



SCOTTSDALE MASTER'S COMMISSION  
1<sup>ST</sup> YEAR APPLICATION 2009 – 2010

**PART I – PERSONAL INFORMATION**  
PLEASE TYPE OR PRINT CLEARLY

FULL NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

ARE YOU A U.S. CITIZEN? \_\_\_\_\_ IF NO, COUNTRY OF CITIZENSHIP: \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_ IF MARRIED, FOR HOW LONG? \_\_\_\_\_

DO YOU HAVE ANY CHILDREN? \_\_\_\_\_ IF SO, LIST EACH AND THEIR AGE: \_\_\_\_\_

**PART II – SPIRITUAL INFORMATION**

HAVE YOU ACCEPTED CHRIST AS YOUR SAVIOR?      YES                      NO

HAVE YOU BEEN BAPTIZED IN WATER?              YES                      NO

HAVE YOU HAD AN ACTS 2:4 EXPERIENCE?        YES                      NO

DO YOU ATTEND CHURCH REGULARLY?            YES                      NO                      ARE YOU A MEMBER?      YES      NO

CHURCH NAME: \_\_\_\_\_ DENOMINATION: \_\_\_\_\_

SENIOR PASTOR: \_\_\_\_\_

YOUTH PASTOR: \_\_\_\_\_

CHURCH PHONE NUMBER: \_\_\_\_\_ CHURCH WEB ADDRESS: \_\_\_\_\_

CHURCH STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**PART III – MEDICAL INFORMATION**

HOW WOULD YOU DESCRIBE YOUR HEALTH?      EXCELLENT                      GOOD                      FAIR                      POOR

LIST ANY ALLERGIES: \_\_\_\_\_

LIST ANY MEDICATIONS YOU ARE CURRENTLY USING: \_\_\_\_\_

DO YOU HAVE ANY PHYSICAL, MENTAL, EMOTIONAL, OR LEARNING DISABILITIES?      YES                      NO

IF YES, PLEASE DESCRIBE: \_\_\_\_\_

WILL YOU HAVE HEALTH INSURANCE WHILE ENROLLED?                      YES                      NO

**PART IV – LIFESTYLE INFORMATION**

HAVE YOU EVER USED ILLEGAL DRUGS?                      YES              NO                      IF YES, DATE OF LAST USE: \_\_\_\_\_

HAVE YOU EVER USED TOBACCO PRODUCTS?              YES              NO                      IF YES, DATE OF LAST USE: \_\_\_\_\_

HAVE YOU EVER CONSUMED ALCOHOL?                      YES              NO                      IF YES, DATE OF LAST USE: \_\_\_\_\_

HAVE YOU EVER BEEN ARRESTED?                      YES              NO                      DATE: \_\_\_\_\_

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME?              YES              NO                      DATE: \_\_\_\_\_

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

**PART V – FAMILY INFORMATION**

NAME OF FATHER OR GUARDIAN: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

ACCEPTED CHRIST?      YES              NO                      PHONE: \_\_\_\_\_

FATHER'S OCCUPATION: \_\_\_\_\_

NAME OF MOTHER OR GUARDIAN: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

ACCEPTED CHRIST?      YES              NO                      PHONE: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

HOW DO YOUR PARENTS / GUARDIANS FEEL ABOUT YOU ENROLLING IN SCOTTSDALE MASTER'S COMMISSION?

\_\_\_\_\_

**PART VI – EMPLOYMENT INFORMATION**

ARE YOU CURRENTLY EMPLOYED?                      YES              NO

PRESENT EMPLOYER: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

DUTIES PERFORMED: \_\_\_\_\_ DATE HIRED: \_\_\_\_\_

PAST EMPLOYER: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

DUTIES PERFORMED: \_\_\_\_\_ DATE HIRED: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_ DATE LEFT: \_\_\_\_\_

**PART VII – FINANCIAL INFORMATION**

WILL YOU HAVE THE TOTAL AMOUNT OF TUITION BY THE REQUIRED DATE? \_\_\_\_\_

IF NO, PLEASE EXPLAIN: \_\_\_\_\_

WILL YOU HAVE A VEHICLE WHILE YOU ARE ENROLLED?      YES      NO      MAKE/MODEL/YEAR: \_\_\_\_\_

DO YOU HAVE CAR INSURANCE?      YES      NO      DOES YOUR INSURANCE COVER PASSENGERS?      YES      NO

**PART VIII - QUESTIONNAIRE**

WOULD YOU DESCRIBE YOURSELF AS ONE WHO IS: (PLEASE CIRCLE ALL THAT APPLY)

