



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: _____

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

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: _____

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

Please attach
a recent photo of you

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 the application for the 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 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. ___/___/____(Month/Day/Year) for the Session ___ Culinary Ministry or ___ Lifestyle Coaching.

To reserve your place in the program a 10% program deposit (\$360.00) is due within two weeks after acceptance.

Signature_____ Date (Month/Day/Year): _____

Please email completed form to: Hanna Casas
admin@butlercreekhealthcenter.org
Office: (931) 213-1329 Cellphone: (931) 242 9754