



# Impact Now 9 Month Application

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## IN9 Internship Application Process

This program is for students out of high school desiring to enter into full-time ministry. These students will attend Latin American Bible Institute, while receiving Impact Now hands-on training. Students will receive all the classes necessary to apply for ministerial credentials under the Assemblies of God. There will be extensive travel and exposure in creative ministry. Exposure in: Stage Lighting, Dramas, Illustrated Sermons, Leadership Development Community Outreach, Video Creation & Editing, Convention Productions and much more.

We understand that your choice to apply to our program is a life changing decision. For that reason, it is very vital that you complete every form and send it in as promptly as possible. It will take up to two weeks after completing your file to determine acceptance to the program. The following are the steps to completing the IN9 Application Process:

**A**

### **Application**

Application  
Applicant Photo  
Application Fee: \$400

**B**

### **Reference**

Pastor Reference  
Youth Leader Reference  
Friend Reference  
Educator Reference

**C**

### **Essay**

Short Answer Essay  
Personal Testimony Essay

**D**

### **Academic**

Transfer Clearance Form  
Official High School/College Transcripts(s)

**E**

### **Medical**

Medical Information  
Liability Release Form



| APPLICANT INFORMATION   |             |                                                     |      |
|-------------------------|-------------|-----------------------------------------------------|------|
| Last Name:              | First:      | MI:                                                 |      |
| Mailing Address:        | City:       | State:                                              | Zip: |
| Home Number:            | Mobile:     | D.O.B:                                              |      |
| Social Security No:     | Occupation: | Marital Status:                                     |      |
| Ethnicity:              |             | Gender:                                             |      |
| Are you a U.S. Citizen? |             | If not, do you have a green card or a student visa? |      |

| FAMILY INFORMATION                 |       |                  |      |
|------------------------------------|-------|------------------|------|
| Father's Name:                     |       | Occupation:      |      |
| Mailing Address:                   | City: | State:           | Zip: |
| Mother's Name:                     |       | Occupation:      |      |
| Mailing Address:                   | City: | State:           | Zip: |
| Are you living with both parents?  |       | If not, explain: |      |
| Are both parents active in church? |       | Explain:         |      |

| EDUCATIONAL INFORMATION                                                                                                                                                                                                          |                        |                  |               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------|---------------|
| Last High School Attended (If less than 21 transferable hours of college credit have been earned, an official transcript from your high school or GED showing date of graduation must be sent to the LABI Administrative Office) |                        |                  |               |
| Address:                                                                                                                                                                                                                         |                        | City:            | State: Zip:   |
| Type of Diploma:                                                                                                                                                                                                                 | Date Diploma Received: | High School GPA: |               |
| List each college/university you have attended. (An official transcript from each institution must be sent to LABI Administrative office before acceptance)                                                                      |                        |                  |               |
| SCHOOL                                                                                                                                                                                                                           | CITY/STATE             | DATES ATTENDED   | DEGREE EARNED |
|                                                                                                                                                                                                                                  |                        |                  |               |
|                                                                                                                                                                                                                                  |                        |                  |               |
|                                                                                                                                                                                                                                  |                        |                  |               |



| <b>CHURCH INFORMATION</b>                                                                  |                                      |                     |      |
|--------------------------------------------------------------------------------------------|--------------------------------------|---------------------|------|
| Church Name:                                                                               |                                      | Phone Number:       |      |
| Mailing Address:                                                                           | City:                                | State:              | Zip: |
| Pastor Name:                                                                               |                                      | Contact Number:     |      |
| Youth Leader Name:                                                                         |                                      | Contact Number:     |      |
| Denomination:                                                                              | If Assemblies of God, what district? |                     |      |
| Have you accepted Christ as your personal Savior?                                          |                                      | Date of Conversion: |      |
| Have you been baptized in water by immersion?                                              |                                      |                     |      |
| Have you received the Baptism in the Holy Spirit with the evidence of speaking in tongues? |                                      |                     |      |

