



APOSTOLIC LEADERSHIP INSTITUTE APPLICATION

DEADLINE: JULY 1ST | Tuition cost for the week includes lodging & meals for five days.

Please respond to each question thoughtfully and ensure your answers are printed or typed clearly.

Be sure to include all required signatures.

All information will be treated as confidential and handled with the utmost care. If a question is not applicable, please indicate with "N/A"

Personal Data

NAME _____ **AGE** _____ **GENDER** _____
LAST FIRST M.I.

ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP CODE** _____

PHONE _____ **EMAIL** _____
PRIMARY SECONDARY

EMERGENCY CONTACT _____ **NAME** _____ **RELATION** _____ **PHONE** _____

HOME CHURCH _____

PASTOR _____ **PHONE** _____

Date of your water baptism in Jesus Name _____
D M Y

Date you received the Holy Spirit evidenced by speaking in tongues _____
D M Y

Relevant Health Information

List any conditions or relevant factors that we need to know about:

Education Data

HIGH SCHOOL / COLLEGE	CITY & STATE	DATES ATTENDED	DATE GRADUATED

<div>Extracurricular Activities</div> <div>List school, community, or church activities in which you have invested your time and effort:</div>	
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Personal Commitment & Ministry Reflection

1. Would you be interested in an ALI curriculum that is longer than the current 2-year program?
2. What are your ministry plans or your service to the Lord?
3. How will you apply ALI's teachings to impact others in your personal life?

4. How will you apply this training to benefit your pastor and local church?
5. What are the eight most important things ALI needs to know about you?

6. How valuable is truth to you?
7. How important is it to not just know the truth, but to apply it?
8. How important is it for others to know what you know?
9. How important is it to you to uphold the commitments you make?

References

REFERENCE NO.1

List a reference
outside your family
or pastor

NAME _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

REFERENCE NO.2

List a reference
outside your family
or pastor

NAME _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

Health & Liability Insurance Information

DETAILS _____
POLICY HOLDER _____ POLICY # _____ INSURANCE COMPANY _____ GROUP # _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

PHONE _____

Signatures & Acknowledgments

The above named applicant has my permission to attend the A.L.I. I assume full responsibility for this applicant's health including any medical expenses incurred while at the Institute. I hereby grant my permission for this applicant to be administered any treatment that should become necessary as determined by any physician or medical personnel available to the Institute Staff. I understand that I will be notified should anything unforeseen happen. Should the Institute Staff be unable to contact the above named emergency contact due to time or other circumstances, the Institute Staff may take such temporary measures as they deem necessary and appropriate.

In consideration of my acceptance to participate in the A.L.I. program I hereby waive and promise not to sue the Apostolic Leadership Institute, its officers, directors, agents, divisions, employees, members, sponsors, promoters, affiliates, and the supervisory personnel and staff, and all private persons or entities volunteering services without charge, for any claim, liability, loss, cost or expense whatsoever arising in any way out of my participation in said Apostolic Leadership Institute.

Required if under 18 or still
in High School.

I agree to obey and respect the
authority of Institute staff.

SIGNATURE OF PARENT / GUARDIAN

SIGNATURE OF APPLICANT

SIGNATURE OF PASTOR

DATE _____
D M Y

DATE _____
D M Y

DATE _____
D M Y

Applications must be postmarked by June 8th: 39 Firebrick Rd, Sharon, MA 02067
Submit by email: apostolicleadership2@gmail.com