

HEART *of* DAVID PHILADELPHIA SCHOOL

Student Application

February 3rd - April 25th

Application Process

Please read over all of the FAQs on www.HODPhiladelphia.com before filling out this application.

The application has several components, which must all be sent together in one packet. Admissions decisions will not be made until we receive your *complete* application.

Application items needed:

1. Application form, completed and signed
2. Current personal photograph attached to the application
3. One page personal testimony typed on a separate sheet
4. Completed pastoral recommendation in a sealed and signed (by the pastor) envelope
5. Non-refundable application fee of \$50 USD per applicant; make cashier's checks or money orders payable to HOD Philadelphia with the applicant's name in the memo. Please do not send cash or personal checks.
6. Copy of high school diploma or GED
7. Background check authorization form

Application Process

1. Applicants are not accepted to the Heart of David Philadelphia School until they have received an official letter of acceptance from the admissions office via email
2. We may also contact you to arrange a phone interview
3. We will notify you of your acceptance or denial within thirty days of receiving your application

Mailing Address

Please return your complete application to:

Heart of David Philadelphia School
PO Box 548
Washington Crossing, PA 18977

HOD Philadelphia School Expectations

- Expect God to deal with your perceived identity and destiny.
- Live a life of holiness and consecration by only participating in entertainment choices that glorify God.
- Set your heart to embrace a season of living a fasted lifestyle; primarily a fast of personal comfort and time, as well as an invitation to fast food.

- Live above reproach by never being alone with someone of the opposite sex.
- Be teachable (Proverbs 2); be flexible and patient.
- Have a willingness to be challenged, stretched, and to try new ways of doing things.
- Bring all questions, suggestions, or feedback respectfully to your direct leader first. We want to hear your heart and ideas, while avoiding a spirit of complaining.
- Always be helpful and servant hearted, especially in service assignments (Philippians 2:3).
- Commit yourself to the school with the same level of excellence you would give to your job.
- Be timely and attentive, and participate in all worship sets, teaching, and team building events.
- Complete and turn in all homework assignments on time.
- Honor the leadership/mentorship/coaching of HOD leadership (Romans 13:1).

HOD Philadelphia School Guidelines

Dating: We ask that students not date/court while being a student at our school. However, students who are **engaged** before beginning the semester may continue in the relationship.

The purpose of our school is focused pursuit of the Lord. We are confident that when students separate themselves for this short season, they will find that the reward far outweighs the sacrifice.

Vacation: Students should plan ahead and keep the semester set aside as a focused season to seek the Lord. However, applicants will also be given eight personal/sick days.

Personal appearance: Students are expected to uphold a clean and modest appearance in their dress for all meetings, classes, services, and gatherings throughout the Heart of David community. No tight or revealing clothing. No low cut shirts. No short shorts (anything four inches above the knee will be considered too short). No cut-offs or spaghetti strap shirts. We desire to bring glory to Jesus with our bodies and clothing. We also ask that clean, un-torn clothing and shoes be worn when on any Heart of David ministry platform.

Health insurance: HOD is not responsible for covering hospitalization, visits to the doctor, or medications.

Vehicle: Students are responsible for their own transportation and timeliness (i.e., they must be punctual for meetings and classes) therefore we ask that all applicants have their own reliable transportation.

Purity: The Heart of David community expects all members (staff, and students), to make a personal commitment to live counter to the prevailing moral laxity of our society by not participating in, advocating, supporting, or condoning any sexual activity (homosexual or heterosexual) outside of marriage between one man and one woman, as set forth in the Scripture.

Season of consecration: Demonstrate your commitment to Christ and to each other by refraining from the use of all tobacco and alcoholic beverages for the duration of your time as a student at HOD.

Personal expenditures: Students are required to have sufficient funds to cover all personal and living expenses incurred throughout the internship. Due to the time commitments during the semester, it is recommended that students not acquire full-time employment.

Personal Information

Date of application (MM/DD/YY) ____ / ____ / ____

Last name/given name _____

First name _____

Middle name _____

Gender _____ Age _____

Social Security Number: _____

Date of birth (MM/DD/YY) ____ / ____ / ____

Address _____

City _____ State _____

Zip _____ Country _____

Phone _____

Email _____

Please check the box that applies to you.

☐ U.S. Citizen

☐ U.S. Legal permanent resident

☐ International - What nation? _____

Marital status: (check all that apply)

☐ Single ☐ Engaged ☐ Married ☐ *Separated ☐ *Divorced

If separated or divorced how long? _____ Month(s) _____ Year(s)

If married, how long? _____ Month(s) _____ Year(s)

*Please provide a brief description of your marital history on a separate sheet of paper.

Did a Heart of David student refer you? ☐ Yes ☐ No

If so, who?

