



International Children's Ministry Institute

P.O. Box 250 ~ 1012 East Ottawa Street ~ Litchfield, IL 62056
(217) 324-6215 FAX (217) 324-6325 E-mail lrmicmi@wamusa.com

INSTRUCTIONS

The following items must be submitted by all applicants.

- 1. Application for Admission:** The attached Application for Admission form is to be completed by all applicants.
- 2. Application Fee:** An application fee of \$15 must be sent with the application. This one-time fee is not refundable.
- 3. Education:** Your application form must include all secondary/high school and college work. Do not disregard any of your previous college record.
- 4. Medical History:** This part of your application form must be properly completed before you will be considered for admission.
- 5. Social Security Number (U.S. Citizens only):** This is required for identification, tax purposes, passports, and visas. If you do not have one, obtain one from your Social Security Office.
- 6. Personal Sketch:** Please complete this in your own words. Your answers will be held in confidence. Please use the form provided.
- 7. Pastor's Recommendation:** This form should be completed by your pastor. If your father is your pastor, ask another pastor, associate pastor, or church staff member to complete the recommendation form.
- 8. Other Recommendation:** There are two forms provided and these should be completed by a high school or college teacher, counselor, employer, or friend.
- 9. Photograph:** Send a recent photo of yourself, preferably in a head-and-shoulders pose. A school photo or snapshot would be ideal.
- 10. Institute Objectives and Standards:** All ICMI students accept the Guidelines as their life-style while enrolled in ICMI. Please read the ICMI Guidelines and sign the application, acknowledging your acceptance of the Guidelines.
- 11. Passport:** If you do not have a passport, apply now. Application forms can be picked up at your County Clerk's office.

NOTE: All questions on the application must be completed. If a question does not apply to you, write "does not apply" in the space provided.

Mail the Application Form with the items listed. Your application will be evaluated and you will be contacted when all the application credentials have been received.

If you have any questions, please call. Office hours are 10:30 a.m. to 5:00 p.m., Monday through Friday.



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SCHOOL GUIDELINES

The following school guidelines are given, not to bring bondage, but to work discipline and training in preparation for the work of the ministry.

ATTENDANCE: Students will be expected to be on time and in attendance daily. Unexcused absence and unexplained tardiness will not be permitted.

HOMEWORK: Assignments will be carefully and prayerfully made for the benefit of the student. Students are expected to be faithful and diligent with all assignments.

MEALS: All students will be encouraged to eat the noon meal together. It is a time of fellowship, an opportunity to try new foods, and practice good table manners.

DRESS CODE: Ladies -- will be expected to wear skirts, split skirts, dresses, and dress shoes to class and conduct themselves in a lady-like manner. Modest slacks, jeans, or walking shorts (when weather permits) may be worn for casual attire (but not in class). Leotards may be worn under dresses or skirts but not as slacks. Stirrup type stretch pants are not acceptable. Men -- will be expected to be clean shaven (neatly trimmed beards will be accepted) and wear slacks and sport shirts or dress shirts. T-shirts, jeans, and sneakers may be worn for casual attire, but not in class.

THE SCHOOL: Will be open to all students for prayer, study, and fellowship from 7:00 a.m. to 9:00 p.m. Sunday - Thursday; and to 11:00 p.m. Friday & Saturday. The video and dining areas are the designated fellowship areas. The Library is open for quiet study. Books for extra reading assignments, research materials, and child evangelism stories are available. The Art Room will be the visual aid making department. A music practice room will be provided.

FINANCES: We are a "faith school" and will be believing God together with you for the needs of the ministry. Your offerings cover: food, utilities, general cost of building upkeep, materials for visuals, offerings to speakers, etc.

TV, VIDEOS, MUSIC: In the pursuit of holiness and the preparation of ministry, we request all students to refrain from watching TV, rented videos, or attending movies these months. Exception: special news reports, programs, or Christian videos that have been approved by faculty. Christian "rock" music will not be allowed even with headphones.

RELATIONSHIPS: Our prayer is that a loving, family relationship will be established between all of the students. NO dating is allowed during school or overseas (either among students or with "outsiders").

NOTE: Should there be questions of whether certain music tapes, clothes, etc. will be acceptable at I.C.M.I. -- a good rule to follow is "IF IN DOUBT, DON'T BRING IT."



