



Application

For Office Use Only

Application Received ____/____/____

Application Fee Received by _____ Check # _____

Pastor Evaluation Received by _____ Date ____/____/____

Personal Evaluation #1 Received by _____ Date ____/____/____

Personal Evaluation #2 Received by _____ Date ____/____/____

Acceptance Letter Sent by _____ Date ____/____/____

Deposit Received by _____ Date ____/____/____

Please return your completed application to:
Xtreme Life Training Center
P.O. Box 823
Alexandria, MN 56308

If you have any questions regarding the Xtreme Life Training Center application, please contact us at:
Phone/Fax 218-943-1084
E-mail: info@xtremelifetc.org

Please Read Carefully

(Please complete all steps before submitting this application.)

1. Attach a current photograph matching the dimensions of the box provided.
2. Enclose the \$100 application fee made payable to Brad Brede Ministries.
3. The three evaluation forms must be completed and mailed directly to Xtreme Life Training Center by the evaluator (no family members).
4. Enclose a copy of your national background check (not a county/state check).
5. Fill in all blanks. If a question does not apply, write DNA. Your application may be returned if any area is left blank or unreadable. Please print clearly.
6. Your application will not be processed until the picture, application fee, background check, references, and all required materials are received.

**Attach Your
Photograph Here**

Head and Shoulders Only

Term Applying For: September 13____(year) through May 13____(year)

PERSONAL AND FAMILY INFORMATION

Full Legal Name _____ (first) _____ (middle) _____ (last) Date of Application ____/____/____ mm dd yy

Maiden Name _____ Date of Birth ____/____/____ mm dd yy

Male ____ Female ____ Height ____ Ft. ____ Inches Weight ____ lbs. U.S. Citizen Yes ____ No ____

Present Address _____

City _____ State _____ Zip _____

Home Phone (____)____-____ Work Phone (____)____-____ Cell Phone (____)____-____

E-mail Address _____ Web Blog Address (Myspace, Xanga, etc.) _____

Social Security Number _____ Drivers License Number and State _____

If you are not a United States citizen, are a resident alien, or do not have a permit to work within the United States, please contact us immediately. Permanent residents, please provide the following:

- A front and back copy of your resident alien card or work permit.
- Social Security Number _____
- Country of Citizenship _____
- Please indicate what status you hold _____
- Country of Birth _____

Race:
African American _____ Asian _____ Caucasian _____ Hispanic _____ Native American _____ Other _____

Marital Status (check one):
Single _____ Engaged* _____ Married _____ Remarried _____ Divorced _____ Widowed _____ Separated** _____

*Confirm in writing if marriage will occur prior to school term. **Give complete details on pages 8-9 of this application.

(first, middle, last)

Parent or Legal Guardian Name (Father): _____

Address _____ City _____ State _____ Zip _____

Home Phone (____) ____ - _____ Work Phone (____) ____ - _____ Cell Phone (____) ____ - _____

E-mail Address _____

(first, middle, last)

Parent or Legal Guardian Name (Mother): _____

Address _____ City _____ State _____ Zip _____

Home Phone (____) ____ - _____ Work Phone (____) ____ - _____ Cell Phone (____) ____ - _____

E-mail Address _____

How many biological, adopted and/or stepbrothers/sisters do you have? _____ Where are you in the birth order? _____

Describe your relationship with your siblings. _____

Describe your relationship with your biological and/or paternal father. _____

Describe your relationship with your biological and/or maternal mother. _____

What characteristics in your parents would you like to see in your own life? _____

What are your parents opinions about Xtreme Life Training Center? _____

Were you raised in a Christian home? _____ As a teenager, what was your youth ministry experience like? _____

Name of Spouse or Fiancée _____ (first, middle, last) Date of Marriage _____ (present or proposed)

Is your spouse or fiancée saved? _____ Is he or she maintaining a vibrant relationship with the Lord? _____

Will your spouse or fiancée be attending Xtreme Life Training Center? _____

Spouse/Fiancée Social Security Number _____

Dependents for whom you are responsible:

Name	Age	(Month/Day/Year) Date of Birth	Name	Age	(Month/Day/Year) Date of Birth
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

If married, your spouse and children must live with you in the Willmar area while you are attending Xtreme Life Training Center.