| <b>BACKGROUND INFORMATION</b>                                                                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Have you used drugs, alcohol or tobacco in the past 3 years? If yes, state which and date of discontinuance.                                                                                                                                 |
| Have you ever been convicted of a felony? If yes, please provide a detailed explanation of the conviction including dates of charges and penalties. Include any time served in any correctional facility (juvenile detention, jail, prison). |
| Are there specific areas in your life which you are currently struggling with? If yes, explain.                                                                                                                                              |

| <b>HEALTH INFORMATION</b>                                                  |                |                 |
|----------------------------------------------------------------------------|----------------|-----------------|
| List any drug or food allergies:                                           |                |                 |
| Do you have (or have experienced) any physical handicaps?                  |                |                 |
| Are you currently taking any medications? If so, list below:               |                |                 |
| Would you be willing to eat any food served to you? If no, please explain: |                |                 |
| Insurance Provider:                                                        | Policy Number: | Contact Number: |



| <b>MISCELLANEOUS INFORMATION</b>                                                                    |  |  |  |
|-----------------------------------------------------------------------------------------------------|--|--|--|
| Briefly explain why you want to join the Impact Now Internship.                                     |  |  |  |
| List ministry talents or abilities you possess (human videos, preaching, media, instruments, etc.). |  |  |  |
| T-shirt Size:                                                                                       |  |  |  |

| <b>FINANCIAL INFORMATION</b>                                                                  |  |  |  |
|-----------------------------------------------------------------------------------------------|--|--|--|
| Are you completely aware of the financial responsibility in attending the 9 Month Internship? |  |  |  |
| How do you plan to pay for the program?                                                       |  |  |  |
| Will you be interested in our deferred payment plan?                                          |  |  |  |

*I have completed this application form, answering all questions to the best of my ability and with utmost honesty. I have read all information regarding the structure and rules of the program and upon acceptance, will commit myself to abide by all of the guidelines stated. I am aware that Impact Now Ministries has a limited acceptance policy and I may or may not be accepted as a student.*

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**BEFORE MAILING YOUR APPLICATION, PLEASE BE SURE TO INCLUDE ALL OF THE FOLLOWING:**

1. A recent photo of yourself (not to be returned).
2. A \$400 application fee (made payable to Impact Now).
3. Official High School/College Transcript(s)



# Pastor Reference

Applicant Name: \_\_\_\_\_

1. How well do you know the applicant?

Personally                      Socially                      Casually

2. Are you related to the applicant?

YES                      NO

3. How long have you know the applicant? \_\_\_\_\_

4. How frequently does the applicant attend church?

Regularly                      Occasionally                      Seldom                      Don't Know

5. How has the applicant participated in church life? \_\_\_\_\_

6. In your opinion, does the applicant actively participate in worship?

Always                      Often                      Seldom                      Never                      Don't Know

8. Rate the student's leadership characteristics.

|                       | Not Very |   |   |   | Very | Don't Know |
|-----------------------|----------|---|---|---|------|------------|
| Teachable             | 1        | 2 | 3 | 4 | 5    | _____      |
| Loyal                 | 1        | 2 | 3 | 4 | 5    | _____      |
| Sincere               | 1        | 2 | 3 | 4 | 5    | _____      |
| Dependable            | 1        | 2 | 3 | 4 | 5    | _____      |
| Able to Inspire Other | 1        | 2 | 3 | 4 | 5    | _____      |
| Capable               | 1        | 2 | 3 | 4 | 5    | _____      |

