

# Frontline Training Center Application

## IDENTIFICATION INFORMATION:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Numbers (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

E-mail \_\_\_\_\_

Gender: Male Female

Marital Status: Single Married Separated Divorced

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

Birthplace: \_\_\_\_\_ Are you a U.S. citizen? Y N

Name of Spouse, if married: \_\_\_\_\_ Years Married: \_\_\_\_\_

Children (Names and ages): \_\_\_\_\_

(circle any children currently living with you full-time)

## PARENTS/GUARDIAN (leave blank if over 18):

Parent/Guardian: \_\_\_\_\_

Address \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

E-mail: \_\_\_\_\_

Other Parent/Guardian (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

E-mail: \_\_\_\_\_

**EDUCATION:**

**Highest Degree/Credential Obtained:**

pre-High School                       MA                       MD (specialty: \_\_\_\_\_)  
 High School/GED                       JD                       MDS/DDS  
 AA                       MBA                       RN  
 BA                       PhD                       Other: \_\_\_\_\_

**If currently in school:**

**Name of School** \_\_\_\_\_ **Year in School** \_\_\_\_\_

**Degree/Credential Program** \_\_\_\_\_

**EMPLOYMENT (leave blank if unemployed or full-time student):**

**Occupation** \_\_\_\_\_

**Present Employer** \_\_\_\_\_

**Address** \_\_\_\_\_

**Current position** \_\_\_\_\_ **Supervisor's Name** \_\_\_\_\_

**HEALTH:** Please check any conditions you are currently being treated for and/or which might affect your ability to participate in FTC courses and experiences:

<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Drug/Alcohol Addiction
<input type="checkbox"/> Cancer	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Schizophrenia
<input type="checkbox"/> Stroke	<input type="checkbox"/> Vision Impairment	<input type="checkbox"/> Bipolar Disorder
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Anxiety/Social Phobia
<input type="checkbox"/> Recent Surgery	<input type="checkbox"/> Osteoporosis	<input type="checkbox"/> Depression
<input type="checkbox"/> Allergies	<input type="checkbox"/> Extreme Fatigue	<input type="checkbox"/> Eating Disorders

**Please detail any health condition marked above:**

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

**NOTE: All information on the following pages will be kept strictly confidential and will not be used as a basis for acceptance to FTC.**

**PERSONAL HISTORY:**

**Y N** Have you used tobacco, illegal drugs, or alcoholic beverages in the last six months?

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**Y N** Have you ever struggled with any kind of sexual sin (e.g., pornography, sex outside of marriage homosexuality)? If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**Y N** Have you ever been arrested and/or convicted of a crime? served time in prison?

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**Y N** Have you ever been involved in the occult, witchcraft, astrology, role-playing games, or cults?

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**Y N** Have you ever caused or experienced emotional, physical or sexual abuse?

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**MISCELLANEOUS:**

**Y N** Will you have a reliable means of transport while enrolled in FTC?

**Y N** Will you need assistance in moving to the area and/or finding housing?

**Y N** Do you have a reliable means of financial support while enrolled in FTC?

**SPIRITUAL INVENTORY:**

When did you accept Jesus as your personal Savior? \_\_\_\_\_. How did this happen?

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

**Y N** Have you been baptized in the Holy Spirit?

**Y N** Do you regularly attend worship services? If so, where: \_\_\_\_\_

**Y N** Do you set aside regular time for private devotion?

**Y N** Have you ever been on an overseas mission trip(s)?

If so, when and where? \_\_\_\_\_

**Y N** Have you been or are you currently involved in Christian ministry of some kind?

If so, please describe: \_\_\_\_\_

**I am familiar with the following forms of ministry (mark with "XX" those you have participated in):**

<input type="checkbox"/> healing prayer	<input type="checkbox"/> intercessory prayer	<input type="checkbox"/> praying/speaking in tongues
<input type="checkbox"/> prophetic ministry	<input type="checkbox"/> all night prayer watch	<input type="checkbox"/> prophetic painting/art
<input type="checkbox"/> soaking prayer	<input type="checkbox"/> fasting	<input type="checkbox"/> worship dance/movement
<input type="checkbox"/> words of knowledge	<input type="checkbox"/> laying on of hands	

***On an attached sheet (type or print), please answer the following questions:***

**SPIRITUAL GROWTH:**

a. Briefly describe the progression of your spiritual growth since your acceptance of Jesus. Highlight any supernatural encounters you may have had during that time.

b. What aspects of your faith are you most passionate about? What aspects need the most growth and maturity?

**FAMILY RELATIONSHIPS:**

a. Please describe your relationship with your parents, siblings, and other key family members.

b. How does your family feel about your participation in Frontline Training Center?

**GOALS AND EXPECTATIONS:**

a. List 3 things you hope to receive from your participation in FTC.

b. List 3 things you have to offer your fellow participants in FTC.

**FTC SCHOOL SELECTION:**

**I would like to apply to the following FTC School (mark "1st" and "2nd" if appropriate):**

School of Worship  School of Media and the Creative Arts

School of Supernatural Ministry  Not yet decided

School of Business and the Marketplace

**FTC CORE COURSES TAKEN:**

**I have already taken the following core courses (intended for all FTC participants):**

- Genesis Class
- Exodus Class
- Prophetic Boot Camp
- School of Extreme Prophetic
- Glory School with Patricia King
- Freedom Class

**I request an exemption from one or more of the core courses:**

Course(s): \_\_\_\_\_

Reasons: \_\_\_\_\_

\_\_\_\_\_

**AGREEMENT:** I agree to cooperate with the leading of the Holy Spirit in the corporate life of Frontline Ministries International while I am a student of Frontline Training Center. I agree to live intentionally in alignment with the core values of FTC as well as the beliefs and practices of FMI as laid out in the "I Believe" statement. Consistent disregard of this agreement allows FMI the right to require withdrawal as the Lord leads.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature (if under 18): \_\_\_\_\_

Please send this application along with a non-refundable **\$25.00 application fee** (waived if this is a re-submission) to the following address:

**Frontline Ministries International**  
**Attn: FTC**  
**P.O. Box 581**  
**Massillon, OH 44648**