

# DEAF MISSIONS TRAINING CENTER APPLICATION FOR ADMISSION

*Information given on this application will be kept confidential.*

Full Legal Name \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_  Videophone (VP)  Cell  TTY  Voice

E-mail \_\_\_\_\_

Birthdate \_\_\_\_\_

Gender  Male  Female I am  Deaf  Hearing

## CHURCH INFORMATION

Name of church you currently attend \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_  Videophone (VP)  Cell  TTY  Voice

Minister \_\_\_\_\_ Date of baptism \_\_\_\_\_

## EDUCATIONAL INFORMATION

Please list all institutions attended including high school, college, trade school, Bible school and professional training.

Name of high school (do not abbreviate)	Location (city/state)	Year graduated
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Name of college/institution (do not abbreviate)	Major (area of study)	Dates attended	Degree received
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Name of college/institution (do not abbreviate)	Major (area of study)	Dates attended	Degree received
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## REGISTRATION INFORMATION

Please indicate the year you plan to begin training (training begins every year in August) \_\_\_\_\_

## PERSONAL INFORMATION

If you answer "yes" to any of these questions, please provide appropriate details/explanation on a separate sheet of paper.

- | Yes                   | No                    |  |
|-----------------------|-----------------------|--|
| <input type="radio"/> | <input type="radio"/> | 1. Have you ever declared bankruptcy or incurred any legal action against you?                   |
| <input type="radio"/> | <input type="radio"/> | 2. Will you incur debt by attending Bible school? If yes, provide your financial plans for this. |
| <input type="radio"/> | <input type="radio"/> | 3. Have you ever been dismissed or placed on academic disciplinary probation by any institution? |
| <input type="radio"/> | <input type="radio"/> | 4. Have you ever been convicted of any felony or been dishonorably discharged?                   |
| <input type="radio"/> | <input type="radio"/> | 5. Have you ever been dismissed, terminated or fired from any place of employment?               |
| <input type="radio"/> | <input type="radio"/> | 6. Have you ever used illegal drugs or abused alcohol?   |
| <input type="radio"/> | <input type="radio"/> | 7. Have you ever appeared on a local, state or national sex offender registry?                   |
| <input type="radio"/> | <input type="radio"/> | 8. Have you ever been involved in sexual misconduct of any nature?                               |
| <input type="radio"/> | <input type="radio"/> | 9. Does your spouse or family have any reservations concerning your desire to attend DMTC?       |

## STATEMENT (TO BE COMPLETED BY ALL APPLICANTS)

In making application to be a student at Deaf Missions Training Center, I pledge myself to abide by all the regulations and requirements of the faculty and administration as stipulated in the Student Handbook; to seek in every way to protect the good name of Deaf Missions; to preserve and protect the physical properties of Deaf Missions and to cooperate with the various groups of the DMTC family in creating and maintaining a spirit of Christian fellowship throughout my student days.

**I understand if I show disrespect for the school policies and/or behave in an un-Christian manner, DMTC reserves the right to expel me immediately from school.**

Signed \_\_\_\_\_ Date \_\_\_\_\_

## PLEASE INCLUDE WITH YOUR APPLICATION FORM

- Minister's Reference Form on the next page (have your minister mail this separately).
- A video on CD or DVD telling us about yourself and your background, including your testimony of how you became a Christian, why you want to attend the Deaf Missions Training Center and your plans and goals for the future.
- A \$35 application fee (non-refundable). Please make check or money order payable to Deaf Missions and write "DMTC Admissions" in the memo section.

*Send your application form and other items to Deaf Missions. Contact Chad Entinger or Matthew Poe if you have questions.*



21199 Greenview Road • Council Bluffs, IA 51503  
712-322-5493 (V) • 712-587-8887 (VP) • 712-322-7792 (F)  
Chad Entinger - chadentinger@deafmissions.com  
Matthew Poe - matthewpoe@deafmissions.com

# DEAF MISSIONS TRAINING CENTER MINISTER'S REFERENCE FORM

Name of applicant: \_\_\_\_\_

**Instructions:** Thank you for taking the time to fill out this reference form. We realize your time is valuable, and we appreciate your willingness to help us. The clearer and more factual you can be enables us to serve the applicant in the best way possible.

