



# Leaders Schools

**Please check one:**

- February 8-27, 2009
- October 4-28, 2008

Welcome to the application for the Agape Reformation Leaders' Schools. These schools are for anyone in a place of recognized leadership in their local church, or other Christian ministry, with their pastor's recommendation.

**Section A**    Personal Information

**Section B**    References

**Section C**    Life History

**PLEASE PRINT OR TYPE ALL YOUR ANSWERS**

Please attach a recent photo of yourself

*I certify that all the information in this application is complete and accurate.*

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

## Section A Personal Information

Full Name: (Mr., Mrs., Miss.) \_\_\_\_\_

Name as you'd like it to appear on a name badge: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address:

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

(Please print as it would appear on a mailing label for your country)

Emergency Contact

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

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

Phone: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Please enclose your non-refundable application fee of US\$50. This fee is applied toward the total cost of the school if you are accepted.

It is a requirement of application that you have read *Experiencing The Father's Embrace* by Jack Frost. Please check here to indicate that you have done this. The book can be purchased from [www.shilohplace.org](http://www.shilohplace.org).

How did you hear about this School?  Friend  Shiloh Newsletter

Shiloh Event  Shiloh Website  Other \_\_\_\_\_

## Family Details

Birth date: M\_\_\_\_\_ D\_\_\_\_\_ Y\_\_\_\_\_ Age: \_\_\_\_\_ Sex: Male  Female

Status: Single  Engaged  Married

Remarried  Divorced  Separated  Widowed

*(On a separate piece of paper, please give a brief history of the circumstances, including dates, if you have been separated, divorced, remarried, widowed, or are engaged)*

Spouse's name: \_\_\_\_\_ Nationality: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ (prospective date if engaged)

Names and ages of your children:

\_\_\_\_\_

## Financial and Accommodation Arrangements (all funds are in US\$)

The leaders' schools will be held at the Island Vista Resort in Myrtle Beach, South Carolina (www.islandvista.com). Please book accommodations through Shiloh Place to enable us to coordinate room requirements. The rate is \$1926 for a two bedroom suite, \$2070 for a three bedroom suite and \$2415 for a four bedroom suite. All suites include a full kitchen and living/dining room. Meals are your own responsibility. If you need full details of the facilities in the room, please ask the Resort. There is an on-site restaurant and other restaurants and stores are a short distance from the Resort. The rate is for one full month. Suites can be shared, with each occupant paying their portion of the costs.

Please indicate your requirements below. Requests are not guaranteed but we will do our best to accommodate you in the suite type of your choice. You are responsible for all room fees.

I would like to be accommodated in a:

Two bedroom suite  Three bedroom suite  Four bedroom suite

I want the whole suite  I want to share  please reserve me \_\_\_ bedroom(s)

I will make my own accommodation arrangements

**Tuition:** Course tuition is \$995 per person (\$1750 for a married couple).

**Payment schedule (per person) is as follows:**

\$50 Application fee (non-refundable) enclosed with your application forms.

If accepted:

\$100 Deposit (non-refundable) to confirm your place, payable on acceptance.

Balance of fees (\$845 or \$1450) due two weeks before classes commence.

**Special Offer for 2009:** If your application is received more than one month before the school begins we will discount your total tuition by \$100 per person.

Cancellations up to two weeks before classes commence are refundable, less the \$50 application fee and \$100 deposit.

Cancellations after this are only refundable if your place can be filled with another student.

To pay your application fee by credit card: Card # \_\_\_\_\_

Expiration: \_\_\_ / \_\_\_ Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

## Release, Acknowledgment, And Commitment

### Release of Liability

I hereby release Shiloh Place Ministries Inc., its staff, agents, and volunteer assistants from any liability whatsoever arising out of any injury, damage, or loss sustained by said persons during the course of involvement with the Shiloh Place Ministries Agape Reformation School

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

### Financial Responsibility

I understand that the payment of the required tuition fees must be made in US funds in accordance with the fee schedule (and cancellation policy) above. Further, I understand all personal expenses incurred during my involvement with the school are my responsibility, including transportation, phone calls, medical fees, and housing/meals.