- |                        |                        |                    |
|------------------------|------------------------|--------------------|
| HOME A LOT             | NEVER AT HOME          | NEAT               |
| OUTGOING               | PRIVATE                | A MORNING PERSON   |
| ORDERLY                | CREATIVE               | STUDIOUS           |
| A STRATEGIST           | KIND                   | LIFE OF THE _____  |
| DECORATIVE             | TEACHABLE              | A SKEPTIC          |
| HIGHLY ORGANIZED       | A NIGHT OWL            | NON-CREATIVE       |
| A PRANKSTER            | CONSERVATIVE           | TIMID              |
| MILDLY INTERACTIVE     | SOMEWHAT ORGANIZED     | EAGER TO ADVENTURE |
| LAST TO VOLUNTEER      | MILDLY ATHLETIC        | SLOW TO ADVENTURE  |
| WORKS WELL WITH OTHERS | BARELY MOTIVATED       | AN ENCOURAGER      |
| A PEACEMAKER           | HUMBLE                 | FIRST TO VOLUNTEER |
| HIGHLY SOCIAL          | NEVER ORGANIZED        | PASSIONATE         |
| NON-INTERACTIVE        | SPONTANEOUS            | AVID ATHLETE       |
| HIGHLY ORGANIZED       | ACCEPTS CHANGE READILY | LIBERAL            |
| COUCH POTATO           | LOYAL                  | OFTEN DEPRESSED    |

WHEN IT COMES TO OTHERS YOU ARE:

- |                  |                       |                  |
|------------------|-----------------------|------------------|
| MILDLY SOCIAL    | OUTGOING              | PRIVATE          |
| A COMMUNICATOR   | EASILY ANGERED        | TEACHABLE        |
| TIMID            | KIND                  | DEMANDING        |
| EASILY ACCEPTED  | A PERSON OF YOUR WORD | CRITICAL         |
| LOYAL            | SHY                   | SLOW TO ANGER    |
| A PEACEMAKER     | TRUSTING              | AN ENCOURAGER    |
| A LEADER         | A FOLLOWER            | QUICK TO FORGIVE |
| SLOW TO CONFRONT | SOCIAL BUTTERFLY      | INTROVERT        |

WHEN GIVEN A PROJECT YOU ARE:

- |                        |                             |                         |
|------------------------|-----------------------------|-------------------------|
| CREATIVE               | BARELY ORGANIZED            | NEED CONSTANT DIRECTION |
| HIGHLY ORGANIZED       | ABLE TO STICK TO DIRECTIONS | INNOVATIVE              |
| ABLE TO MEET DEADLINES | LIKELY TO DROP THE BALL     | NEVER DONE IN TIME      |
| ALWAYS DONE IN TIME    | UNIMAGINATIVE               | SELF STARTER            |

WHAT IS YOUR DEFINITION OF A SERVANT?

WHAT DO YOU PLAN TO DO AFTER YOUR TIME AT SCOTTSDALE MASTER'S COMMISSION?

DEFINE YOUR IDEA OF MINISTRY.

WHAT ARE SOME QUALITIES YOU FEEL A PERSON SHOULD HAVE TO BE A SPIRITUAL LEADER?

HOW DID YOU HEAR ABOUT SCOTTSDALE MASTERS COMMISSION?

WHAT SIZE OF T-SHIRT DO YOU WEAR?

WHAT SIZE OF RING DO YOU WEAR ON YOUR LEFT HAND RING FINGER?

## PART IX – FINAL INSTRUCTIONS

1. DOWNLOAD THE PASTORAL & PERSONAL REFERENCE FORMS. ONE IS TO BE COMPLETED BY YOUR PASTOR OR YOUTH/COLLEGE PASTOR AND THE OTHER BY A PERSONAL REFERENCE OTHER THAN FAMILY OVER THE AGE OF 21. PLEASE HAVE THEM FILL THE APPROPRIATE FORM AND EITHER MAIL, EMAIL OR FAX IT BACK TO US.
2. ON A SEPARATE SHEET OF PAPER OR IN A WORD DOCUMENT PLEASE TYPE YOUR PERSONAL TESTIMONY. (200-WORD MINIMUM)
3. ENCLOSE OR EMAIL A RECENT PICTURE OF YOURSELF NO LARGER THAN A 5x7. (IT WILL NOT BE RETURNED)
4. A \$25.00 NON-REFUNDABLE APPLICATION FEE IS REQUIRED TO PROCESS YOUR APPLICATION.
5. SEND YOUR APPLICATION, TESTIMONY, PHOTO AND \$25.00 APPLICATION FEE TO US AT:

**SCOTTSDALE MASTER'S COMMISSION  
28700 N. PIMA ROAD  
SCOTTSDALE, AZ 85266  
EMAIL: LARAE@SCOTTSDALEMC.COM  
FAX: 480-348-7984  
ATTENTION: SMC ADMISSIONS**