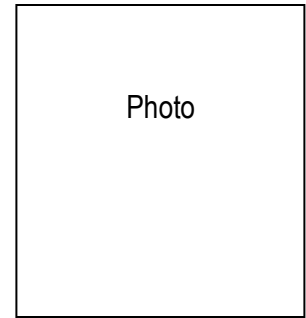




2011-2012 Application Form



Destiny & Dominion Worship Training Centre
Because the Father is seeking true worshipers

INSTRUCTIONS

(All of the following must be completed in order for this application to be processed.)

1. Place a recent passport-sized photo in the area provided on the face of your application.
2. Enclose a \$50.00 non-refundable application fee.
3. All reference forms must be completed and returned to the Admissions Office.
4. Answer all questions thoroughly. Please print. (If a question does not apply, write, "N/A".)

APPLYING FOR (Check All That Apply)	Summer 2011 <input type="checkbox"/>	Fall 2011-2012 Full-Time <input type="checkbox"/>	PT (Theology) <input type="checkbox"/>	PT (Applied) <input type="checkbox"/>	PT (Group Music) <input type="checkbox"/>	Audit (Theology) <input type="checkbox"/>
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Section 1 – Personal Information

Surname:		First Name:		Middle Name(s):	
Address:		Apt #:	City:		Province: Postal Code:
Home Phone:		Cell Phone:		Business Phone:	
E-Mail:		Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Date of Birth (DD/MM/YY):		Canadian Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>

Section 2 – Church Affiliation and References

CHURCH BACKGROUND – In what denomination do you consider yourself to have been raised?

Name of the Church You Currently Attend:

Address:		Unit #:	City:		Province: Postal Code:
Phone:		Fax:		E-Mail:	
Senior Pastor's Name:			Denomination:		

Section 3 – Your Ministry

Do you have a definite call of God on your life to enter the FULL-TIME MINISTRY?
Yes No Unsure

Are you... Licensed Ordained? Denomination / Organization: _____

Identify the area(s) of ministry to which you feel God is calling (or has called) you:

Pastor Teacher Evangelist Worship Ministry Administration Serving Ministry



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worship@destinydominion.com

**Designate activities in which you have been or are involved.
Check "F" for formerly, and "P" for presently.**

F	P		F	P	
<input type="checkbox"/>	<input type="checkbox"/>	Pastor	<input type="checkbox"/>	<input type="checkbox"/>	Radio / TV
<input type="checkbox"/>	<input type="checkbox"/>	Associate Pastor	<input type="checkbox"/>	<input type="checkbox"/>	Formed Non-Profit Corporation
<input type="checkbox"/>	<input type="checkbox"/>	Minister of Music / Worship Leader	<input type="checkbox"/>	<input type="checkbox"/>	Writing / Publication
<input type="checkbox"/>	<input type="checkbox"/>	Worship Team / Choir	<input type="checkbox"/>	<input type="checkbox"/>	Revivals - Preaching
<input type="checkbox"/>	<input type="checkbox"/>	Minister of Education	<input type="checkbox"/>	<input type="checkbox"/>	Tape Ministry
<input type="checkbox"/>	<input type="checkbox"/>	Missionary Work	<input type="checkbox"/>	<input type="checkbox"/>	Church Administration
<input type="checkbox"/>	<input type="checkbox"/>	Evangelist	<input type="checkbox"/>	<input type="checkbox"/>	Conduct Funerals / Weddings
<input type="checkbox"/>	<input type="checkbox"/>	Street Ministry	<input type="checkbox"/>	<input type="checkbox"/>	Teaching - Adult
<input type="checkbox"/>	<input type="checkbox"/>	Prison Ministry	<input type="checkbox"/>	<input type="checkbox"/>	Teaching - Youth
<input type="checkbox"/>	<input type="checkbox"/>	Hospital Ministry	<input type="checkbox"/>	<input type="checkbox"/>	Teaching - Children
<input type="checkbox"/>	<input type="checkbox"/>	Nursing Home Ministry	<input type="checkbox"/>	<input type="checkbox"/>	Prayer Group Leader
<input type="checkbox"/>	<input type="checkbox"/>	Visitation Ministry	<input type="checkbox"/>	<input type="checkbox"/>	Other

Section 4 – Christian Experience

1. Please state briefly why you want to attend Destiny & Dominion Worship Training Centre.

2. Date you were born again: Day _____ Month _____ Year _____

3. Briefly relate your conversion experience in the space provided below.

4. Date you were filled with the Holy Spirit, with the evidence of speaking in tongues:

Day _____ Month _____ Year _____

5. Were you raised in a Christian home? Yes No

6. If you are married or engaged, is your spouse or fiancé(e) born again and filled with the Holy Spirit, with the evidence of speaking in tongues? Yes No

Section 5 – General Educational History

Circle the highest level of education attained.

