



Summer Intensive 2010
“Awaken Love” Application

CCF – Summer Intensive - Awaken Love Application form includes:

- 1) Personal Information and Photo
- 2) Family Information
- 3) Education and Ministry Background
- 4) Musical Training
- 5) Personal Evaluation
- 6) Personal Testimony
- 7) Health Information
- 8) Disclosure of Medications
- 9) Emergency Contact Info
- 10) CCF Internship Guidelines
- 11) CCF Vision Statement
- 12) Acknowledgement of Agreement
- 13) History of Coast Christian Fellowship
- 14) Pastoral Recommendation Form
- 15) Personal Reference Form
- 16) Writing Your Support Letter

Application Process:

The application has 6 components. We require that you send in all six components together in one packet.

- 1) Application form completed and signed
- 2) Personal photograph attached to the application
- 3) Personal testimony typed on a separate sheet
- 4) Pastoral Recommendation filled out and sealed in an envelope
- 5) Personal Reference filled out and sealed in an envelope
- 6) \$25.00 non-refundable application fee per person. Make checks payable to Coast Christian Fellowship with the applicants name in the Memo.

Mail to:

Coast Christian Fellowship
Attn: SIAL [Applicants Name]
4000 P.C.H. Torrance, CA 90505

Upon Receipt:

- 1) We will contact you via email or phone. You may be asked to have a phone interview.
- 2) In most cases, we will notify you of your acceptance within 14 days of the completed interview.
- 3) Once accepted, you will receive an email letter of acceptance and/or phone call.
- 4) All tuition payments are due prior May 1st, 2010. Payment plan is available upon approval.

Fees:

Summer Intensive 2010 “Awaken Love” (Includes Kingdom Invasion Conference)

\$25 Application Fee (non-refundable)

3 OPTIONS:

#1 - \$400 – Base tuition. This covers all the materials needed for the various classes and outreaches. You will also receive a “Welcome Bag” at the time of registration full of resources (Books, CD’s, etc...)

#2 - \$650 – This covers your tuition as well as three meals a day (excluding Monday’s fasting day) for the entire intensive. Snacks/drinks will be available for purchase from our “Portal Café” in between meals.

#3 - \$850 – This include Tuition, Meals, and Housing. Men will be housed on site in a dorm type facility. Women will be housed in private homes.

50% of your fee is due May 1st 2010. The remainder is due June 1st, 2010.

Call the CCF office for details (310) 373-8573.

PERSONAL INFORMATION

Please attach a photo of yourself here.

Name of Internship_____

Tuition Amount \$_____ (Due May 1st 2010)

Your Name_____ Exact Start Date____/____/____

Address _____ City _____

State _____ Zip Code _____ Birthdate ____/____/____ Age _____

T-Shirt size Small Medium Large Extra-Large Other size _____

Contact Phone (____)_____ E-mail _____

You are:

- a US Citizen
- a US National
- a Legal Permanent Resident
- Legally Present in the US
- Currently Residing Abroad

Type of Visa_____

FAMILY INFORMATION

Father/Guardian_____ Deceased Living Phone: (____)_____

Address _____ City _____ State _____ Zip _____

Mother/Guardian_____ Deceased Living Phone: (____)_____

Address _____ City _____ State _____ Zip _____

1. Are you? Single Engaged Married Widowed Separated Divorced (check all that apply)

2. If you are married, please answer the following, If not, skip this question and go to question 3.

Spouse's Name _____ Birth Date _____ Age _____ Years Married? _____

Is your spouse attending the internship? Yes No If yes, they must fill out a separate application. If no, please include a letter from your spouse with his/her Christian experience.