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

*Medical coverage is **strongly encouraged**. If you are accepted for the course and do not currently have medical insurance, we recommend you arrange this before arrival. Shiloh Place is **NOT responsible** for your medical needs.*

## Section B - References

We require:                2 x Friend / Co-Worker references  
                                     1 x Pastor reference

Your application will NOT be processed until we receive all your reference forms. Please ensure that your friends and pastor complete and send them into our office as soon as possible.

### References - Friend / Co-worker

Please list the people to whom you gave your reference forms.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

### Pastoral Reference

Enclosed is a reference form and letter for you to give to your pastor. We want to invite his/her counsel and input with regard to your application.

Home Church \_\_\_\_\_

Pastor's Name \_\_\_\_\_

Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Is your Pastor in agreement with your plans?  Yes  No

How long have you attended this church? \_\_\_\_\_ What size is the church? \_\_\_\_\_

How would you describe your relationship with your pastor?

\_\_\_\_\_

## Section C

### LIFE HISTORY

Please answer the following questions in a clear printing style or typed using your computer. Please do not write. Answer as completely as possible.

#### ① Spiritual growth

- a. Outline your conversion and the events and steps leading up to that time.
- b. Describe your spiritual growth since that time. Comment on events or spiritual experiences in your life, which led to new levels of understanding and commitment. Include the character issues that God has dealt with in your life and what lessons they taught you.
- c. Comment on your devotional life. Include such issues as prayer, Bible reading, Bible study, worship, devotions with spouse and family.

Are you meeting your expectations for personal spiritual growth?

#### ② Relationships and experience

- d. Please describe your relationship with your local church. Comment on areas of ministry, service, leadership experience, gifts and abilities.
- e. Please take one page each to describe your relationship with your mother and your father.
- f. Briefly describe your relationship with the rest of your family.
- g. How does your family feel about your intentions to attend the School?

#### ③ Goals and expectations

- h. Comment briefly on the circumstances that led up to your decision to apply for this school.
- i. What are your reasons for wanting to attend this school? Please include personal, spiritual and ministry goals which you hope the school will help you fulfill.

#### ④ God's work

- j. How do you know that the Holy Spirit is working in your life?
- k. Have you ever experienced a miracle in your life? Please describe it.
- l. What do you think your spiritual gifts are? Do you have the opportunity to exercise these gifts in your local church body?
- m. How has the revelation of the Father's Love impacted your life?

**We realize that the following questions are very personal. Please be assured that all answers are held in strict confidentiality and are not the basis of your acceptance to the course. If you have difficulty communicating your answer in writing, the Shiloh Place pastoral staff can talk with you personally. Please answer in detail. One sentence is not sufficient**

**1. Have you used any of the following substances? If so, please explain how recently, in what quantities and what ministry you have had to overcome any addictions:**

- a. alcohol
- b. tobacco
- c. "soft drugs" (e.g. marijuana)
- d. "hard drugs" (cocaine, heroin, chemicals).

**2. Have you ever had psychiatric treatment? If so, please describe the treatment received, dates, any lingering difficulties.**

**3. If you have been involved in any of the following? If so, please explain the circumstances briefly, the time and length of involvement and what ministry you have had to overcome them:**

- a. the occult
- b. cult or sect (new age, eastern mysticism, naturalistic philosophies, Mormonism, Jehovah's Witnesses, etc.)
- c. sexual sin, including pornography and promiscuity
- d. homosexual activity
- e. compulsive behaviors (shopping, eating, washing, scratching, etc.)

**4. Do you have a history of abuse either, verbal, physical, or sexual?**

**WORK HISTORY and EXPERIENCE**

- a. Please include a **short** resume or history of your work experience.
- b. Please briefly describe your involvement in special interest courses, musical abilities, artistic talents, and hobbies.



**ShilohPlace**  
M · I · N · I · S · T · R · I · E · S

**PO Box 5, Conway, SC, 29528**

**(843) 365-8990**

**[www.shilohplace.org](http://www.shilohplace.org)**

Dear Pastor,

Greetings from Shiloh Place. You have been given this form by someone for whom you have pastoral oversight, who wishes to attend our Leaders School.

This school is designed for people who are already walking in a personal revelation of Father God's love, and have a leadership position in a church or ministry. Our vision is "to see the world experience the Father's healing love through the hearts of the leaders", and the aim of this school is to equip students to minister the message of the Father's love to the Church and to the nations, and provide them with training on how to establish and build a ministry in the agape reformation. Our hope is that each participant's home church will be blessed as a result of their participation in the course. The school is described in the information sheet at the end of this reference form.