I, the undersigned, am in full agreement with my spouse attending Xtreme Life Training Center. I and our children will be living with my spouse in the Willmar, Minnesota area while he or she attends Xtreme Life Training Center.

Spouse's Signature _____ Date _____

Were you previously married? _____ How many times? _____ Number of children from previous marriage(s) _____

Date(s) of previous marriage(s) _____ Date(s) of divorce(s) _____

Do you pay child support? _____ How much? _____ Do you pay alimony to your previous spouse(s)? _____

If you have children, who has custody of them? _____

Where do they presently live? _____ What are their ages? _____

If any of your children are not living with you, please explain why on pages 8-9 of this application.

If your children are residing with you and they are under school age, what are your plans for their care while you attend Xtreme Life Training Center? _____

CHURCH AFFILIATION AND REFERENCES

Church You Currently Attend _____ Pastor's Name _____

Address _____ City _____ State _____ Zip _____

Church Phone (____)____-____ How long have you attended this church? ____year(s) ____month(s)

Do you consider this church your home church? _____ Are you a member? _____ Do you attend regularly? _____

Pastor's evaluation form given to: (Name of current pastor or church leader.) _____

If not your pastor, state position of leadership in church: _____

If you have attended your present church less than one year, state the reason and include the name of your former church, pastor, and dates of attendance on pages 8-9 of this application. An additional recommendation letter (on church letterhead) from your former pastor must be received to process your application.

In what church activities are you currently involved?

How long?

_____	_____
_____	_____
_____	_____

In what church activities were you formerly involved?

How Long?

_____	_____
_____	_____
_____	_____

If you are not currently involved in your local church, please briefly explain why on pages 8-9 of this application.

Are you a licensed minister? _____ Do you have a current ordination certificate? _____ Date Issued: _____

If so, with what Denomination/Organization? _____

Personal evaluation forms given to: (Someone other than a relative who has known you well for a year or more.)

Name _____ Name _____

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Phone (____)____-____ Phone (____)____-____

STATEMENT OF BELIEF

Do you believe the Bible is the inspired Word of God and the only infallible guide in matters pertaining to conduct and doctrine? Yes _____ No _____

Do you believe in the Holy Trinity – that our God is one, but manifested in three persons: the Father, the Son, and the Holy Spirit? Yes _____ No _____

Do you believe in the deity of the Lord Jesus Christ, that He is God made flesh, and He is the only mediator between God and man? Yes _____ No _____

Do you believe that Jesus Christ is God’s Son and the only sacrifice for sin? Yes _____ No _____

Do you believe that Jesus Christ arose bodily from the dead? Yes _____ No _____

Do you believe that all mankind must be born again before physical death to receive eternal life? Yes _____ No _____

Do you believe in the in-filling of the Holy Spirit? Yes _____ No _____

Do you believe that divine healing is part of our redemption and is God’s will for all who believe? Yes _____ No _____

Do you believe in the rapture of the church prior to the seven year tribulation? Yes _____ No _____

Do you believe that Jesus is coming again to receive His bride (the church) and after the tribulation return to earth to reign a thousand years? Yes _____ No _____

ENROLLMENT INFORMATION

How did you hear about Xtreme Life Training Center? _____

Why do you want to attend Xtreme Life Training Center? _____

Date you were saved: ^{mm}____/^{dd}____/^{yy}____ Briefly state how you know you are saved: _____

In the time since your salvation experience, has there been a period when you did not live for the Lord? _____
If yes, please explain briefly and indicate the approximate date of your decision to fully commit your life to the Lord.