EDUCATION AND MINISTRY BACKGROUND

1. List senior high school and institutions of higher education that you have attended (list the most recent first):

<u>School Name</u>	<u>City and State</u>	<u>Dates Attended</u>	<u>Diploma/Degree</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Are you? Student Employed (check all that apply)

If Employed:
 Employed by _____ City and State _____ Dates _____

Phone Number _____ Supervisor's Name _____

Responsibilities _____ Reason for Leaving _____

3. Do you have a police record? yes no If yes, please include details, dates and outcomes typed on a separate sheet.

4. Are you currently involved in a local church? yes no If no, please explain on a separate sheet of paper.

5. Previous church involvement (list the most recent first):

<u>Church Name, City/State</u>	<u>Dates</u>	<u>Senior Pastor's Name</u>	<u>Attended</u>
_____	_____	_____	<input type="checkbox"/> Regularly <input type="checkbox"/> Occasionally
_____	_____	_____	<input type="checkbox"/> Regularly <input type="checkbox"/> Occasionally
_____	_____	_____	<input type="checkbox"/> Regularly <input type="checkbox"/> Occasionally
_____	_____	_____	<input type="checkbox"/> Regularly <input type="checkbox"/> Occasionally

6. Describe your previous ministry training and involvement. You may add an extra sheet if more space is needed.

7. Describe how your church/spiritual family feels about your time as an attendee?

8. What would you consider to your talents, gifts and strengths?

MUSICAL TRAINING

1. Are you a singer? yes no If yes, please rate your level of experience.

	<u>None</u>	<u>Minimal</u>	<u>Moderate</u>	<u>Proficient</u>
Length of taking vocal lessons.....	[]	[]	[]	[]
Experience with a live band.....	[]	[]	[]	[]
Experience with performing.....	[]	[]	[]	[]
Proficiency with your voice.....	[]	[]	[]	[]
Experience with worship-leading...	[]	[]	[]	[]

Additional comments or explanations:

2. Are you a musician? yes no If yes, please rate your level of experience.

Primary Instrument: _____

	<u>None</u>	<u>Minimal</u>	<u>Moderate</u>	<u>Proficient</u>
Sight reading	[]	[]	[]	[]
Playing by ear	[]	[]	[]	[]
Reading notes	[]	[]	[]	[]
Reading chords	[]	[]	[]	[]
Length of taking lessons	[]	[]	[]	[]
Experience with a live band	[]	[]	[]	[]
Proficiency on your instrument	[]	[]	[]	[]
Experience with worship-leading...	[]	[]	[]	[]

Additional comments or explanations:

3. Do you play any other instruments? yes no If yes, please list and rate each of them on a separate sheet of paper.

PERSONAL EVALUATION

Please assess yourself in the following:

	<u>Uncertain</u>	<u>Weak</u>	<u>Good</u>	<u>Outstanding</u>
Spiritual Maturity.....	[]	[]	[]	[]
Devotion to Christ	[]	[]	[]	[]
Integrity and honesty	[]	[]	[]	[]
Openness to correction	[]	[]	[]	[]
Self-discipline	[]	[]	[]	[]
Working without supervision.....	[]	[]	[]	[]
Willingness to serve	[]	[]	[]	[]
Ability to work with others.....	[]	[]	[]	[]
Communication skills.....	[]	[]	[]	[]
Leadership skills.....	[]	[]	[]	[]
Reliability.....	[]	[]	[]	[]
Teachability	[]	[]	[]	[]
Emotional stability	[]	[]	[]	[]
Physical health	[]	[]	[]	[]
Family life	[]	[]	[]	[]

Additional comments or explanations:

1. What would you consider to be your weaknesses?

2. Describe what aspect of SIAL interests you the most?

3. How did you hear about the SIAL and/or Kingdom Invasion at Coast Christian Fellowship?

4. Have you applied for or attended any other training or internship at any other church in the past? yes no
If yes, list which programs at which churches you attended and the dates you attended.

5. How do you plan on paying for the full amount of the SIAL tuition?

6. Do you plan on bringing a vehicle to SIAL? yes no If no, please explain how you will get around.

7. Are you currently engaged or in a dating relationship? yes no If yes, please answer the following:

a. Please explain how you plan on adjusting, according to the Internship Dating Policy while in the internship (see Internship Guidelines on page 9 of this application)

b. Is the person you are currently dating in the SIAL program? Or applying to attend at the same time as you plan to be here? yes no If yes, please give specifics here.