9. How would you rate the applicant's spiritual maturity level (one being least, ten being most).

1    2    3    4    5    6    7    8    9    10

10. Please circle all the words below which you believe accurately describe the applicant.

- |          |           |           |               |                  |
|----------|-----------|-----------|---------------|------------------|
| Timid    | Gentle    | Impatient | Motivated     | Impulsive        |
| Nervous  | Verbal    | Insecure  | Organized     | Angry            |
| Mature   | Sarcastic | Patient   | Compassionate | Socially Awkward |
| Stubborn | Studious  | Relaxed   | Intelligent   | Trustworthy      |
| Kind     | Selfish   | Secure    | Considerate   | Abrasive         |

11. Would you, without hesitation, recommend the applicant to be in this internship?

YES                      NO

12. Further Comments: \_\_\_\_\_

|                       |                                 |
|-----------------------|---------------------------------|
| Print Name: _____     | Age: _____                      |
| Name of Church: _____ | Church City/State: _____        |
| Email Address: _____  | Contact Number: ( _____ ) _____ |
| Signature _____       | Date: _____                     |



# Youth Leader Reference

Applicant Name: \_\_\_\_\_

1. How well do you know the applicant?

Personally                      Socially                      Casually

2. Are you related to the applicant?

YES                      NO

3. How long have you know the applicant? \_\_\_\_\_

4. How frequently does the applicant attend church?

Regularly                      Occasionally                      Seldom                      Don't Know

5. How has the applicant participated in church life? \_\_\_\_\_

6. In your opinion, does the applicant actively participate in worship?

Always                      Often                      Seldom                      Never                      Don't Know

8. Rate the student's leadership characteristics.

|                       | Not Very |   |   |   |   | Very  | Don't Know |
|-----------------------|----------|---|---|---|---|-------|------------|
| Teachable             | 1        | 2 | 3 | 4 | 5 | _____ |            |
| Loyal                 | 1        | 2 | 3 | 4 | 5 | _____ |            |
| Sincere               | 1        | 2 | 3 | 4 | 5 | _____ |            |
| Dependable            | 1        | 2 | 3 | 4 | 5 | _____ |            |
| Able to Inspire Other | 1        | 2 | 3 | 4 | 5 | _____ |            |
| Capable               | 1        | 2 | 3 | 4 | 5 | _____ |            |

9. How would you rate the applicant's spiritual maturity (one being least, ten most).

1    2    3    4    5    6    7    8    9    10

10. Please circle all the words below which you believe accurately describe the applicant.

- |          |           |           |               |                  |
|----------|-----------|-----------|---------------|------------------|
| Timid    | Gentle    | Impatient | Motivated     | Impulsive        |
| Nervous  | Verbal    | Insecure  | Organized     | Angry            |
| Mature   | Sarcastic | Patient   | Compassionate | Socially Awkward |
| Stubborn | Studious  | Relaxed   | Intelligent   | Trustworthy      |
| Kind     | Selfish   | Secure    | Considerate   | Abrasive         |

11. Would you, without hesitation, recommend the applicant to be in this internship?

YES                      NO

12. Further Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

|                       |                                 |
|-----------------------|---------------------------------|
| Print Name: _____     | Age _____                       |
| Name of Church: _____ | Church City/State: _____        |
| Email Address: _____  | Contact Number: ( _____ ) _____ |
| Signature _____       | Date: _____                     |



**Friend Reference**  
(Must be 18 years of age or older)

Applicant Name: \_\_\_\_\_

1. How long have you know the applicant? \_\_\_\_\_

2. How did you become acquainted with the applicant? \_\_\_\_\_  
\_\_\_\_\_

3. How do you view your relationship with the applicant?

Acquaintance

Casual Friend

Close Friend

4. How often do you fellowship with applicant?

Seldom

Occasionally

Frequently

5. Please circle all the words below which you believe accurately describe the applicant.

- |          |           |           |               |                  |
|----------|-----------|-----------|---------------|------------------|
| Timid    | Gentle    | Impatient | Motivated     | Impulsive        |
| Nervous  | Verbal    | Insecure  | Organized     | Angry            |
| Mature   | Sarcastic | Patient   | Compassionate | Socially Awkward |
| Stubborn | Studious  | Relaxed   | Intelligent   | Trustworthy      |
| Kind     | Selfish   | Secure    | Considerate   | Abrasive         |

