



Name: \_\_\_\_\_  
Last First Middle

Address Street/P.O. Box: \_\_\_\_\_ City: \_\_\_\_\_

Country: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (country code/city code/local number): \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth (Month/Day/Year): \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex: \_\_\_\_\_

Marital Status: Married \_\_\_ Never Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Spouse Deceased \_\_\_

Do you have dependent children? \_\_\_ What are their names and ages? \_\_\_\_\_

Occupation: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Visa type: \_\_\_\_\_

Passport number: \_\_\_\_\_ Name on Passport: \_\_\_\_\_

Person to notify in case of emergency (Phone #/Relationship): \_\_\_\_\_

**CHURCH AFFILIATION**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Are you a Seventh-day Adventist? \_\_\_\_\_ When were you baptized? \_\_\_\_\_

Home Church: \_\_\_\_\_ Address: \_\_\_\_\_

Name of Pastor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Pastor's Email Address: \_\_\_\_\_

Are you familiar with the writings of EGW? \_\_\_ Which books have you read? \_\_\_\_\_

Have you taken an active role in your local church? Have you been involved in community outreach? If yes, give a brief description: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## GENERAL INFORMATION

Are there any physical, mental, or medical conditions that would affect your ability to attend class and complete work assignments? \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

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Have you been convicted of a crime other than a minor traffic offence? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

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Please give the name, email address, address, and telephone number of two references who know you well, who are not related to you, and who are not previous employers.

1. \_\_\_\_\_

2. \_\_\_\_\_

How well do you understand spoken English?                      Fluent \_\_\_\_\_ Intermediate \_\_\_\_\_ Beginner \_\_\_\_\_

Can you read and write English?                                      Fluent \_\_\_\_\_ Intermediate \_\_\_\_\_ Beginner \_\_\_\_\_

List the names, email addresses, and telephone numbers of two employers that we may contact for references:

1. \_\_\_\_\_

2. \_\_\_\_\_

Have you ever been discharged or asked to resign? No \_\_\_ Yes \_\_\_ If yes, please explain: \_\_\_\_\_

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Please summarize special skills and qualifications acquired from employment or other experience:

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## MEDICAL HISTORY

Have you ever smoked? Yes \_\_\_ No \_\_\_ If yes, how many packs/day? \_\_\_\_\_

How long did you smoke? \_\_\_\_\_ When did you quit? \_\_\_\_\_

Are you a vegetarian? \_\_\_\_\_

Did you ever drink? Yes \_\_\_ No \_\_\_ If yes, average weekly consumption? \_\_\_\_\_

How long did you drink? \_\_\_\_\_ Years When did you quit? \_\_\_\_\_

Have you ever taken illegal drugs? Yes \_\_\_ No \_\_\_ Name of drugs \_\_\_\_\_

How often? \_\_\_\_\_ When did you quit? \_\_\_\_\_

Do you have food allergies or special dietary requirements? \_\_\_ If yes, please list them: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you get regular exercise? Yes \_\_\_ No \_\_\_ What is your favorite exercise? \_\_\_\_\_

Insert the year of occurrence for any of the following conditions you have had.

Alcoholism	Emotional problems	Kidney disease	Rheumatic fever
Arthritis	Emphysema	Nervous prob.	Stroke
Asthma	Epilepsy	Parasites	Tuberculosis
Bronchitis	Heart disease	Peptic ulcer	Venereal disease
Cancer	Hernia	Pneumonia	HIV
Diabetes	Jaundice	Polio	Hepatitis

List operations, accidents, or major illnesses for which a doctor's care was required and the year of occurrence.

If you've experienced mental illness, please supply dates and details.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

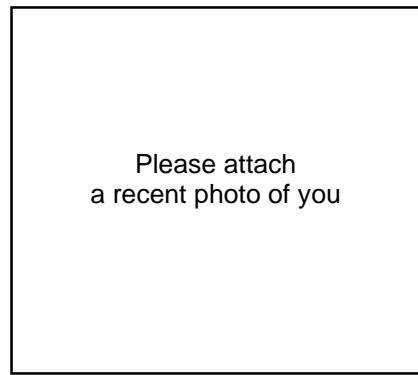
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Please respond on a separate sheet of paper to the following questions:**

1. When did you accept Christ as your personal Savior?
2. Do you believe that Ellen G. White received the prophetic gift?
3. Are you a faithful, tithe paying church member of the organized General Conference of Seventh-day Adventist Church?
4. Why are you making application for the 1-Year Practical Health Evangelism Apprenticeship Program (P.H.E.A.P.)?
5. What are your plans after leaving Butler Creek?
6. Could you briefly share about your conversion experience/testimony?

Because of the necessity of ministering to our seminar guests, we invite all staff and Students of the 1-Year P.H.E.A.P. to take part in Sabbath Ministry duties. The distribution of these essential Sabbath duties allows everyone to have equal time to “rest” during the hours of the Sabbath. A monthly schedule is prepared designating times and duties for Sabbath Ministry—this usually requires a portion of Friday afternoon and part of the Sabbath hours. In most cases Sabbath Ministry is one weekend or less per month. Jesus Himself lived among men “as he that serveth,” and indicated it was lawful to do good on the Sabbath.

I have read the above and I am willing to share in Sabbath Ministry.

Signature: \_\_\_\_\_ Date (Month/Day/Year): \_\_\_\_\_

I certify that answers given herein are true and complete to the best of my knowledge. I prayerfully believe God has called me to attend the P.H.E.A.P., and I choose to bring my life into harmony with God’s principles as outlined in the Bible and Spirit of Prophecy. I have read the guidelines and policies and agree to maintain them in my life.

I plan to enter the Butler Creek P.H.E.A.P. on \_\_\_\_\_(Month/Day/Year).  
To reserve your place in the program a 10% tuition deposit (\$360.00) is due at the time of acceptance.

Signature \_\_\_\_\_ Date (Month/Day/Year): \_\_\_\_\_

For more information contact: Hanna Bulicka  
Office: (931) 213-1329 Cellphone: (931) 242 9754  
Email: admin@butlercreekhealthcenter.org