PERSONAL TESTIMONY:

Please prepare a personal testimony as a separate typed document. Include the following points:

- 1) A summary of your personal journey in Christ
- 2) Describe any past or present life-controlling (mental, emotional, relational) issues
- 3) Your goals for the future, including your life vision and ministry plans
- 4) Expectations for you time in SIAL

HEALTH INFORMATION:

Please check if you have had any occurrences (from mild to severe) of the following:

- | | |
|---|---|
| <input type="checkbox"/> ADD | <input type="checkbox"/> Alcohol Abuse |
| <input type="checkbox"/> Mild Depression | <input type="checkbox"/> Drug Abuse (including cigarettes and prescription drugs) |
| <input type="checkbox"/> Chronic Depression | <input type="checkbox"/> Long-term medication |
| <input type="checkbox"/> Chronic Fatigue Syndrome | <input type="checkbox"/> Eating Disorders (Bulimia, Anorexia, Diet Obsessive) |
| <input type="checkbox"/> Chronic Pain | <input type="checkbox"/> Allergies (type:_____) |
| <input type="checkbox"/> Insomnia (or other sleeping disorders) | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Snoring | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> HIV | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Communicable Diseases:_____ | <input type="checkbox"/> Other:_____ |

1. If any of the previous items were checked, please comment. You may add a separate sheet of paper if necessary.

2. Do you have any physical disabilities or conditions that require special care? yes no
If yes, please explain.

3. Do you have any substance abuse problems or addictions? yes no If yes, please explain.

4. Have you ever in the court of law pleaded guilty of being a sex offender? Or in the court of law been convicted of being a sex offender? yes no If yes, to any of these, please explain.

5. Do you have or have you ever had any life-controlling mental, sexual, emotional or relational issues? yes no If yes, please explain.

6. Have you ever been convicted of a crime? yes no If yes, please explain.

7. Do you currently wrestle with suicidal thoughts? yes no If yes, please describe.

8. Are you currently on any medications? yes no If yes, please fill out the following Disclosure of Medications.

<u>DISCLOSURE OF MEDICATIONS</u>			
Coast Christian Fellowship requires that, for the duration of any program enrollment, attendees maintain their prescribed regiment of medication unless directed to change under the supervision of a doctor.			
<u>Name of Doctor</u>	<u>For</u>	<u>Dates</u>	<u>Doctor Name and Phone</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
I, _____(print name) agree to continue with the aforementioned medications, throughout my time at the SIAL, as prescribed by my doctor. I realize that failure to keep up with my medications, as prescribed by my doctor, will be grounds for my immediate dismissal.			
Signature_____		Date_____	

9. Do you have health insurance? yes no If yes, please describe your coverage here.

EMERGENCY CONTACT INFORMATION

Contact Name_____ Phone(____)_____ Relation:_____

Contact Name_____ Phone(____)_____ Relation:_____

CCF – SIAL GUIDLINES

Teachability: We ask that every student have a teachable spirit with sincerity in their pursuit of holiness and is willing to learn.

Dating Policy: While attending the SIAL at CCF, dating is not permitted. The purpose of our intensive is to give oneself to the focused pursuit of the Lord. We are confident that when you separate yourself for this short season, you will find that the reward far outweighs the sacrifice. If you are engaged, we are asking that you attend the intensive after you are married.

Vacation: There are no personal breaks during the internship. Breaks include (but are not limited to) ministry trips, weekend trips, family reunions, graduations and weddings. We ask that you please plan ahead and keep the intensive sessions as an uninterrupted season of consecration and impartation.

Personal Appearance: Each intern is asked to uphold a clean, modest and non-distracting appearance in how they dress for all meetings, classes, services and gatherings throughout the CCF – SIAL community. We desire to bring glory to Jesus with our bodies and clothing. We also ask that when on any ministry platform at CCF- SIAL please wear un-torn and clean clothing and shoes.

Health Insurance: Applicants should provide their own health insurance coverage. Neither CCF nor the internship program will be responsible to cover hospitalization, visits to the doctor or medications.

Vehicle: We recommend that every intern have access to a reliable vehicle throughout SIAL. All interns who do not have a vehicle are still responsible for their own transportation needs (i.e. punctuality to meetings and classes). *NOTE: We will be providing a transportation service to those staying in private homes. Shuttles will pick you up in time for the 8am breakfast and return you after the nightly sessions (10pm or so).*

Personal Expenditures: Each intern must have sufficient funds to cover any personal expenses that they may incur throughout the term. We ask that interns do not seek outside employment due to the heavy time commitments during the programs. We require every intern to secure funds that will cover costs for all living expenses during their stay.

