### SUMMER INTERNSHIP PROGRAM

**PLEASE PRINT AND ANSWER EVERY QUESTION TO THE BEST OF YOUR ABILITY**

**PERSONAL INFORMATION**

Name : Gender at Birth: Address: City: State: Zip Code: Phone ( ) Cel. (\_ ) E-mail Address:

Date of Birth: / / Place:

 Single Married Widow Divorced Remarried

**CHURCH MEMBERSHIP**

Name of Church: Name of Pastor: Cell Phone # Church Address: City:

¿Do you have your Pastor’s approval to attend this Bible School? Yes No

Since when are you a member of this church? Date when you received Jesus Christ as Lord and Savior : / /

In what ministry are you presently involved?:

**Please mail this application with the deposit no later than May 25, 2022 to secure your spot for this summer. Payment plan is in the student Manual.**

 **Flames of Fire Bible School**

**PO BOX 1058**

 **Penitas Tx, 78576**

## Date:

#### PERSONAL QUESTIONS

Do you smoke? Y / N / Do you use illegal drugs? Y / N Do you drink alcoholic beverages? Y / N / Do you view pornography? Y / N Have you been involved in homosexual activity? Y / N Have you been arrested? Y / N If your answer is yes, explain when and why: You may use a separate paper to further explain your answers.

Who is Jesus Christ for you? With what ministries have you participated?

If married, how does your Spouse feel about you being a student here?

####  MEDICAL HISTORY

Have you had a serious illness that has affected your health? Yes No

If yes, please, explain: List medication:

Do you have a physical handicap? Yes No

If yes, explain

In case of emergency, please notify: Relationship to student: Phone: ( ) In case of emergency, notify: Phone: **(\_\_\_)**

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

SUMMARY

List present ministerial roles in your church. How much of what you have learned in Bible School are you putting into practice? You may share a testimony.

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

**WE BELIEVE**

* **IN THE BIBLIE AS THE INSPIRED AND INFALLIBLE WORD OF GOD**

*(2 Timothy 3:15-16)*

* **ONE TRUE GOD WHO REVEALS HIMSELF IN THE TRINITY: FATHER, SON AND HOLY SPIRIT.**

*(Deuteronomy 6:4; Mathew 28:18; Mark 12:29)*

* **IN JESUS CHRIST, , CONCEIVED BY THE HOLY SPIRIT, BORN OF A VIRGIN. IN HIS DEATH FOR OUR SINS, HIS CORPORAL RESURRECTION AND HE IS SEATED AT THE RIGHT HAND OF GOD.**

*(Isaiah 7:4; Romans 8:34; Acts 1:10)*

* **IN SALVATION THROUGH THE BLOOD OF JESUS CHRIST.**

*(1° John 5:10; Romans 10:13-15)*

* **IN WATER BAPTISM BY IMMERSION.** *( Mathew 28:19)*
* **IN DIVINE HEALING THROUGH THE REDEEMING WORK OF JESUS CHRIST AT THE CROSS.**

*(Isaiah 53:4; Mathew 8:16, 17; James 5:13, 14)*

* **IN THE BAPTISM OF THE HOLY SPIRIT WITH THE INITIAL PHYSICAL EVIDENCE OF SPEAKING IN OTHER TONGUES.**

*(Acts 2:4; 10:44-46 15:8, 9)*

* **IN THE SANCTIFYING POWER OF THE HOLY SPIRIT, ENABLING THE BELIEVER TO LIVE A HOLY LIFE.**

***(Hebrews 12:14; 1° Peter 1:15, 16)***

* **IN JESUS SECOND COMING.**

*(1° Tes. 4:16,17; 1°Cor. 15:51,52)*

**AFTER READING THIS DECLARATION OF FAITH, I RESOLVE TO ACCEPT THE CONDITIONS AND RULES AND I PROMISE, WITH THE HELP OF GOD, TO RESPECT ALL MY FELLOW STUDENTS.**

As a Student I submit to this Declaration of Faith

Name:

Signature:

**Date:**

# PASTORAL RECOMMENDATION FORM

This Pastoral Recommendation Form needs to be filled out only by the Church Pastor where the Student is a member . It needs to be mailed to: Flames of Fire Bible School, P.O. Box 1058, Penitas, TX 78576. This is a confidential document. This document will be restricted to the Admissions Department of the Bible School.

Name of Student: Name of Pastor (print):

Pastor’s Address: City: State: Zip Code: Phone: ( ) Cel: ( ) Church Phone ( ) E-mail Address: Name of Church: City:

* 1. In what areas of ministry is the student already involved?

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

* 1. What are the outstanding qualities of this student?

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* 1. What are the areas that need improvement of this student?

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* 1. Do you feel this student takes his/her calling seriously and merits the opportunity to be part of the Flames of Fire Bible School training program? Please, elaborate.

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* 1. Please, evaluate the student in the following areas by placing an x in appropriate box

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| QUALITIES | EXCELLENT | VERY GOOD | GOOD | REGULAR | BAD | NO OPINION |
| Trustworthy |  |  |  |  |  |  |
| Mature, Ready to confront problems. |  |  |  |  |  |  |
| Financially Responsable |  |  |  |  |  |  |
| Emotionally stable. |  |  |  |  |  |  |
| Caring and Helpful |  |  |  |  |  |  |
| Gets along with others, cooperates easily |  |  |  |  |  |  |
| Sensitive to other’s needs |  |  |  |  |  |  |
| Hard worker and enthusiastic |  |  |  |  |  |  |
| Honest and Sincere |  |  |  |  |  |  |
| Respects authority |  |  |  |  |  |  |
| A leader, creative thinker, shows initiative |  |  |  |  |  |  |

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