6. How would you rate the applicant's spiritual maturity level (one being least, ten being most).

1   2   3   4   5   6   7   8   9   10

7. Would you, without hesitation, recommend the applicant to be in this internship?

YES

NO

8. Further Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Print Name: \_\_\_\_\_ Age \_\_\_\_\_

Name of Church: \_\_\_\_\_ Church City/State: \_\_\_\_\_

Email Address: \_\_\_\_\_ Contact Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

# Educator's Reference

**APPLICANT USE ONLY:**

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Anticipated Enrollment: \_\_\_\_\_ Area of Study \_\_\_\_\_

*I understand this letter of evaluation is to be received and maintained by Latin American Bible Institute for admission consideration. I hereby expressly waive any rights of access to this evaluation under the Family Education Right and Privacy Acts of 1974 and any/or all other laws, regulations or policies. I understand that the rights I am waiving include, but are not limited to: the right to inspect and review this letter, the right to have a copy of this letter made for my use, and the right to request an amendment to this letter.*

\_\_\_\_\_ I agree to waive access to this statement \_\_\_\_\_ I do not agree to waive access to this statement

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Recommender: \_\_\_\_\_

**INSTRUCTIONS FOR RECOMMENDER**

The Student named above has applied for admission to Latin America Bible Institute and has requested that you give evaluation. We would be grateful if you would give your frank evaluation of the applicant by responding to the questions listed below. Mail or deliver this completed form directly to LABI, being sure to **SEAL** and **SIGN** the flap to ensure confidentiality. Send to **LABI, Office of Admission, 10822 FM 1560N, San Antonio TX, 78254**. Thank you for your part in this important phase of the applicant's life.

**ASSESSMENT OF APPLICANT'S ABILITIES**

| Category                   | Excellent | Good | Fair | Poor | Unknown | Category                  | Excellent | Good | Fair | Poor | Unknown |
|----------------------------|-----------|------|------|------|---------|---------------------------|-----------|------|------|------|---------|
| Mental Ability             |           |      |      |      |         | Christian Character       |           |      |      |      |         |
| Initiative                 |           |      |      |      |         | Emotional Disposition     |           |      |      |      |         |
| Persistence                |           |      |      |      |         | Study Habits              |           |      |      |      |         |
| Financial Integrity        |           |      |      |      |         | Personal Appearance       |           |      |      |      |         |
| Level of Responsibility    |           |      |      |      |         | Speech Patterns           |           |      |      |      |         |
| Potential for Leadership   |           |      |      |      |         | Health                    |           |      |      |      |         |
| Accepts Instruction        |           |      |      |      |         | Academic Readiness for    |           |      |      |      |         |
| Attitude Towards Authority |           |      |      |      |         | Ability to relate to Peer |           |      |      |      |         |

**PERSONAL EVALUATION OF APPLICANT**

How long have you known the applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_

How do you know the applicant? \_\_\_ Well \_\_\_ Fairly Well \_\_\_ Casually \_\_\_ By name or sight

How would you describe the applicant's overall academic ability?

Have you had the opportunity to evaluate the applicant's ability to write essays or a thesis paper? If so, how would you describe his/her ability?

Are there any academic weaknesses that you think will need to be addressed in order for the applicant to achieve their best at LABI?

Do you have any additional information you would like to communicate by telephone?

\_\_\_ Yes \_\_\_ No

Please use the space below to write any additional information you believe would aid the Admissions Committee to consider this applicant.