CCF – SIAL VISION STATEMENT

What We Believe:

Coast Christian Fellowship was launched in November 2003 with the successful merger of Calvary Church of the Coastlands and Torrance Christian Fellowship. We are a body of believers with “Passion for Jesus, Compassion for the World.”

Statements of Beliefs:

- We believe in one true God, revealed in the Trinity of the Father, Son and Holy Spirit.
- We believe in the divinity of Jesus Christ, who as eternal God, came to earth as a man.
- We believe that Jesus Christ was born of the virgin Mary, lived, died and rose from the dead after three days and has ascended into heaven where He now sits at the right hand of the Father.
- We believe the Bible is the inspired, inerrant Word of God, and is useful for teaching, rebuking, correcting and training in righteousness.
- We believe that a person can receive eternal life by accepting the forgiveness of their sins through faith in Jesus Christ.
- We believe in the Eternal Judgment of believers and the lost and the bodily return of Jesus Christ.
- We believe in the practice of two ordinances as directed by the scriptures: Water Baptism, as a public demonstration of faith in Jesus Christ, and; Holy Communion, where we are to remember the sacrifice of Christ until His second coming.
- We believe in the Baptism of the Holy Spirit and the expression of all gifts of the Spirit are still present today.

We are part of the Assemblies of God denomination.

ACKNOWLEDGEMENT OF AGREEMENT

Please acknowledge your agreement with the following by checking each box and signing your name.

- I acknowledge that on my integrity all of the above questions have been answered honestly and completely.
- I have read and agree with the CCF- SIAL Guidelines
- I have read and agree with the CCF- SIAL Vision Statement.
- I understand that my internship will include practical ministry training and service to others.
- I understand that I must secure funds sufficient to cover all of my tuition before I attend the internship.
- I understand that I must secure funds to cover all of my personal expenses.
- I declare that I have provided true, correct and complete facts in all of my application.

Signature _____ Date _____

HISTORY OF COAST CHRISTIAN FELLOWSHIP

In 1920, Calvary Church of the Coastlands was founded in Inglewood, California. This church belonged to the Assemblies of God denomination. The passion of the leadership was to send missionaries to the remotest parts of the globe.

While these events were occurring at Calvary Church of the Coastlands, with Wilber Wacker as the senior pastor, God was simultaneously moving in the hearts of three other churches.

Pastor Barry Felis started Hope Chapel Fellowship in Torrance. God then gave Pastor Barry a vision to pass the church leadership to his son, Shadd Felis. Soon after this transfer of leadership occurred, God called Pastor Barry to another church called Torrance Christian Fellowship.

Torrance Christian Fellowship (TCF) was birthed by Pastor Stan Komae in 1996. Pastor Komae's vision was to develop a praying church within the South Bay and to unite the pastors within the Torrance area.

Pastor Stan became severely ill. In September of 1998, Stan Komae went into a coma. In April, 1999, Pastor Stan went home to be with the Lord he had so faithfully served. After Pastor Stan's death, Pastor Barry Felis was the interim pastor for three years.

In the spring of 2000, Guy Takashima, an associate pastor at Hope Chapel, Hermosa Beach, began to meet with a core group of people in his house to plant a church.

Pastor Barry received a vision from the Lord of several churches merging, and had heard that Pastor Guy was looking for a location to church plant. Pastor Barry called Pastor Zac of Hope Chapel and after numerous meetings, the Hope Chapel church plant merged with the TCF group on June 2, 2002.

Shortly after the merger, Pastor Shadd approached Pastor Guy and proposed a merger with his church, Hope Chapel Fellowship. Again, after several meetings with all the principals involved, Hope Chapel Fellowship merged with the new TCF body. This was the third of four merges.

Pastor Wacker contacted pastor Guy and asked him if he would be interested in taking over the ministry at Calvary Church of the Coastlands. To expedite the story, the merger was approved, and one of the first orders of business was to create a new name. The name that was selected was Coast Christian Fellowship.