Briefly describe your present relationship with the Lord and your walk with Him? _____

MINISTRY INTERNSHIP

Are you interested in participating in the ministry internship?_____ If yes, please list any ministry experience:_____

Please indicate the area(s) that you prefer to be involved? Instrumentalist on Worship Team_____ Audio/Sound_____ Vocalist on Worship Team_____ Drama_____ Video/Visual_____ Maintenance_____ Clerical/Secretarial_____

List any formal training that you have received that will help you to serve in these areas:_____

EDUCATIONAL HISTORY

Please circle the highest level of education attained:

1 2 3 4 5 6 7 8 9 10 11 12 GED Vocational/Technical 1 2

College 1 2 3 4 Master's Specialist Doctorate Other_____

Beginning with High School, list educational institutions attended.

Name of School	Dates	Major	Diploma/Degree Received
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Can you read, write, and comprehend the English language? Yes_____ No_____

Have you ever been denied acceptance, expelled, dropped, or suspended from any school? Yes_____ No_____

If yes, briefly explain on pages 8-9 of this application.

EMPLOYMENT HISTORY

Please list your work experience starting with your present employer:

Name of Employer	Duties Performed	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you are currently unemployed, include an explanation on pages 8-9 of this application.

Have you been discharged from military service in the last 5 years? Yes_____ No_____

If so, please attach a copy of your discharge form.

FINANCIAL HISTORY

We are certainly aware that God is able to supply all your needs while attending Xtreme Life Training Center. We also know that your ability and commitment to fulfill your financial responsibilities are very important in the pursuit of God's plan for you. Many people with great potential have failed to achieve success in life because of the improper handling of their finances. Therefore, we ask that you disclose some of your financial history and identify how you plan to pay your expenses during the nine-month training period with us. You will not be allowed to become a financial burden to our program or fellow students.

Are you presently employed?_____ Do you plan to be employed while participating in our program?_____

Will you be self-employed?_____ Employed by parents?_____ Will your spouse be employed?_____

Do you already have a job in the Willmar area?_____ If yes, where?_____

If not, have you applied for jobs in the Willmar area?_____ If yes, where?_____

Will you be receiving support from your parents?_____ Amount of support promised: _____

Do you receive child support or alimony?_____ Do you have a savings account?_____ Amount on deposit:_____

Please specify any other sources of income: _____

Give an explanation as to how you plan to pay your expenses while attending Xtreme Life Training Center. Be specific with amounts you have on hand now and arrangements already confirmed. Please state all current facts – not statements of presumption and foolishness: _____

Financial Obligations: (List the exact amount due today.) If you have no financial obligations, write DNA here: _____

Name of Company	Original Amount Owed	Total Amount Owed	Monthly Payments	Amount Past Due
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If you have any accounts that are behind or past due, please explain on pages 8-9 of this application.

Do you owe Student Loans? Yes _____ No _____ If yes, be sure to list details above in "Financial Obligations" section.

Do you owe taxes or child support? Yes _____ No _____

If yes, explain and list details including the amount originally owed and the amount that is now past due on pages 8-9 of this application.

Will anyone be dependent upon you for support during the school term? _____ Who? _____

Have you declared bankruptcy within the last 5 years? Yes _____ No _____

If yes, explain the origin, cause, amount, dates, type of bankruptcy, and present status on pages 8-9 of this application.

CRIMINAL RECORD

Have you ever been arrested? Yes _____ No _____

When? _____ Where? _____ Why? _____ Date(s): _____

Have you ever been jailed? Yes _____ No _____

When? _____ Where? _____ Why? _____ Date Released: _____

Have you ever been fined for a criminal charge? Yes _____ No _____

When? _____ Where? _____ Why? _____ Amount Fined: _____

Have you ever been placed on probation? Yes _____ No _____

When? _____ Where? _____ Why? _____ Date Released: _____

Have you ever been accused, questioned, or investigated for child abuse/neglect, or child molestation?

