

3D Training Centre Canada

APPLICATION FOR ADMISSION

a ministry of DM2 / Riverdrive Park Bible Chapel

Instructions / Check off when complete.

- Applicant must be 18 years of age on or before Sept. 1 of application year
- Must read the entire DM2 doctrinal statement at www.3DTC.ca
- Attach a passport/ID size photo
- Attach photocopy of your driver's license or government issued ID
- Secure two personal recommendations, to be **sent directly to admissions**
- Secure spiritual recommendation, to be **sent directly to admissions**
- Attach high school transcript or equivalent
- Send ALL application items (excluding recommendations) as email to: bret.nazworth@gmail.com

Office use only:

Affix here: passport size
Photo or JPG

ABOUT YOU

Male Female

Last Name

First Name

Middle Name

Maiden Name

Home Street Address

City

Province

Postal Code

Social Insurance Number

Date of Birth

Driver's License No.

State

Attach copy of DL or Gov. ID

CONTACT INFORMATION

(____) _____ - _____

Your Home Phone Number

(____) _____ - _____

Your Cell Number

Your Email

EMERGENCY CONTACT

Name: _____ Relationship: _____ Phone Number: (____) _____ - _____ Email: _____

MARITAL STATUS

Single Engaged Married Remarried Divorced Widow/Widower Separated

Do you have any dependents: Yes No If yes, list and describe situation _____

CITIZENSHIP:

Country of Birth: _____ Country of Citizenship: _____

HIGHEST EDUCATION COMPLETED

GED High School Diploma College 1 2 3 4 Bachelor Master Doctorate Other _____

I am submitting proof of high school graduation: transcript/ or equivalent

EDUCATION HISTORY (Most current first)

Name of School

City

From/To

Type of Diploma/Degree

Have you ever been expelled, dismissed or suspended from any school, college, or seminary: YES NO

Explain (use additional paper as necessary):



EMPLOYMENT (List most current)

Employer: _____ Job Title: _____ Duties: _____

Are you currently employed () YES () NO Have you ever been fired or terminated () YES () NO

If yes, explain reason(s) why:

FINANCES

I have outstanding loans. () YES () NO I have outstanding student loans. () YES () NO

I am aware that while I attend 3D Training Centre, I may have to continue to pay any previous student loans. () YES () NO

I am aware that due to the intensity and hours involved I will not be able to hold a job during the school year. () YES () NO

I have financial obligations that may hinder me from attending 3D Training Centre or paying my obligations. () YES () NO

Explain here how you intend to finance your education with 3D Training Centre. _____

CHURCH/ASSEMBLY AFFILIATIONS

In the past 5 years how many assemblies have you attended? _____ Name of local assembly you presently attend _____

Do you attend faithfully? _____ Name of your previous church/assembly associations: _____

Address of your congregation: _____ church/assembly email: _____

Denomination: _____ Elder/Pastor's Name _____ church/assembly phone: (_____) _____ - _____

Leaders phone: (_____) _____ - _____ Leaders Email: _____

MEDICAL INFORMATION

Do you have health coverage? *Circle one:* YES NO

You acknowledge that no health insurance or coverage will be provided for you by 3DTC. *Initials:* _____

Do you have any medical conditions or history that might affect to your daily attendance at 3DTC? If YES, please describe here:

Disclaimer: You are responsible for any costs pertaining to your medical needs during your attendance at 3DTC (with or without insurance).

LEGAL/CRIMINAL HISTORY

Have you ever been accused, convicted, or acquitted of any criminal offenses?

Circle one: YES NO

If YES, please explain: _____

SHORT ANSWER RESPONSES: (Use additional paper)

1. EXPLAIN WHY YOU DESIRE TO ATTEND
2. SHARE YOUR PERSONAL TESTIMONY
3. IF YOU WERE TO SHARE THE GOSPEL RIGHT NOW, HOW WOULD YOU COMMUNICATE IT?

DECLARATION

____ I have read the DM2 doctrinal statement (posted on www.3DTC.ca) and I am willing to come as a student fully aware of DM2's (3DTC) doctrinal positions. (*Note: You **do not** have to fully agree with the doctrinal statement to attend.*)

____ I understand that the 3D Training Centre is **not accredited** and will not seek to become accredited, and that I will be issued a non-accredited certificate upon satisfactory completion of this program.