1 2 3 4 5 6 7 8 9 10 11 12 GED Vocational/Technical: 1 2

University: 1 2 3 4 Masters Specialist Doctorate Other (specify): _____



Beginning with High School, list all educational institutions attended.
YOU MUST ATTACH A DIPLOMA AND/OR TRANSCRIPT FOR EACH INSTITUTION LISTED.

Name of Institution	Dates	Majors	Diploma or Degree

Will you be applying for a transfer credit from another institution? Yes No

Are you applying to other colleges / universities? Yes No

Name(s) of colleges / universities: _____

TRANSCRIPTS

Please attach all transcripts, certificates, or diplomas from previous high schools, colleges, universities, and trade schools attended to this application.

(If you are at least 19 years old and applying as a mature student, you may need proof of age.)

Section 6 – Personal Music History

INSTRUMENTS PLAYED AND/OR VOICE TYPE (List All Applicable):

List your previous (and current) musical education.

NAME OF SCHOOL	DATES	INSTRUMENT	DIPLOMA OR DEGREE

ENTRANCE AUDITION REQUIREMENTS

Vocalists

- Basic Theory Test
- Basic Ear Test
- Repertoire
 - o Prepare three (3) contrasting praise and worship songs.
 - One (1) must be a hymn.
- Technique
 - o Sing two (2) different vocalizations.
 - o Harmonize on a simple song.

Musicians

- Basic Theory Test
- Basic Ear Test
- Repertoire
 - o Prepare three (3) contrasting praise and worship songs.
 - One (1) must be a hymn.
- Technique
 - o One major scale
 - o One melodic minor scale
 - o Play a simple chord progression



Section 7 – Personal Work History

Please list your previous work experience, starting with your LAST employer.

NAME OF EMPLOYER	JOB TITLE	DUTIES	DATES

List special occupational or professional skills you possess.

Do you have a past criminal record? Yes No If yes, attach an explanatory letter.

Section 8 – “Getting To Know You”

What are your goals in attending Destiny & Dominion Worship Training Centre?

In what ways have you been involved in ministry service for Christ?

What areas of personal giftedness do you believe you possess?

Do you consider yourself a committed follower of Jesus Christ? Please explain.

How are you presently cultivating your Christian life and growth?

Please check the best day(s) and time(s) for you to come in for an entrance audition.

- Tuesday, August 9, 6 PM – 10 PM
- Saturday, August 20th, 10 AM – 2 PM
- Friday, August 26th, 12 PM – 4 PM
- Tuesday, August 30th, 6 PM – 10 PM



Section 9 – Medical Information

The following questions should be based on **FACT**, not **FAITH**.

Are you currently a smoker? Yes No Never If no, when did you stop? _____

Have you ever abused alcohol? Yes No

Are you currently using illegal or habit-forming drugs? Yes No

If yes, what illegal or habit-forming drugs? _____

Date you were delivered from illegal or habit forming drugs, if applicable: _____

MEDICAL CONSENT

I hereby grant permission to Destiny & Dominion Worship Training Centre, or its consulting physician, to render me to any emergency treatment, medical, or surgical care that might be deemed necessary; also, when necessary for executing such care, I grant permission for hospitalization at an accredited hospital.

YOU MUST CHECK ONE OF “YES” OR “NO” AND SIGN.

Yes No Signature: _____

Guardian’s Signature (if under 18): _____

EMERGENCY INFORMATION

Nearest relative (NOT spouse) to be notified, in case of emergency:

Name:		Relationship to Applicant:		
Address:	Unit #:	City:	Province:	Postal Code:
Home Phone:	Cell Phone:	E-Mail:		

I certify that the information I have provided in this application is true, to the best of my knowledge.

Signature: _____ Date: _____

IMPORTANT: Before submitting your application, please ensure you include all of the following:

- Application Form
- Christian Friend Recommendation (1 of 2)
- Christian Friend Recommendation (2 of 2)
- Pastoral Reference Letter
- High School Diploma
- Other Diplomas / Transcripts
- Passport Photo
- \$50.00 Non-Refundable Registration Fee

FOR OFFICE USE ONLY	Registration Fee (\$50): Paid <input type="checkbox"/> Date: _____ <input type="checkbox"/> Cash <input type="checkbox"/> Cheque # _____
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