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APPLICATION

Full Name _____

Address _____

City _____ State _____ Zip _____ Country _____

Telephone (____) _____ Fax (____) _____ E-mail _____

Emergency Contact Name _____ Telephone (____) _____

What is your present occupation? _____

Birthdate ___/___/___ Social Security # _____ Marital Status _____

Guardian's Name (if under age 18) _____

Occupation _____ Telephone (____) _____ E-mail _____

Spouse's Name (if married) _____

Occupation _____ Telephone (____) _____

Your Home Church _____ Telephone (____) _____

Address _____

City _____ State _____ Zip _____ Country _____

Pastor's Name _____

How long have you attended? _____ When were you saved? _____

Have you received the baptism of Holy Spirit according to Acts 2:4? _____ When? _____

Please list briefly any past ministry experience: _____

What year(s) are you interested in attending I.C.M.I. 2004 _____ 2005 _____ 2006 _____

Do you play a musical instrument? _____ What is it? _____

Please list two non-relatives besides your pastor who will be sending us references:

Name _____ Telephone (____) _____

Address _____

City _____ State _____ Zip _____

Country _____

Name _____ Telephone (____) _____

Address _____

EDUCATION

Name of High School _____

Address _____

City _____ State _____ Zip _____

Country _____

Date Graduated _____ or Date Received GED _____

Name of College _____

Address _____

City _____ State _____ Zip _____

Country _____

What was your major? _____ Degree earned _____ or Dates Attended _____

Name of College _____

FINANCIAL

How do you plan to finance your education? _____

Will you receive aid from any of the following? church family other

Do you have monthly financial obligations? _____

Are you planning to live on campus? _____ Do you have a car? _____

Please list any skills you have _____

PERSONAL HISTORY

Given the epidemic increase of sexual abuse within the American Church, we are now forced to ask these questions. Again, we fully believe in the redemptive power in the Blood of Jesus, but because of the children's focus of our ministry we must be made aware of these facts.

Have you ever used illegal drugs? Yes / No

If yes, when was the last time? _____

Have you ever been arrested? Yes / No

When? _____ Why? _____

Have you served time in prison? Yes / No

When? _____ How long? _____

Why _____

Have you ever been involved in, accused of, or convicted of any offenses against children of any kind? Yes / No

If yes, explain _____

Have you ever been molested? Yes / No

If yes, have you ever received counseling dealing with this issue? Yes / No

Any additional remarks or comments you feel we should know: _____

HEALTH

Do you have any major emotional or physical limitations? _____ If yes, please explain:

Are you currently under treatment for any medical disorders? _____ What? _____

Have you been diagnosed with AIDS? _____ When? _____

Do you take medication regularly? _____ If yes, what? _____

Do you have allergies to any antibiotics or other medication? _____ If yes, what? _____

Any food allergies? _____ Special diet needs? _____

MISCELLANEOUS

How did you hear about ICMI? _____

Are you prepared to "believe God" **and** assume responsibility for school expenses and the 3 months overseas travel? _____

Living and working together in "Christian community" is part of the preparation for overseas team ministry. If accepted to the school, are you willing to cheerfully submit to all I.C.M.I. rules? _____

Signature _____ Date _____

Guardian's Signature (if under age 18) _____

PERSONAL SKETCH

Date _____

Name of Applicant _____ Age _____

Address _____

City _____ State _____ Zip _____ Country _____

Telephone(____) _____ FAX _____ E-Mail _____

INSTRUCTIONS: International Children's Ministry Institute is desirous of helping its students in every way possible. To do this, it is important for us to have some background information, including:

1. A description of your Christian experience (past and present).
2. Experiences which have significantly influenced your life.
3. A statement of why you desire to attend International Children's Ministry Institute.

PLEASE LIMIT YOUR STATEMENT TO 500 WORDS.



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PASTOR'S RECOMMENDATION

Name of Applicant _____ Age _____

Address _____

City _____ State _____ Zip _____ Country _____

TO THE APPLICANT: This reference form should be completed by your Pastor and mailed directly by him to I.C.M.I. If your father is your Pastor, please refer the form to the Assistant Pastor or Youth Pastor in your church. If a person other than your Pastor (Assistant Pastor or Youth Pastor) completes the form, an explanation should be provided.

TO THE PASTOR: The above named is applying for admission to International Children's Ministry Institute. Serious consideration will be given to your comments; therefore, we ask you to complete this form thoughtfully and prayerfully not only for the benefit of the applicant but also for the roommates and classmates. This reference will be kept in confidence. Thank you for your assistance.