____ I am not presently under **discipline** from any local assembly/church.

____ I declare that the information provided in this entire application is accurate and true to the best of my knowledge. () YES () NO

Signature: _____ Date: _____

3D Training Centre Canada

Spiritual Recommendation Form



Instructions

For the Applicant: Please ask your elder (pastor) or other spiritual mentor to complete this form and mail it directly to the Admissions Office at the following email address:
bret.nazworth@gmail.com

For the Spiritual Mentor: The applicant below is applying for admission to the **3D Training Centre**, an intensive program of Disciple Makers Multiplied designed to prepare young adults for a life of service to Jesus Christ.

Thank you for your prayerful and honest evaluation of the applicant and your timely submission of this form. All information will be kept confidential and will not be shared with the applicant. Once you have completed the form, please email it directly to us; do not return it to the applicant. **Thank you.**

Office use only:

Name of Applicant: _____
Last Name First Name Middle Name

Your Name _____ Your Title _____
 Assembly _____ Your phone _____ Your Email _____
 Assembly Address _____
Street City Province postal code

How long have you known the applicant? _____ **How long has he/she attended assembly?** _____

How well do you know the applicant? (choose only one): _____ Very close/personal relationship
 _____ Fairly well/many interactions _____ Casually/few personal contacts _____ By name and sight only

Additional comments: _____

- To your knowledge, has the applicant trusted in Christ as Savior? Yes No Not sure
- Is the applicant faithful in attending meetings? Yes No Not sure
- Is the applicant engaged in the life of the congregation? Yes No Not sure
- Do you believe the applicant is enthusiastic about his/her faith? Yes No Not sure
- Do you know if the applicant is involved in Christian service? Yes No Not sure
- Do you know if applicant is reliable to pay debts and keep word? Yes No Not sure

Please give additional comments on any of the above questions: _____

Do you have any doctrinal concerns or warnings you would like to share concerning the applicant? _____

What can you tell us about the applicant's participation in the local assembly? _____

Please give your thoughts about the applicant's spiritual development and potential as a believer: _____

Are there any issues or needs that might impair the applicant's relationship with others? ___ Yes ___ No
If so, please explain: _____

To your knowledge is the applicant free of addictions? ___ Yes ___ No ___ Not sure
Please explain what you know: _____

Are you aware of anything that may negatively affect the applicant's participation in school or dorm life?
If yes, please explain: _____

To your knowledge has the applicant ever been accused of any of the following:

Child abuse? Yes ___ No ___ Crimes involving or against minors? Yes ___ No ___

Accusation of sexual molestation of a minor? Yes ___ No ___ **If yes to any, please share what you know:**

Please rate the applicant on each of the following:

	Excellent	Average	Poor	Unknown
Reliable , dependable, responsible				
Mature , able to cope with life situations				
Emotionally stability , reaction to stress, poise, mood stability				
Motivated , genuine, and committed				
Good judgment , able to analyze and solve problems				
Oral expression , clear, coherent				
Relationship with others , good rapport, cooperative, malleable				
Empathy , sensitivity to the needs of others				
Leadership , creative and decisive, self-confident				
Personal appearance , clean, well groomed				
Integrity , honest, of good moral character				
Work habits , good stamina, polite, conscientious, takes initiative				

Please include any additional information that might be helpful for us to know about the applicant:

I, _____, make the following recommendation regarding the
(Print Your Name Above)

admission of _____ to the Disciple Makers Multiplied **3D Training Centre**:
(Print Applicant's Name Above)

(choose only one) ___ recommend, ___ recommend with reservation, ___ decline to recommend



Instructions

For the Applicant: Ask someone you trust and know well to complete this form. This person must not live with you or be a member of your family. Ask them to email the completed form directly to the Admissions Officer at the following email address: **Bret.nazworth@gmail.com**

For the Personal Reference: The applicant listed below is applying for admission to the **3D Training Centre Canada**, an intensive one-year program of **Riverdrive Park Bible Chapel** designed to prepare young adults for a life of service to Jesus Christ. Thank you for your prayerful and honest evaluation of the applicant and your timely submission of this form. All information will be kept confidential and **will not** be shared with the applicant. Once you have completed the form, please email it directly to us; do not return it to the applicant. **Thank you.**

Office use only:

(This area is reserved for office use and is currently blank.)