The students receive a measure of healing in their personal lives through this process, but please bear in mind that this healing is part of their equipping and not the primary focus of the school.

We would be grateful if you could complete the attached reference form so we can assess if this course is right for the applicant. If you are unfamiliar with Shiloh Place Ministries or this course, you can look at our website, or call me.

All information on this form is confidential.

We are looking forward to hearing from you.

In the Father's love,

Mark Burlinson

Director of Pastoral Ministries

Name of Applicant \_\_\_\_\_

School Date (check one):  February 8-27, 2009  October 4-28, 2009

### PASTOR'S Reference Form (Confidential)

We would appreciate it if you would supply the information requested on this form in order to aid us in evaluating the applicant's suitability for admission.

Pastor's Name \_\_\_\_\_

Home Church \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

1) How long have you known the applicant? \_\_\_\_\_ Year(s) \_\_\_\_\_ Month(s)

2) What is your position in the church?

Pastor  Elder  Other \_\_\_\_\_

3) How well do you know the applicant?  Very well  Well  Casually

4) Were you aware of the applicant's intention to participate in this training program prior to receiving this form?  Yes  No (comments) \_\_\_\_\_

5) Are you happy with his/her intentions?

\_\_\_\_\_

6) In what activities has the applicant participated since attending your church?

\_\_\_\_\_

7) Has he/she shown effectiveness in these activities?

\_\_\_\_\_

8) What leadership role does the applicant have in your church?

\_\_\_\_\_

9) Does the applicant tithe to your church?

Yes  No  Unsure

10) Do you see the applicant as financially responsible?

Yes  No  Unsure

11) In your association with the applicant, what has been the level of commitment you have seen?

Faithful  Inconsistent  Other (comments:)

\_\_\_\_\_

12) This is an evaluation of the applicant's overall characteristics.

Please check one for each category.

**Responsiveness to others**

- slow to sense how others feel
- unusually sensitive and understanding
- reasonably responsive
- understanding and thoughtful

**Physical Condition**

- excellent health
- average health
- frequently ill

**Intelligence**

- excellent intellectual capacity
- average mental ability
- learns and thinks slowly

**Relationships**

- sought out by others
- liked by others
- tolerated by others

**Christian experience**

- mild but genuine
- relatively superficial
- rich and growing
- over emotional

**Leadership Ability**

- leads naturally
- tries but lacks ability
- has some leadership promise
- makes no effort to lead

**Willingness to serve**

- eager to serve as needed
- co-operative when asked
- reluctant to serve

**Teamwork**

- works well with others
- reasonably cooperative
- insists on having own way

**Achievement**

- takes initiative
- meets average expectation
- starts but does not finish

**Ability to follow**

- appropriately submissive
- follows blindly
- cooperative
- resistant to direction

**How does the applicant usually react to trying situations?**

- withdraws
- gets discouraged
- gets angry
- meets constructively
- accepts patiently
- other (*explain*).....

**Evaluation of applicant's emotional maturity**

- Outstandingly mature. Has a proven ability to operate under stress and pressure.
- More mature and emotionally stable than average.
- Possesses adequate emotional stability and maturity.
- Doubtful. Experience has shown that the applicant might not be able to handle trials.

**13)** Please comment on areas of weakness you might be aware of.

---

---

14) To your knowledge, has the applicant ever been arrested for any offense?

Yes  No *If yes, please explain:*

15) Has the applicant proven on any occasion to be unreliable, dishonest, or of questionable character?

Yes  No *If yes, please explain:*

16) To your knowledge, has the applicant been involved in any of these areas? Drug and alcohol abuse, homosexuality, extramarital or premarital sexual relationships, pornography, the occult, or compulsive behaviors.

Yes  No *(If yes, on a separate sheet of paper, please comment briefly on what he/she has done to resolve the issue and find restoration.)*

**Please check here if you feel that you cannot answer this question in writing, we would be happy to speak with you personally and in confidence.**

17) Please comment on the family background.

---

---

18) Overall, what do you consider to be the applicant's strong points? (include special abilities)

---

---

19) What changes have you noticed in the applicant's life as a result of their encounter with the Father's love?