Briefly describe your childhood and your current family situation.

Emergency Information

Emergency contact name

Relation to the applicant _____

Phone number _____

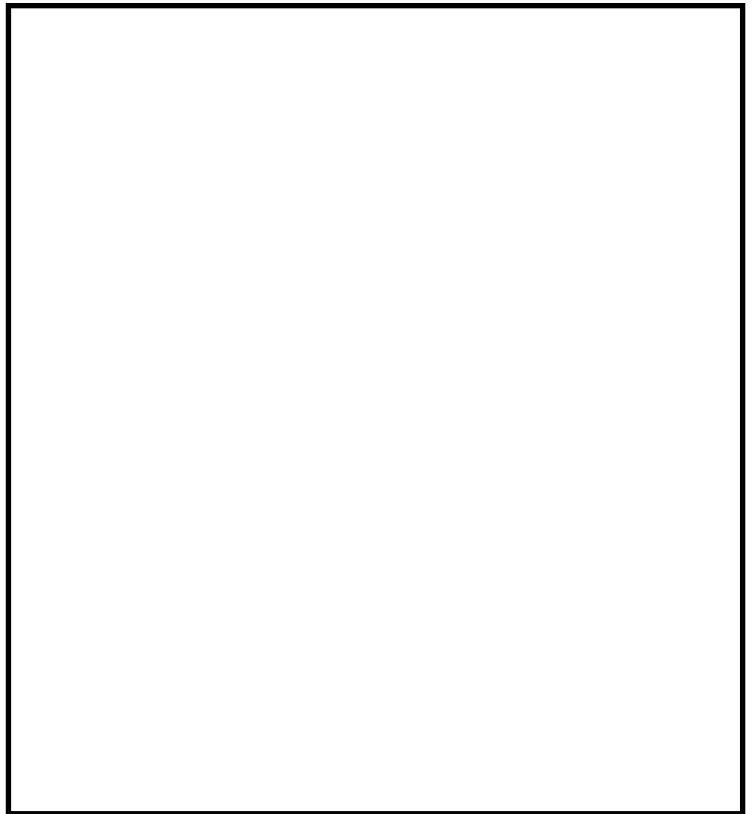
Address

City _____ State _____

Zip _____

Email address

Please attach a current
photo here:



Ministry Information

Are you currently involved/serving at a local church or ministry?

☐ Yes ☐ No If yes, how long? _____ Month(s) _____ Years

If no, please explain on a separate sheet of paper.

If no, have you been regularly involved in a church or ministry in the past? ☐ Yes ☐ No

Describe any previous ministry training and involvement. Use an extra sheet of paper if more space is needed.

Personal Evaluation

Please assess yourself in the following areas:

	Uncertain	Weak	Fair	Good	Outstanding
Spiritual maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Devotion to Jesus Christ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity and honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Openness to correction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working without supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to serve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teachability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional comments:

What do you feel are your talents, gifts, and strengths?

What are some of your weaknesses or struggles?

What led you to apply for the HOD Philadelphia School?

How do you plan on paying for your tuition?

Do you currently have one or more people speaking into your life as a voice of leadership, encouragement, wisdom and accountability?

☐ Yes ☐ No

If yes, please explain.

Health Information

Please mark if you have had any occurrences of the following within the past 18 months, whether mild or severe:

- ☐ ADD or ADHD
- ☐ Alcohol abuse
- ☐ Mild depression
- ☐ Chronic depression
- ☐ Long-term medication
- ☐ Allergies

- ☐ Drug abuse
- ☐ Tobacco
- ☐ Prescription drugs
- ☐ Eating disorder
- ☐ Chronic pain
- ☐ Chronic fatigue syndrome

- ☐ Sleeping Disorder ☐ Asthma
- ☐ Diabetes
- ☐ HIV/AIDS

- ☐ Seizures
- ☐ Other

If you checked any of the above, please explain.

Do you have any substance abuse or addiction? If yes, please explain.

Are you currently on or have you ever been on medication for a mental or emotional illness/disorder? ☐ Yes ☐ No

If yes, please explain.

Have you ever been institutionalized? ☐ Yes ☐ No

If yes, please explain.

Do you have a police record? ☐ Yes ☐ No

If yes, please explain on a separate sheet of paper.

Do you have any other health issues that we should be aware of? If yes, please explain.

Personal Testimony

Please write your *one page* personal testimony in a separate typed document. Include the following points:

1. A summary of your personal journey in Christ
2. Your goals for the future, including your life vision and ministry plans
3. Expectations for your time at HOD Philadelphia School and a summary of what you hope to learn

Musical, Singing, and Technical Abilities

**The following section will not affect your approval. It is simply for our own knowledge. Please fill out honestly.*

Are you a worship leader? ☐ Yes ☐ No

If yes, where have you served in leading worship (church, school, home)?

