yes  No \_\_\_\_\_

Asthma  Yes  No \_\_\_\_\_

Eating disorder  Yes  No \_\_\_\_\_



# CHURCH OF THE ROCK

## MEDICAL INFORMATION AND RELEASE FORM

For Church of the Rock MP3 Related Training and Events (including Mission Trip)

From \_\_\_\_\_ to \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Wk Phone #: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Manitoba Health Reg. # \_\_\_\_\_ MB Personal Health I.D. # \_\_\_\_\_

Additional Health Coverage by: \_\_\_\_\_ Plan # \_\_\_\_\_

Are there any medical conditions, special dietary conditions or allergies that we should be aware of?

\_\_\_\_\_

	Y/N	Date	Booster Date	Immunization	Y/N	Date	Booster Date
Hepatitis A				Tetanus/Diphtheria			
Hepatitis B				Typhoid			
Meningococcal meningitis				Yellow Fever			

My Passport Number is: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name of present Medical Doctor: \_\_\_\_\_ Type of Doctor: \_\_\_\_\_

Clinic Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

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

### PRIMARY CONTACT: In case of emergency please contact:

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

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

### SECONDARY CONTACT: In case of emergency please contact:

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

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

I, \_\_\_\_\_, (name of person) understand that, in the event of a medical emergency, where medical treatment is required, every effort will be made to discuss my situation with me, my primary or my secondary contact. However, if not possible, I give full permission to the leader or a physician to provide the necessary medical care. Should any injuries occur to me, I will not hold liable Church of the Rock, the Leadership of Church of the Rock, Church of the Rock's Agents or the team members.

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

As a participating member in this mission trip, I agree to comply with the directions and leadership of the Team/Church of the Rock and with Church of the Rock's Agents to enable the safe functioning of the events.

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

# CHURCH OF THE ROCK

## MP3 Training Program

### Pastor's Reference (confidential)

Name of Applicant \_\_\_\_\_  
*last name first name middle name*

Mailing Address \_\_\_\_\_  
*street/ box city province/ state postal code/ zip*

#### **TO THE REFERENCE**

**The above named person is applying to take part in Church of the Rock's MP3 Training Program. MP3 is three months of intensive mentoring in ministry and missions through purposeful participation and preparation. Please complete this form commenting on the areas in which you have knowledge.**

Name of Reference \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_  
*street / box city province/ state postal code/ zip*

Telephone (\_\_\_\_) \_\_\_\_\_ Name of Church \_\_\_\_\_

Your relationship to the applicant \_\_\_\_\_

1. How long have you known the applicant? \_\_\_\_\_

2. Is the applicant a member of your church?  Yes  No

3. Has the applicant been consistent in attendance?  Yes  No

4. How well do you know the applicant?  Very well  Well  Casually  By name and sight

5. To the best of my knowledge and judgment, the applicant is:

(grade from 1-5 accordingly)

1 – Excellent    2 – Good    3 – Fair    4 – Questionable    5 – poor

Christian life & testimony \_\_\_\_\_  
Conduct and moral attitude \_\_\_\_\_  
Accepts responsibility \_\_\_\_\_  
Financial integrity \_\_\_\_\_  
Dependability \_\_\_\_\_  
Personal appearance \_\_\_\_\_  
Respects others \_\_\_\_\_  
Respect for authority \_\_\_\_\_  
Demonstrates leadership skills \_\_\_\_\_  
Emotional stability \_\_\_\_\_

Desire to learn \_\_\_\_\_  
Teachable spirit \_\_\_\_\_  
Acceptance of peers \_\_\_\_\_  
Displays positive attitude \_\_\_\_\_  
Physical fitness \_\_\_\_\_  
Flexible to change \_\_\_\_\_  
Creativity \_\_\_\_\_  
Self- discipline \_\_\_\_\_  
Response to correction \_\_\_\_\_  
Response to set-backs \_\_\_\_\_

6. What church or youth events/activities is the applicant currently involved in?

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

7. How would you describe the applicant's walk and commitment to Christ?

---

---

---

8. Please discuss the applicant's gifts, skills and strengths.

---

---

---

9. Please discuss the applicant's areas of weakness:

---

---

---

10. Are you aware of any emotional, physical, mental, personal background or relationship issues that may hinder the applicant's ability to ministry training activities? Please Discuss.

