



APPLICATION FOR LIFE TOGETHER 2009-2010

Life Together is an opportunity for young adults to integrate their Christian Faith within a season of academic and vocational development. Living together as a small Christian community, participants will engage in:

- Patterns of life that reflect the values of God's Kingdom
- Rhythms of life that foster the character of Christ followers
- Community life that provides Christian fellowship
- And a practice of hospitality and service that creates Christian presence

Today's Date: (Day/Month/Year) ___/___/___

Full Name: _____ (male / female)

Birthdate: ___/___/___ Home Phone (____) _____ Cell Phone: (____) _____

Permanent Email: _____

Home Address: _____

Current Address: _____

Church Affiliation: _____

Emergency Contact:

Name: _____ Relationship: _____

Home Address: _____

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

Email: _____

Income and Revenue

How do you intend to pay for this program? _____

What will be your primary source of income throughout the program? _____

Estimated monthly expenses (car payments, insurance, debt, cell phone, etc.): _____

Do you anticipate paying for the program in one payment or in monthly installments?

Academic/Vocational Responsibilities

Do you intend to attend school during the program? _____

If yes, how many credit hours: _____

Name of Institution: _____

Have you been accepted by the school? _____

Degree, Diploma, Certificate you are working towards: _____

In addition to school, will you be working at a part-time job during the program? _____

If yes, how many hours per week will you work? _____

What kind of work will you do? _____

If you are **not** attending school, will you seek gainful employment while attending the program?

If yes, please indicate full-time or part-time: _____

How many hours per week will you work? _____

What kind of work will you do? _____

If you are **not** attending school nor seeking gainful employment while attending the program, what do you intend to be involved in (volunteering, internship, personal development, art, etc)?

Employment History

Place and Address of Employment

Position

Dates

Education

City and Name of School

Level/Honors Achieved

Dates

Other Certificates, Awards, Achievements (athletic, academic, social, etc.)

Health and Wellness

In Life Together, participants live in close quarters with a group of at least 7 other people, including leaders. This arrangement will place significant demands upon the participants and upon the group throughout the course of the program, as well as placing each person in a position of vulnerability with each other. The following questions are intended to help insure the safety and well-being of all participants, and will help the Selection Committee determine if the program and its leaders have the resources and expertise required to care for each participant's particular needs. ***Please be assured that your answers here are for pastoral and logistical consideration and planning only.*** Histories of mental illness and emotional concerns, lifestyle issues or criminal records do not exclude you from consideration for this program!

It is important that you share some of the story around your answers so that your unique story is seen in context. ***If you answer "yes" to any of these questions,*** please use an additional piece of paper to provide an explanation that includes a timeline and, where applicable, how the situation was/is being resolved.

Physical Health

Do you have physical disabilities, challenges, injuries, or illness that require a particular living space? (e.g. unable to climb stairs, severe allergies, etc.) (yes) (no)

Do you have a preexisting medical condition that may require emergency medical attention, or that may at times impair your judgment or physical ability? (yes) (no)

Mental/Emotional Health

Have you ever received counseling or therapy for emotional concerns? (yes) (no)

Have you ever been hospitalized for a mental health or psychiatric reason? (yes) (no)

Have you ever taken medication for any emotional or psychiatric problem? (yes) (no)

Have you ever made a suicide attempt in the past? (yes) (no)

Have you ever attempted self-injury in the past? (e.g. cutting, self-inflicted burns, etc.) (yes) (no)

Lifestyle

Have you ever had a problem with alcohol or other recreational drugs? (yes) (no)

Has anyone close to you criticized or cautioned you about your drinking or drug use? (yes) (no)

Have you drunk excessively or taken recreational drugs in the past 12 months? (yes) (no)

Criminal Record

Do you have a criminal record, or are you currently facing criminal charges? (yes) (no)

Have you ever been accused or convicted of sexual harassment, stalking, sexual assault, or crimes of a sexual nature? (yes) (no)

I, _____ (print name), hereby give permission for the Selection Committee of Life Together to conduct a ***Criminal Record*** check and a ***Sex Abuse Registry*** check.

Signature of consent: _____ Date: _____

Christian Faith

On a separate piece of paper, please answer the following essay questions:

- 1) Do you describe yourself as a disciple of Jesus? If yes, how significant a role does this claim play in your life? Has this role been increasing, decreasing, or simply remaining static in recent years?
- 2) Describe why you would like to participate in a Life Together community. What do you understand about the program? What do you hope to experience, to contribute, or to learn this year?
- 3) Tell us about your hobbies, interests, and recreation. What do you enjoy? What do you find meaningful? How do you rejuvenate?
- 4) How could a Life Together community presence the love of Jesus within the neighborhood, city, and culture where it is planted?
- 5) If I weren't thinking about you right now, would you still exist? (bonus question) Please show your work.

Guidelines

Please ensure that this application is complete and accurate.

A non-refundable application fee of \$75 must accompany this application.

Three references are required with your application. Please download the reference forms from the ECCC website (www.canadacovenantchurch.com) and ensure that each form is completed and submitted by an eligible reference.

You will receive email confirmation within 48 hours of receipt of this application. If you have not received confirmation in due time, please do not hesitate to contact the Selection Committee at the email or phone number provided.



I confirm that the information provided on this application, and attached hereto, is complete and accurate in every respect. I understand that the members of the Life Together Selection Committee will have access to this information. I understand that the decision of the Life Together Selection Committee is final.

Applicant's Signature

Date

Please send completed form to:
Life Together Selection Committee
Evangelical Covenant Church of
Canada

PO Box 34025, RPO Fort Richmond
Winnipeg, MB R3T 5T5

lifetogether.eccc@gmail.com

204-269-3584 (fax)