Yes _____ No _____ If yes, give details on pages 8-9 of this application.

Have you ever been accused, questioned, or investigated for spousal abuse? Yes _____ No _____

If yes, give details on pages 8-9 of this application.

We must be informed of any changes that take place after we receive your application. If on probation, documentation must be submitted verifying that probation can be transferred.

SUBSTANCE ABUSE

Have you ever used any form of tobacco products? Yes _____ No _____ If so, when did you last use them? _____

Have you ever used alcohol? Yes _____ No _____ If so, when did you last use it? _____

Have you ever used illegal or habit-forming drugs? Yes _____ No _____ If so, when did you last use them? _____

If yes, what illegal or habit-forming drugs? _____

How long? _____

If you answered yes to any of the above questions and use has occurred within the past year, please give an explanation including dates and details on pages 8-9 of this application.

We believe that in order for a person to receive the most from our program and truly succeed in life that he or she must abide by the highest standards of personal conduct. This includes abstinence from the use of tobacco, alcohol (including wine), or illegal drugs while attending Xtreme Life Training Center and after graduation. Understanding our position on the matter, please indicate below your decision concerning our policy:

I will abide by this policy_____ I cannot abide by this policy_____ I understand that if Xtreme Life Training Center is notified that I have violated the above stated policy, it will be grounds for dismissal from their program.

Signature_____ Date_____

If any changes occur after you sign this application, you must immediately inform our office with details and explanation in writing.

HOMOSEXUALITY—LESBIANISM

Have you ever been involved with homosexuality/lesbianism? Yes_____ No_____

If yes, give dates: From_____ To_____

If yes, give a brief explanation of what your beliefs were while you were involved; why you became involved; and what your beliefs are now using pages 8-9 of this application.

HEALTH

Must be completed by applicant. Circle those illnesses or conditions you have had or now have.

Circle all that apply: F—Formerly P—Presently If none apply, write “DNA” here:_____.

- | | | | |
|--|--------------------------------------|----------------------------|----------------------|
| F P Abnormal Blood Pressure | F P Diabetes | F P Mental Disorder | F P Rheumatism |
| F P Acquired Immune Deficiency Syndrome (AIDS) | F P Epilepsy | F P Multiple Sclerosis | F P Seizures |
| F P Genito-urinary Disease | F P Eye Disease | F P Muscular Dystrophy | F P Spinal Disease |
| F P Anorexia Nervosa/Bulimia | F P Asthma | F P Nephritis | F P Stomach Disorder |
| F P Cancer | F P Heart Disease | F P Nervous Disorder | F P Tuberculosis |
| F P Contagious Diseases | F P Hernia | F P Paralysis | F P Typhoid |
| F P Allergies | F P Kidney Disease | F P Transmittable Diseases | F P Rheumatic Fever |
| | F P Other (attach letter explaining) | | |

Of those circled above, briefly state the nature and length of illness, place of hospitalization, date of occurrence, and any permanent effects using pages 8-9 of this application.

Have you ever been a patient (committed or voluntary) in a mental hospital or sanitarium? Yes_____ No_____

Please rate your general health (circle one): Excellent (E) Good (G) Fair (F) Poor (P)

Please designate with E, G, F, or P the condition of your: Eyes_____ Ears_____ Heart_____ Lungs_____

Fitness category that best describes you: Active (exercise 4 times per week)_____ Semi-active (2x per week)_____

Inactive (biweekly)_____ Comatose (little to no exercise)_____

List any physical handicaps or defects: _____

Do you have any disabilities that would require special facilities? Yes_____ No_____ If so, what:_____

Do you have any known drug allergies? Yes_____ No_____ If so, what:_____

Nearest relative (besides husband or wife) to be notified in case of emergency. The person listed must have a telephone.

Name_____ Relationship To You_____

Address_____

City_____ State_____ Zip_____

Home Phone (_____)_____-_____ Work Phone (_____)_____-_____ Cell Phone (_____)_____-_____

