

CATEVA Outreach Ministries, Inc.
Chaplain Training Institute
801 West Avenue
Rochester, NY 14611
(585) 319-7036

APPLICATION FOR ADMISSION

Personal Information

(Please type or print)

Name _____ Nickname _____
(First) (Middle) (Last)

Address _____ City _____ State _____ Zip _____

Home Telephone (_____) _____ Work Telephone (_____) _____

Date of Birth ____/____/____ Place of Birth _____

Age _____ Sex: Male ☐ Female ☐ Nationality _____ Foreign Student: Yes ☐ No ☐

Country of Citizenship _____ Type of Visa _____ Passport # _____

Employer _____ Occupation _____

Employer's Address _____ Telephone (_____) _____

Marital Status: Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed ☐

Spouse's Name _____ Spouse's Occupation _____

How many children do you have? _____ Ages _____ How many live at home? _____

Are your parents born-again Christians? _____ Do they approve of your Christian commitment? _____

Educational Information

Are you currently enrolled in high school? Yes ☐ No ☐ Are you a high school graduate? Yes ☐ No ☐

If you are not a high school graduate, what is the highest grade you attended? _____

Last date of attendance ____/____/____

Have you ever applied for admission to Chaplain Training Institute? Yes ☐ No ☐

If yes, were you accepted? _____ Date ____/____/____ Under what name? _____

If you have attended any other college or training institute, please list the name, dates of attendance, and degrees or certifications earned. If credit transfer is desired, you will be required to submit an official transcript from each college or training institute attended.

Name of College	City/State	Dates Attended	Degrees Earned
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you applying for enrollment as a transfer student? Yes ☐ No ☐

What honors or special awards have you attained in school? _____

Do you speak any foreign language? _____ What is it? _____ How well? _____

Do you have special skills, abilities, or musical talents? _____

Educational Objectives

What program of study are you requesting? (Check one)

Chaplain Ordination & Certification ☐

Religious Counselor Certification ☐

Certification ☐

Audit Only ☐

Is it you plan to enter full-time ministry? Yes ☐ No ☐

Why do you want to attend CATEVA Outreach Ministries Chaplain Training Institute?

How did you learn about CATEVA Outreach Ministries Chaplain Training Institute?

Christian Life Information

When did you become a Christian? _____

Have you been baptized in water by immersion? Yes ☐ No ☐

Have you received the baptism of the Holy Spirit according to Acts 2:4? Yes ☐ No ☐

If not, are you earnestly seeking the experience? Yes ☐ No ☐

Are you a member of a church? Yes ☐ No ☐

Church Name _____ Denomination _____

Church Address _____ City _____ State _____ Zip _____

Senior Pastor's Name _____ Church Telephone (_____) _____

In what Christian work have you participated? _____

Do you believe God has called you to the Christian Ministry or Counseling? Yes ☐ No ☐

If yes, explain what leads you to believe this? _____

Do you use any form of: Tobacco? Yes ☐ No ☐ Alcoholic Beverages? Yes ☐ No ☐

Have you ever used drugs? Yes ☐ No ☐ When? _____

If yes, please explain _____

Have you ever been denied admission, expelled, or suspended from a college or school? Yes ☐ No ☐

If yes, state when and give an explanation: _____

Briefly tell how and when you became a Christian and about your personal growth in Christ: _____

Describe your current walk with the Lord, including how your faith is growing, the spiritual influences in your life and your quiet times:

Reference Information

Please print all three references forms from website and have references fill out recommendations.

(1) Pastor's Reference Form submitted to:

Name _____ Position _____

Name of Church _____ Telephone (____) _____

Address _____ City _____ State _____ Zip _____

Date Submitted _____

(2) Friend's Reference Form submitted to:

Name _____ Telephone (____) _____

Address _____ City _____ State _____ Zip _____

Date Submitted _____

(3) Friend's Reference Form submitted to:

Name _____ Telephone (____) _____

Address _____ City _____ State _____ Zip _____

Date Submitted _____

Statement of Application and Code of Conduct

I certify that the information provided on this application for admission is complete and correct.

If admitted, I agree to abide by the rules, regulations and expectations of the CATEVA Outreach Ministries, Inc. Chaplain Training Institute and understand the highest standards of Christian character and behavior are expected of all students while on campus or while involved in off-campus activities.

A NON-REFUNDABLE APPLICATION FEE of \$25.00 MUST BE SUBMITTED WITH APPLICATION.

Signature of Applicant _____ Date _____

Reviewed & Approved by _____ Date _____

Return complete admission application to: CATEVA Outreach Ministries, Inc.

Chaplain Training Institute
801 West Avenue, Suite 310
Rochester, NY 14611