Coast Christian Fellowship strives to continue the rich legacy of maintaining its "passion for Jesus, and compassion for the world."



Personal Recommendation Form

TO BE COMPLETED BY THE APPLICANT:

Name _____ Phone(____) _____

Internship Program and Start Date _____ Email _____

I waive my right to see this character reference. I do not waive my right to see this character reference.

To the Applicant: You may waive your right to see this character reference with the understanding that none of the information within will be disclosed to you. Check the box which best represents your wishes. Failure to indicate a choice is the same as checking "I do not waive".

To the Personal Reference:

Please return this form directly to the applicant in a sealed envelope. If you have any questions, please email us at Nathan@coastchristian.org.

Your Name _____ Birth date _____ Age _____

Your Address _____

City/State/Zip _____

Contact Phone _____ Email _____

1. How long and how well have you known the applicant?
2. Explain the relationship between you and the applicant?
3. Please explain your observations of the applicant's intentions for their time as an SIAL attendee?
4. According to your observation, what are the strengths and spiritual gifts of the applicant?
5. What is your assessment of the applicant's weaknesses?

6. Have you seen any complex family or relational factors which might affect the applicant’s involvement at the SIAL?

7. The SIAL program consists of a fairly intense weekly schedule. Do you foresee difficulties for the applicant with the schedule?

8. What is your assessment of the applicant’s ability’s to handle situations involving change, crisis and correction?

9. According to your observations, what are the strengths and spiritual gifts of the applicant?

10. What is your assessment of the applicant’s weaknesses and / or struggles?

11. Have you see any complex family or relational factors which might affect the applicant’s service at SIAL?

12. Please assess the following based on your knowledge of the applicant:

	<u>Not Observed</u>	<u>Weak</u>	<u>Fair</u>	<u>Good</u>	<u>Outstanding</u>
Spiritual Maturity.....	[]	[]	[]	[]	[]
Devotion to Christ	[]	[]	[]	[]	[]
Integrity and honesty	[]	[]	[]	[]	[]
Openness to correction	[]	[]	[]	[]	[]
Self-discipline	[]	[]	[]	[]	[]
Working without supervision.....	[]	[]	[]	[]	[]
Willingness to serve	[]	[]	[]	[]	[]
Ability to work with others.....	[]	[]	[]	[]	[]
Communication skills.....	[]	[]	[]	[]	[]
Courtesy	[]	[]	[]	[]	[]
Leadership skills.....	[]	[]	[]	[]	[]
Reliability.....	[]	[]	[]	[]	[]
Teachability	[]	[]	[]	[]	[]
Emotional stability	[]	[]	[]	[]	[]
Physical health	[]	[]	[]	[]	[]
Family life	[]	[]	[]	[]	[]

Comments on any of the above:

13. Do you recommend this applicant for the Coast Christian Fellowship Summer Intensive “Awaken Love” and/or Kingdom Invasion?
 Highly recommend Recommend Recommend with reservations* Do not recommend * Please explain:

Additional Comments:

Signature _____

Date _____



Pastoral Reference Form

TO BE COMPLETED BY THE APPLICANT:

Name _____ Phone(____) _____

Internship Program and Start Date _____ Email _____

I waive my right to see this character reference. I do not waive my right to see this character reference.

To the Applicant: This recommendation form is to be completed by your (present or former) pastor. In the case that the pastor is your parent, an elder or other church officer may act as pastoral reference. You may waive your right to see this character reference with the understanding that none of the information within will be disclosed to you. Check the box which best represents your wishes. Failure to indicate a choice is the same as checking "I do not waive".

To the Pastoral Reference:

Please return this form directly to the applicant in a sealed envelope. If you have any questions, please email us at Nathan@coastchristian.org.

Your Name _____ Church Name _____

Your Position _____ Church Telephone _____

Church Street _____ City/State/Zip _____

Contact Phone _____ Email _____

1. How long and how well have you known the applicant?
2. Please describe the applicant's level of involvement in your church.
3. What is the applicant's affect on his/her peers?
4. Has the applicant served your congregation in any capacity? Yes No If yes, please give a brief description.
5. The internship consists of a fairly intense weekly schedule. Do you foresee difficulties for the applicant with the schedule?