---

---

20) What could Shiloh Place do to aid the applicant's development?

---

---

21) Do you recommend this person for admission to this training program?

---

To the best of my knowledge the above information is correct, and I believe that he/she possesses the qualities indicated above.

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

Thank you for your time and help with this application.

**Please return directly to:**

**Shiloh Place Leaders School, PO Box 5, Conway SC 29528.**

**Or fax (843) 365-1905**



# Leaders' School

Name of Applicant \_\_\_\_\_

School Date (check one):  February 8-27, 2009  October 4-28, 2009

## FRIEND / CO-WORKER Reference Form (Confidential)

The above applicant has applied to attend the Leaders School with Shiloh Place Ministries. We would appreciate it if you would supply the information requested on this form in order to aid us in evaluating the applicant's suitability for admission.

Your name \_\_\_\_\_

Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Phone \_\_\_\_\_ Occupation \_\_\_\_\_

1) What is your relationship to the applicant (leader, friend)?

\_\_\_\_\_

2) How many years have you known the applicant?

\_\_\_\_\_

3) What do you perceive to be the applicant's best qualities?

\_\_\_\_\_

\_\_\_\_\_

4) What do you perceive to be the applicant's greatest weakness(es)?

\_\_\_\_\_

\_\_\_\_\_

5) How do you think the School will aid the applicant's development?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6) What ministry or spiritual gifts have you observed in operation in the applicant?

\_\_\_\_\_

\_\_\_\_\_

7) Have you any reservations about the applicant attending this school?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8) Do you know of any incidents or examples in which the applicant compromised his or her Christian faith or moral integrity?

If so, please explain, including how it was resolved.

---

---

---

9) Please rate the applicant's ability to get along with his or her peers:

Outstanding     Excellent     Good     Fair     Poor

10) Please rate the applicant's ability to relate to authority:

Outstanding     Excellent     Good     Fair     Poor

11) Please rate the applicant's ability to relate to unbelievers:

Outstanding     Excellent     Good     Fair     Poor

12) Please rate the applicant's leadership skills:

Outstanding     Excellent     Good     Fair     Poor

13) Please rate the applicant's ability to overcome adversity:

Outstanding     Excellent     Good     Fair     Poor

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

Thank you. Please return this form to :

Shiloh Place Ministries, Leaders School, PO Box 5, Conway, SC, 29528.

or fax to: (843) 365-1905



# Leaders' School

Name of Applicant \_\_\_\_\_

School Date (check one):  February 8-27, 2009  October 4-28, 2009

## FRIEND / CO-WORKER Reference Form (Confidential)

The above applicant has applied to attend the Leaders School with Shiloh Place Ministries. We would appreciate it if you would supply the information requested on this form in order to aid us in evaluating the applicant's suitability for admission.

Your name \_\_\_\_\_

Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Phone \_\_\_\_\_ Occupation \_\_\_\_\_

1) What is your relationship to the applicant (leader, friend)?

\_\_\_\_\_

2) How many years have you known the applicant?

\_\_\_\_\_

3) What do you perceive to be the applicant's best qualities?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4) What do you perceive to be the applicant's greatest weakness(es)?

\_\_\_\_\_

\_\_\_\_\_

5) How do you think the School will aid the applicant's development?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6) What ministry or spiritual gifts have you observed in operation in the applicant?

\_\_\_\_\_

\_\_\_\_\_

7) Have you any reservations about the applicant attending this school?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8) Do you know of any incidents or examples in which the applicant compromised his or her Christian faith or moral integrity?

If so, please explain, including how it was resolved.

---

---

---

9) Please rate the applicant's ability to get along with his or her peers:

Outstanding     Excellent     Good     Fair     Poor

10) Please rate the applicant's ability to relate to authority:

Outstanding     Excellent     Good     Fair     Poor

11) Please rate the applicant's ability to relate to unbelievers:

Outstanding     Excellent     Good     Fair     Poor

12) Please rate the applicant's leadership skills:

Outstanding     Excellent     Good     Fair     Poor

13) Please rate the applicant's ability to overcome adversity:

Outstanding     Excellent     Good     Fair     Poor

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

Thank you. Please return this form to :

Shiloh Place Ministries, Leaders School, PO Box 5, Conway, SC, 29528.

or fax to: (843) 365-1905