1. How long have you known the applicant? What capacity? _____

2. How well do you know the applicant? (check one)

- Very close, Pastor relationship Fairly well, numerous personal contacts
 Casually, few personal contacts By name/sight

3. To your knowledge has the applicant made a meaningful commitment to Jesus Christ?

- Yes No I am not sure

4. To what extent is the applicant engaged in the activities of your church? (check one)

- Enthusiastic, deeply involved Cooperative, usually willing to help
 Seldom participates, although attends regularly Attends irregularly, shows little interest

5. In what form of Christian service has the applicant participated regularly? _____

6. What are the applicant's strong points? Weak points? (include special abilities)

7. Does the applicant have personality traits which impair his/her relationship with others? Yes No
8. To your knowledge does the applicant smoke? Yes No
9. Does the applicant drink? Yes No
10. Does the applicant use illegal drugs? Yes No

Comments _____

11. Please describe home factors which might affect the applicant's success at I.C.M.I. _____

12. To your knowledge is this person presently responsible for paying his/her bills? _____

	EXCELLENT	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	POOR	UNABLE TO OBSERVE
Reliability, dependability, responsibility						
Maturity, personal development, ability to cope with life situations						
Emotional Stability, reaction to stress, mood stability						
Motivation, genuineness & depth of commitment						
Judgement, ability to analyze a problem						
Oral expression, clarity, coherence						
Interpersonal relations, rapport, cooperation, attitudes toward supervision						
Empathy, sensitivity to the needs of others						
Work habits, stamina, conscientiousness, perseverance, resourcefulness, initiative						
Leadership, creative thought, curiosity, self-confidence						

14. Further comments you have regarding the applicant that would help our evaluation. _____

I recommend I recommend with reservation I do not recommend

(Please Print)

Name _____ Date _____

Name of church and denomination _____

Position _____ Phone # (____) _____ E-mail _____

Address _____

City _____ State _____ Zip _____



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RECOMMENDATION

RECOMMENDATION FORM: To be filled out by high school or college teacher, employer, or friend and mailed directly to I.C.M.I.

Name of Applicant _____ Age _____

Address _____

City _____ State _____ Zip _____ Country _____

INSTRUCTIONS: Each applicant must submit recommendations in order to be admitted to I.C.M.I. You will recognize the need of great care in receiving men and women into a Christian school. Serious consideration will be given to your comments. We ask that you complete the form carefully and return it directly to I.C.M.I. Your comments will be held in confidence.

1. How long have you known the applicant? _____

2. Are you related to the applicant? _____

3. How well do you know the applicant? (Please check one)

Name/Sight Casually Fairly Well Very Close

4. To your knowledge has the applicant made a meaningful commitment to Jesus Christ?

Yes No I am not sure

5. Does the applicant **smoke**? Yes No

6. Does the applicant **drink**? Yes No

7. Does the applicant use **illegal drugs**? Yes No

8. Please check the terms which best describe the applicant's attitude toward the church and its activities.

<input type="checkbox"/> Warmhearted	<input type="checkbox"/> Critical	<input type="checkbox"/> Tolerant
<input type="checkbox"/> Passive	<input type="checkbox"/> Sympathetic	<input type="checkbox"/> Contemptuous
<input type="checkbox"/> Respectful	<input type="checkbox"/> Enthusiastic	<input type="checkbox"/> Loving

9. What Christian ministries does the applicant fulfill, such as Sunday School teacher, youth leader, song leader?

10. Please indicate what you feel are the applicant's strong points. _____

11. Please indicate what you feel are the applicant's weak points. _____

12. The applicant's influence on his/her peers is: Positive Neutral Negative

13. How do you rate the applicant in the following areas?

	EXCELLEN T	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	POOR	UNABLE TO OBSERVE
Christian Commitment						
Social Adaptability						
Cooperativeness						
Integrity and Honesty						
Responsibility						
Mental Ability						
Physical Health						
Initiative						
Christian Character						
Emotional Stability						
Personal Appearance						

14. Further comments you have regarding the applicant that would help our evaluation. _____

I recommend I recommend with reservation I do not recommend

(Please Print)

Name _____ Date _____

Name of church/denomination _____

Position in church/denomination _____ Phone # (____) _____

Address _____

City _____ State _____ Zip _____

Signature _____



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Name/Sight Casually Fairly Well Very Close

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Initiative						
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Emotional Stability						
Personal Appearance						

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I recommend I recommend with reservation I do not recommend

(Please Print)

Name _____ Date _____

Name of church/denomination _____

Position in church/denomination _____ Phone # (____) _____

Address _____

City _____ State _____ Zip _____

Signature _____