**RECOMMENDATION**

\_\_\_ Recommend with enthusiasm for admission to LABI

\_\_\_ Recommend with reservation for admission to LABI

\_\_\_ Do not recommend for admission to LABI

|                           |                                 |
|---------------------------|---------------------------------|
| Name: _____               | Position/Title: _____           |
| Name of Institution _____ | Street Address _____            |
| City/ State/ Zip _____    | Contact Number: ( _____ ) _____ |
| Signature: _____          | Date: _____                     |



## **Short Answer Essay**

PLEASE ANSWER THE FOLLOWING QUESTIONS.

1. Briefly describe your personal devotional life.
2. What are some necessary qualities that you feel a spiritual leader must have?
3. List any personal interest/hobbies that you have (non-church or ministry related).
4. What do you plan to do after the 9 Month Program?
5. How did you hear about the 9 Month Program?
6. Do you play any musical instruments? If so, please list instruments and describe skill level.
7. Do you have any prior knowledge of media (video editing, Media Shout, PowerPoint, etc.) or lighting? If so, please explain.



**Personal Testimony Essay**

ESSAY MUST BE A MINIMUM OF 250 WORDS



# Transfer Clearance Form

**Return to:**  
**Latin American Bible Institute**  
Office of Administration  
10822 FM 1560N  
San Antonio, TX 78254

Attention Dean of Students:

\_\_\_\_\_ has applied to transfer to Latin American Bible Institute. We would appreciate that you complete this form and return it to the Academic Dean at your earliest convenience. This information is necessary before final action can be taken on the student's application. Thank you for your cooperation.

1. Do you believe this student's academic record to be a true index of his/her capacity?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

2. Has the student been on academic suspension or probation or received any disciplinary action?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Is this student on any academic or disciplinary probation now?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

4. Is this student financially clear to enroll at your college?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

5. Would you recommend this student to Latin American Bible Institute?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

College: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# IMPACT NOW

## 9 Month Internship Medical Information

1. Have you ever had any serious illness? \_\_\_\_\_ If yes, explain \_\_\_\_\_

\_\_\_\_\_

2. Are you presently on any kind of medication? \_\_\_\_\_ If yes, explain \_\_\_\_\_

\_\_\_\_\_

3. Are you allergic to any foods, medications, so forth? \_\_\_\_\_ If yes, explain \_\_\_\_\_

\_\_\_\_\_

4. Are you presently under physician's care? \_\_\_\_\_ If yes, explain \_\_\_\_\_

\_\_\_\_\_

5. Please provide any details, not covered by previous questions: \_\_\_\_\_

\_\_\_\_\_

6. Please list your insurance provider and policy number (if applicable) \_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_, hereby give my consent for the directors and properly appointed staff members of this internship to secure administration of medical treatment or medication for myself (or my child), in case of emergency. Furthermore, I agree to the administration of such treatments, anesthetics and operations, as deemed necessary by the attending physician(s). The following is a list of treatment that should NOT be given to me (or my child) because of known allergic reactions:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*If the applicant is less than 18 years old, a parent/guardian must sign in the space provided.*



# IMPACT NOW

## 9 Month Internship Liability Release Form

### Liability Release and Consent to Travel:

I, \_\_\_\_\_, hereby release Impact Now, GLAD Youth Ministries and Gulf Latin American District, its agents, assignees, employees, and volunteer assistants from any liability arising out of injury, sickness, or damage which may be sustained during the course of my (or my child's) involvement in this internship. I understand that Impact Now will not cover any expenses due to injury or sickness.

### Disciplinary Agreement:

I, \_\_\_\_\_, understand that I am responsible for abiding by the rules set forth by the Internship, its leaders and supervisory personnel. Any serious infractions of rules and/or conduct by me may result in dismissal from the program. In the event I am dismissed from the program, I, the undersigned, agree to assume cost of returning home. I also agree to forfeit any possible refund. I understand that such action would only be taken under extreme circumstances or after two warnings.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*If the applicant is less than 18 years old, a parent/guardian must sign in the space provided.*

In the witness whereof, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, to certify which witness my hand official seal.

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
Notary Public in and for the State of Texas