School of Kingdom Ministry Application

*The application needs to be submitted by* ***September 14th*** *to the location leader. (Rusty Geverdt* *rgeverdt@golovelive.com)*or print and mail to: (SoKM) c/o Rusty Geverdt, Northstar Community Church, 11020 S Lebanon Rd, Loveland, OH 45140.

**Personal Information**

First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initial:\_\_\_\_

Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_ Gender: ☐ Male ☐ Female

Marital Status (check all that apply)

 ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

Street Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Spiritual History**

When did you accept Jesus Christ as your Lord and Savior?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you been baptized? ☐ Yes ☐ No

Do you consider yourself filled with the Holy Spirit? ☐ Yes ☐ No

Do you attend church regularly? ☐ Yes ☐ No

Home Church Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Church Affiliation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pastor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pastor’s Phone/Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Spiritual Gifts History**

I have taken the following basic training in prayer ministry classes:

How long have you been practicing ministering to others in the power of the Holy Spirit?

Please indicate your history moving in the following spiritual gifts; 1 means you have never (or you don’t know what it is) and 5 means you feel very comfortable working with this gift and you consistently operate in it.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Word of Knowledge | 1 | 2 | 3 | 4 | 5 |
| Word of Wisdom | 1 | 2 | 3 | 4 | 5 |
| Prophecy | 1 | 2 | 3 | 4 | 5 |
| Faith | 1 | 2 | 3 | 4 | 5 |
| Healing | 1 | 2 | 3 | 4 | 5 |
| Miracles | 1 | 2 | 3 | 4 | 5 |
| Discerning of Spirits | 1 | 2 | 3 | 4 | 5 |
| Speaking in Tongues | 1 | 2 | 3 | 4 | 5 |
| Interpretation of Tongues | 1 | 2 | 3 | 4 | 5 |

**Ministry Training** Please indicate any or all formal ministry training you have received:

School Name City/State From (mm/yy) To (mm/yy) Graduation Date

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**Essays**

Please answer the two essay questions below.

**Essay Question #1**

**In the past year, what is one thing God has been growing in you?**

*You may print this out and attach separately if you want.*

**Essay Question #2**

**Why do you want to attend the School of Kingdom Ministry?**

*You may print this out and attach separately if you want.*