---

---

---

11. Do you have any concerns about the applicant being in a position of influence over children or youth as they are involved in any of our ministries?

No       Yes (explain): \_\_\_\_\_

12. Do you recommend the applicant to Church of the Rock's MP3 Program?

Strongly recommend       Recommend       Recommend with hesitation       Do not recommend

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please mail or fax this completed form directly to:**

**Church of the Rock MP3  
1397 Buffalo Place  
Winnipeg, MB R3T 1L6  
Canada**

**Phone: 204-261-0070  
Fax: 204-261-0066**

# CHURCH OF THE ROCK

## MP3 Training Program

### Personal Reference Form (confidential)

Name of Applicant \_\_\_\_\_  
*last name first name middle name*

Mailing Address \_\_\_\_\_  
*street/ box city province/ state postal code/ zip*

#### **TO THE REFERENCE**

**The above named person is applying to take part in Church of the Rock's MP3 Training Program. MP3 is three months of intensive mentoring in ministry and missions through purposeful participation and preparation. Please complete this form commenting on the areas in which you have knowledge.**

Name of Reference \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_  
*street / box city province/ state postal code/ zip*

Telephone (\_\_\_\_) \_\_\_\_\_ Name of Church (if applicable) \_\_\_\_\_

1. What is your relationship to the applicant? Please describe: \_\_\_\_\_

2. How long have you known the applicant? \_\_\_\_\_

3. How well do you know the applicant?  Very well  Well  Casually  By name and sight

4. To the best of my knowledge and judgment, the applicant is:

(grade from 1-5 accordingly)

1 – Excellent    2 – Good    3 – Fair    4 – Questionable    5 – poor

Christian life & testimony \_\_\_\_\_  
Conduct and moral attitude \_\_\_\_\_  
Accepts responsibility \_\_\_\_\_  
Financial integrity \_\_\_\_\_  
Dependability \_\_\_\_\_  
Personal appearance \_\_\_\_\_  
Respects others \_\_\_\_\_  
Respect for authority \_\_\_\_\_  
Demonstrates leadership skills \_\_\_\_\_  
Emotional stability \_\_\_\_\_

Desire to learn \_\_\_\_\_  
Teachable spirit \_\_\_\_\_  
Acceptance of peers \_\_\_\_\_  
Displays positive attitude \_\_\_\_\_  
Physical fitness \_\_\_\_\_  
Flexible to change \_\_\_\_\_  
Creativity \_\_\_\_\_  
Self- discipline \_\_\_\_\_  
Response to correction \_\_\_\_\_  
Response to set-backs \_\_\_\_\_

5. Discuss briefly on any area of the applicant's family background that would help our understanding of the applicant.

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

6. How would you describe the applicant's walk and commitment to Christ?

---

---

---

7. Please discuss the applicant's gifts and strengths.

---

---

---

8. Please discuss the applicant's areas of weakness.

---

---

---

9. Discuss how you think the applicant will benefit from ministry training in Church of the Rock's MP3 Program?

---

---

---

11. Do you have any concerns about the applicant being in a position of influence over children or youth as they are involved in any of our ministries?

No       Yes (explain): \_\_\_\_\_

12. Do you recommend the applicant to Church of the Rock's MP3 Program?

Strongly recommend       Recommend       Recommend with hesitation       Do not recommend

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please mail or fax this completed form directly to:**

**Church of the Rock MP3  
1397 Buffalo Place  
Winnipeg, MB R3T 1L6  
Canada**

**Phone: 204-261-0070  
Fax: 204-261-0066**