- 6. What is your assessment of the applicant's ability's to handle situations involving change, crisis and correction?
- 7. According to your observations, what are the strengths and spiritual gifts of the applicant?
- 8. What is your assessment of the applicant's weaknesses and / or struggles?
- 9. Have you see any complex family or relational factors which might affect the applicant's service at ALSI?
- 10. Please assess the following based on your knowledge of the applicant:

	<u>Not Observed</u>	<u>Weak</u>	<u>Fair</u>	<u>Good</u>	<u>Outstanding</u>
Spiritual Maturity.....	[]	[]	[]	[]	[]
Devotion to Christ	[]	[]	[]	[]	[]
Integrity and honesty	[]	[]	[]	[]	[]
Openness to correction	[]	[]	[]	[]	[]
Self-discipline	[]	[]	[]	[]	[]
Working without supervision.....	[]	[]	[]	[]	[]
Willingness to serve	[]	[]	[]	[]	[]
Ability to work with others.....	[]	[]	[]	[]	[]
Communication skills.....	[]	[]	[]	[]	[]
Courtesy	[]	[]	[]	[]	[]
Leadership skills.....	[]	[]	[]	[]	[]
Reliability.....	[]	[]	[]	[]	[]
Teachability	[]	[]	[]	[]	[]
Emotional stability	[]	[]	[]	[]	[]
Physical health	[]	[]	[]	[]	[]
Family life	[]	[]	[]	[]	[]

Comments on any of the above:

- 11. Do you recommend this applicant for the Coast Christian Fellowship Summer Intensive "Awaken Love" and/or Kingdom Invasion?
 Highly recommend Recommend Recommend with reservations* Do not recommend *Please explain:

Additional Comments:

Signature_____

Date_____

WRITING YOUR SUPPORT LETTER

Here are some important and effective ways of informing family members and friends about your participation in the Summer Intensive 2010 “Awaken Love”. This gives your family and friends a chance to hear how the Lord is directing you and also gives an opportunity for them to respond with prayer or financial support. For those who will be paying their own way, we still recommend that you send out letters asking for prayer support for your time here. It will be very beneficial to you.

Here are some guidelines for writing a letter:

A. Be personal

Your family and friends are interested in YOU. In your opening paragraph, share briefly how you were led to participate in this intensive. Even though this will probably be a typed and copied letter, try to make it sound like you. Be friendly and personal.

B. Be brief, but informative

In your second paragraph, include major details about the kind of internship this is. Explain what you will be learning and doing as specifically as possible. Also mention the dates of the intensive so they know when to be praying for you.

C. Present your need

There are many ways to ask people for help and you should do this in a way that you are comfortable with. Recognize that most people will want to know about what you will be doing and will help in whatever way they can. Many of your friends and relatives will not be able to personally participate in this internship, thus they will be excited to join your support team. But they can't help you if they don't know your needs.

1. Share your need for *prayer support*. Everyone can do this and it is a very important need for your ministry.
2. Share your need for *financial assistance*. Explain that this is a part of your experience, to trust God for your needs. Give the estimated total you will need. (See “Fees” section of the application)

D. Be creative

Use your imagination in writing and designing this letter. Art, pictures, quotes, borders, colored paper, creative writing, clip art, etc... All of these things help make your letter more creative. Your letter should be neat, attractive and printed clearly. Your letter can be written in a variety of styles, but most of all, it should say “READ ME” when it enters someone’s home.

E. Extra suggestion for support letters:

1. Include a verse that communicates what God is doing in your life. (choose a verse that has special significance).
2. Mention that all gifts are tax-deductible and a receipt will be given.
3. You may want to include the address for the church in case people want to send you encouraging letters during your time here at the SIAL program.
(4000 PCH Torrance, CA 90505) Attn: SIAL (Your Name)

F. Include a stamped envelope

It’s a good idea to have a stamped envelope with your address already on it. This makes it easier for them to send you financial support. Also mention that they should make their check payable to CCF and put your name in the memo section.