Aurora Ministries
Chaplain Help Ministry
www.ChaplainHelp.org
Helping you bring light to those who sit in darkness - Psalm 107:10-16

"...warning every man and teaching every man ... that we may present every man perfect in Christ Jesus." Colossians 1:28

Aurora Chaplains Training Academy

12705 State Rd 64 East, Bradendon, FL 34212 phone (941)748-4100 FAX (941)748-2625 e-mail: rhines@auroraministries.org

APPLICATION for Enrollment

Last Name | First Name | M.I.

PLEASE PRINT CLEARLY

Street Address

City | State | Zip Code | Phone (where we can reach you in daylight hours) ( )

E-Mail Address (If you have one) | FAX number (if you have one) ( )

YOUR PRESENT MINISTRY Name of Facility | Position

Address | City | State | Zip Code

How long have you done this? | Basic responsibilities in the ministry

Basic responsibilities in the ministry - continued | Who oversees your ministry? | Their phone number ( )

ARE YOU: ____ Ordained ____ Licensed ____ Commissioned
Other (specify)

BY WHOM or WHAT CHURCH?

Briefly describe your "call" or why you believe God directed you into chaplaincy ministry

form continues on back

APPLICATION for Enrollment - continued

Personal Testimony continued:

PLEASE PRINT CLEARLY

Please state briefly what you believe about God

Please state briefly what you believe about Jesus Christ

Please state briefly what you believe and teach about Salvation from sin - and specifically how a person is saved (use extra paper if necessary)

Educational Background

High School garduate - Name of School, City and State

Bible Institute - Name of School, City and State

Did you graduate or complete the course? write,"Yes" or "No"

College or University - Name of School, City and State

Did you graduate or complete the course? write,"Yes" or "No"

Degree earned

Seminary - Name of School, City and State

Did you graduate or complete the course? write,"Yes" or "No"

Degree earned

If accepted into the Aurora Chaplaincy Training Academy, I will complete all homework assignments in a reasonable amount of time (determined by the Director). I understand my financial part is $150 for each week at Aurora plus textbooks. I also understand that at any point during the course, I may be asked to leave the program if I am uncooperative in completing assignments or in any way disruptive to the whole of the group. I am enclosing a $50 deposit, which will be returned if I am not accepted and applied to my first session if I am accepted.

Signed_____ **Date**_____

Please make checks out to "Aurora Ministries - ACTA" and send with this application to the address listed on the first page of this application, or fill out the portion below

Visa M/C AMEX ☐ ☐ ☐

amount

Signature - as it appears on card

card number

exp. date /