



*Advancing the Kingdom of God through healthcare evangelism*



# Application Form

Thank you for your interest in the Mission Medics Program at Vineyard College of Missions. We are excited about your application and want to make this process as smooth as possible for you. Please contact us if you have questions or concerns.

## **Guide to completing application: This application must be received by July 15th**

Each of the following parts of the application must be submitted before your application can be processed. If something does not apply to you please indicate this with a *N/A* (not applicable). Husbands and wives must complete separate forms.

**Application form:** Please fill this out completely and sign the application form.

**Photo:** Please attach a recent photo to the space provided.

**Registration fee:** A \$50 non-refundable fee must be included with your application in order for it to be processed.

**Confidential references:** Two confidential references are enclosed. One reference should be given to a pastor or your small group leader and the other to a non relative person of your choice. Request they fill it out and mail it directly to us. You may want to give them a stamped envelope with the *Vineyard College of Missions* address on it with attention to: Mission Medics

**Medical requirements:** After you are accepted a Confidential Health Form must be completed and signed by you and your physician and sent directly to us. Be sure that it includes your childhood immunization records as completely as possible. You should have updated adult boosters (within the last five years). These details are very important and essential to the mission aspect of the class. If you attended any school requiring a medical form within the last year, you may transfer a clear copy of that form to us.

**Acknowledgement of Financial Responsibility, Release of Liability, and Consent for Treatment:** These sections must be signed. If you are under 18, be sure to have a parent/guardian sign this form.

*Please answer the following questions on a separate piece of paper:*

1. Describe your expectations of Mission Medics (MM). State your reasons for applying. What is your ultimate purpose upon completion? Where do you see yourself in the future?
2. Are you willing to invest the necessary time and study of 15-20 hours a week to complete this course?
3. If you are not accepted as part of this school, what would you do (your next step or alternatives)?
4. Describe your present relationship with your local church, leaders and your involvement there.
5. Would your church help support you in prayer and finances for future involvement in missions work?
6. Do you have any difficult situations to deal with in regard to attending MM? What can we help you with?
7. Do you have a job and does it involve shift work that may be a problem with the evening classes?
8. What are your plans for covering the costs of MM?
9. Do you have family support in doing MM?
10. Share your conversion experience telling us how long you have been a Christian.
11. Do you have previous medical training?
12. Have you experienced a mission before, if so, where and when and how did it impact your life?



Please return all forms to:

Vineyard College of Missions/MM  
 4950 N. Bradley  
 Boise, Idaho 83714  
 missionmedics@gmail.com

Phone: 208.377.1477  
 Fax: 208.377.1471



I wish to attend Mission Medics( MM) beginning \_\_\_\_\_ (month) \_\_\_\_\_ (year)      Registration fee enclosed \_\_\_\_\_

Full Legal Name \_\_\_\_\_      What people call you \_\_\_\_\_

**PERSONAL INFORMATION**

Present Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Permanent Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Instant Message ID \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Current Age \_\_\_\_\_ Gender  Male  Female

Are you a citizen of the United States?  Yes  No      If No, Country of Citizenship \_\_\_\_\_

Marital Status  Single  Engaged  Married  Separated  Divorced  Widowed      Do you have children  Yes  No

Spouse's name \_\_\_\_\_ Number of children at home \_\_\_\_\_

Name \_\_\_\_\_ Birth date \_\_\_\_\_ (month) \_\_\_\_\_ (day) \_\_\_\_\_ (year)

Name \_\_\_\_\_ Birth date \_\_\_\_\_ (month) \_\_\_\_\_ (day) \_\_\_\_\_ (year)

Name \_\_\_\_\_ Birth date \_\_\_\_\_ (month) \_\_\_\_\_ (day) \_\_\_\_\_ (year)

**EMERGENCY CONTACT**

Name of contact \_\_\_\_\_ Relationship \_\_\_\_\_

Present Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Fax number \_\_\_\_\_

Email Address \_\_\_\_\_

**EDUCATION BACKGROUND**

Secondary/High school or equivalent attended \_\_\_\_\_

Location \_\_\_\_\_ Did you graduate?  Yes  No      If so, what year \_\_\_\_\_

**College/University / Vocational School / Seminary attended:**

Name \_\_\_\_\_ Degree's Earned \_\_\_\_\_

Name \_\_\_\_\_ Degree's Earned \_\_\_\_\_

**Discipleship / missions schools attended:**

Name \_\_\_\_\_ Location \_\_\_\_\_ Date \_\_\_\_\_  
 Name \_\_\_\_\_ Location \_\_\_\_\_ Date \_\_\_\_\_

Occupational skills / hobbies / interests: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**CHURCH BACKGROUND**

Name of Home Church \_\_\_\_\_ Denomination \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Church Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email Address \_\_\_\_\_  
 How long attended \_\_\_\_\_ Name of Pastor \_\_\_\_\_

**MEDICAL BACKGROUND**

How would you describe your health?  Excellent  Good  Fair  Poor  
 List any allergies \_\_\_\_\_  
 List any physical limitations \_\_\_\_\_

I certify that all the information in this application is complete and accurate. I understand that payment of the required school tuition fees must be made prior to, or upon, the start of classes unless otherwise approved by the School Leaders. If I am accepted into the VCOM's School of Mission Medics, I will abide by the spirit, rules and schedule of the school.

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

**Release of Liability**

I/we do hereby release Vineyard College of Missions, its staff, agents and volunteer assistants from any liability whatsoever arising out of any injury, damage or loss which may be sustained by said person(s) during the course of involvement with the Vineyard College of Missions.

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

Signature of Parent or Guardian if the applicant is under 18 years of age.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_ Relationship \_\_\_\_\_

**Consent for Treatment**

In case of emergency, I/we hereby agree to the performance of such treatment, including anesthesia and surgery, that the attending doctor or physician may deem necessary.

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

Signature of Parent or Guardian if the applicant is under 18 years of age.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_ Relationship \_\_\_\_\_

**For further information or clarification please contact:**

**Mission Medics**

[missionmedics@gmail.com](mailto:missionmedics@gmail.com)

**Vineyard College of Missions (VCOM)**

4950 N. Bradley

Boise ID83714

<http://www.vineyardcollege.org>

**Leaders:**

Jennifer Boyd      208-850-3187

Karen King         208-860-9992