The person named above is applying for admission to Deaf Missions Training Center, a two-year intensive Bible training and internship program whose purpose is to prepare men and women to serve in Deaf ministry positions nationally ar internationally. It is very important that you be fair and accurate in your comments and estimation.

**When you have completed the form, please mail it directly to Deaf Missions. The address is on the next page.**

1. How long have you known the applicant? \_\_\_\_\_ years \_\_\_\_\_ months
2. Are you acquainted with the applicant's spiritual life? \_\_\_\_\_  
Business life? \_\_\_\_\_  
Social life? \_\_\_\_\_
3. In what capacities has he/she been active in your church? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Does the applicant have any special talents or abilities?  Yes  No  
Please explain: \_\_\_\_\_
5. Have you noted any particular personality weaknesses?  Yes  No  Unsure  
Please explain: \_\_\_\_\_
6. How would you summarize the applicant's doctrinal position? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Do you sense in the applicant a desire to pursue full-time Christian ministry?  Yes  No  
Please explain: \_\_\_\_\_
8. Have you noted any physical weaknesses or emotional problems that would hinder the applicant in an intens academic environment?  Yes  No  
Please explain: \_\_\_\_\_
9. Is the applicant's sexual conduct consistent with Biblical standards?  Yes  No  
Please explain: \_\_\_\_\_
10. Does the applicant demonstrate a lifestyle consistent with Biblical standards?  Yes  No  
Please explain: \_\_\_\_\_
11. Are you aware of any criminal or social problems?  Yes  No  
Please explain: \_\_\_\_\_

## Minister's Reference Form

Circle the traits that best describe the applicant. (Please circle only one for each trait.)

Personality Traits						
1. Spiritual Life	No interest in spiritual growth	Small evidence of spiritual growth	Average	Shows growth and separated living	Consistently mature	Do not know
2. Purposefulness	Aimless: no evident goals	Indecisive in purpose	Average	Self-directed	Strives to realize well-formed goals	Do not know
3. Enthusiasm	Shows no enthusiasm for projects	Reluctant but responds when directed	Average: occasional enthusiasm	Shows good enthusiasm	Actively creative	Do not know
4. Industry	Needs constant prodding	Needs occasional push (motivation)	Performs assigned tasks	Goes beyond what is required	Seeks additional work	Do not know
5. Influence	Negative influence	Neither positive nor negative	Occasionally good influence	Consistently good influence	Outstanding positive influence	Do not know
6. Acceptance	Avoided by others	Tolerated by others	Liked by others	Well-liked by others	Sought after by others	Do not know
7. Responsibility	Irresponsible	Shows some dependability	Usually reliable	Conscientiously reliable	Capable of much responsibility	Do not know
8. Leadership	Always a follower	Tries, but usually fails at leadership	Assumes some leadership	Good leadership	Inspiring and successful leader	Do not know
9. Emotions	Overly emotional or apathetic	Occasionally unbalanced	Usually well-balanced	Consistently well-balanced	Displays extreme emotional stability	Do not know
10. Appearance	Very careless	Needs much improvement	Could improve a little	Usually well-groomed	Always well-groomed	Do not know

Would you recommend that we accept this applicant?  No  Questionable  Yes  Strongly recommend

Please add any further comments you wish about the applicant's spirituality, cooperativeness, tactfulness, good judgment, honesty and potential for full-time ministry. *Use another sheet of paper if necessary.* \_\_\_\_\_

Minister's name (please print) \_\_\_\_\_

Minister's signature \_\_\_\_\_ Date \_\_\_\_\_

Church \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_  Videophone (VP)  Cell  TTY  Voice

E-mail \_\_\_\_\_

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