Name of Applicant: _____
Last Name First Name Middle Name

How do you know the applicant? _____ **How long have you known each other?** _____ **Do you know how long he/she has attended local assembly?** _____

How well do you know the applicant? (choose only one): _____ Very close/personal relationship
 _____ Fairly well/many interactions _____ Casually/few personal contacts _____ By name and sight only

Additional comments: _____

- To your knowledge, has the applicant trusted in Christ as Savior? Yes No Not sure
- Is the applicant faithful in attending his/her local assembly? Yes No Not sure
- Is the applicant engaged in local assembly? Yes No Not sure
- Do you believe the applicant is enthusiastic about his/her faith? Yes No Not sure
- Do you know if the applicant is involved in Christian service? Yes No Not sure
- Do you know if applicant is reliable to pay debts/is trustworthy? Yes No Not sure

Please give additional comments on any of the above questions: _____

If you were asked to describe what the applicant is like, what would you say? _____

In your opinion, what are the applicant's strengths? _____

Please comment about the applicant's weak points: _____

Are there any issues or needs that might impair the applicant's relationship with others? Yes No

If so, please explain: _____

To your knowledge is the applicant free of addictions? ___ Yes ___ No ___ Not sure

Please explain what you know: _____

Are you aware of anything that may negatively affect the applicant's participation in school or dorm life?

If yes, please explain: _____

To your knowledge has the applicant ever been accused of any of the following:

Child abuse? Yes ___ No ___ Crimes involving or against minors? Yes ___ No ___

Accusation of sexual molestation of a minor? Yes ___ No ___ **If yes to any, please share what you know:**

Please rate the applicant on each of the following:	Excellent	Average	Poor	Unknown
Reliable, dependable, responsible				
Mature, able to cope with life situations				
Emotionally stability, reaction to stress, poise, mood stability				
Motivated, genuine, and committed				
Good judgment, able to analyze and solve problems				
Oral expression, clear, coherent				
Relationship with others, good rapport, cooperative, malleable				
Empathy, sensitivity to the needs of others				
Leadership, creative and decisive, self-confident				
Personal appearance, clean, well groomed				
Integrity, honest, of good moral character				
Work habits, good stamina, polite, conscientious, takes initiative				

Do you recommend this applicant for acceptance to the 3D Training Centre, a program of Disciple Makers Multiplied? ___ Yes ___ No

Please include any additional information you would like to share about the applicant: _____

Please print the following:

Your Name _____ Your Phone _____

Your Address _____
Street City State Zip

Name of Assembly/Church You Attend _____ Your Email _____

Your signature: _____ Date: _____

3D Training Centre

Personal Recommendation Form



Instructions

For the Applicant: Ask someone you trust and know well to complete this form. This person must not live with you or be a member of your family. Ask them to email the completed form directly to the Admissions Officer at the following email address: **Bret.nazworth@gmail.com**

For the Personal Reference: The applicant listed below is applying for admission to the **3D Training Centre Canada**, an intensive one-year program of **Riverdrive Park Bible Chapel** designed to prepare young adults for a life of service to Jesus Christ. Thank you for your prayerful and honest evaluation of the applicant and your timely submission of this form. All information will be kept confidential and **will not** be shared with the applicant. Once you have completed the form, please email it directly to us; do not return it to the applicant. **Thank you.**

Office use only:

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Last Name First Name Middle Name

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Additional comments: _____

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Is the applicant faithful in attending his/her local assembly? Yes No Not sure

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Do you know if applicant is reliable to pay debts/is trustworthy? Yes No Not sure

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In your opinion, what are the applicant's strengths? _____

Please comment about the applicant's weak points: _____

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If so, please explain: _____

To your knowledge is the applicant free of addictions? ___ Yes ___ No ___ Not sure

Please explain what you know: _____

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If yes, please explain: _____

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	Excellent	Average	Poor	Unknown
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Emotionally stability , reaction to stress, poise, mood stability				
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Oral expression , clear, coherent				
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Leadership , creative and decisive, self-confident				
Personal appearance , clean, well groomed				
Integrity , honest, of good moral character				
Work habits , good stamina, polite, conscientious, takes initiative				

Do you recommend this applicant for acceptance to the 3D Training Centre Canada, a program of Disciple Makers Multiplied? ___ Yes ___ No

Please include any additional information you would like to share about the applicant: _____

Please print the following:

Your Name _____ Your Phone _____

Your Address _____
Street City State Zip

Name of Assembly/Church You Attend _____ Your Email _____

Your signature: _____ **Date:** _____