If yes, how long have you been leading worship?

_____0-1yr _____1-3yrs _____3-5yrs _____5-7yrs _____7-10+yrs

If yes, would you be willing to use those gifts throughout the internship?

☐ Yes ☐ No

Do you play any instruments? ☐ Yes ☐ No

If you would like to participate in worship sets, list the instruments you play below and email a sample of you singing or playing via YouTube link/video to HannahOzark@heartofdavid.org

List instruments here:

How long have you been playing?

_____0-1yr _____1-3yrs _____3-5yrs _____5-7yrs _____7-10+yrs

Would you be willing to use those gifts throughout the internship?

☐ Yes ☐ No

Are you a singer? ☐ Yes ☐ No

If yes, where do you usually sing (church, school, home)?

If yes, how long have you been singing?

_____0-1yr _____1-3yrs _____3-5yrs _____5-7yrs _____7-10+yrs

Would you be willing to use those gifts throughout the School?

☐ Yes ☐ No

Do you have any media and/or technical arts (sound, lighting, graphics, video) experience? ☐ Yes ☐ No

If yes, please explain.

If yes, how long have you been involved with media/tech-arts?

_____ 0-1yr _____ 1-3yrs _____ 3-5yrs _____ 5-7yrs _____ 7-10+yrs

Would you be willing to use those gifts throughout the School?

☐ Yes ☐ No

Acknowledgement and Agreement

☐ I have read, agree with, and will abide by the HOD expectations

☐ I have read, understand and will adhere to the HOD Guidelines

☐ I understand that my time at HOD will include practical ministry training and service

☐ I understand that I must secure funds to cover all of my tuition before attending HOD

☐ I declare that the information I have provided in my application is true, accurate, and complete and that false information in my application may be grounds for denial of my application and/or dismissal from HOD

Signature _____

Date _____

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PASTORAL RECOMMENDATION

To The Applicant

This form is to be filled out by a pastor that you have been in relationship with for at least one year. The pastor cannot be related to you in any way. You will not be allowed to see what they have filled out. After the pastor has completed this form, please have them return it to you in a sealed and signed envelope so that you may submit all application components together in one packet.

To The Person Completing The Recommendation

Serious consideration will be given to your comments. You may not be related to the applicant. You must have known the applicant for at least one year. Once you have completed this form, please return it to the applicant in a sealed and signed envelope.

*If you have any questions, please email HannahOzark@heartofdavid.org
The information provided on this form will be held in the strictest confidence.*

HOD Applicant Name

Date

Pastor's name

Church name

Staff position _____

Church phone _____

Church address

City _____ State _____

Zip _____ Your email _____

How long have you known the applicant?

How well do you know them?

Please describe applicant's level of involvement in your church.

What is applicant's effect on his/her peers?

Has the applicant served your congregation in any capacity?

☐ Yes ☐ No

If yes, please give brief description.

The HOD Ministry School consists of a heavy weekly schedule. Do you foresee difficulties for the applicant with a schedule combining high expectations and extensive time constraints?

What is your assessment of applicant's ability to handle situations involving correction?

What would you consider are some of the applicant's spiritual gifts and strengths?

What would you consider are some of the applicant's weaknesses or struggles?

Are you aware of any complex family or relational factors that may affect applicant's time at HOD?

Please assess the applicant in the following areas:

	Uncertain	Weak	Fair	Good	Outstanding
Spiritual maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Devotion to Jesus Christ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity and honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Openness to correction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working without supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to serve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teachability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you have the applicant on your staff? ☐ Yes ☐ No

Do you recommend the applicant for the HOD Philadelphia School?

☐ Highly recommend ☐ Recommend

☐ *Recommend with reservations ☐ *Do not recommend

Why or why not?

Additional comments:

Signature _____

Date _____

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BACKGROUND CHECK

Each intern will have service hours during the semester. Some of these hours may include working with children. We therefore require that each applicant fill out and sign this form to authorize a background check. This written authorization is required to complete the application process.

Please complete this form and return it with your other application items.

Name _____

Date _____

Social Security Number _____

Driver's lic. number _____ Issuing state of D.L. _____

Complete address as listed on driver's license:

Have you ever been reported to a Social Service Agency/Department of Family Services? ☐ Yes ☐ No

If yes, why?

Have you ever been accused of or reported for physical or sexual abuse? ☐ Yes ☐ No

If yes, please explain.

I attest that the above information is true and correct to the best of my knowledge. I hereby give permission to the Heart of David Movement to investigate my background and check references as it relates to my working with children and youth during the School I am applying for. I understand this could also include a police background check as well as investigation by professional agencies. I also understand that I may withhold my permission and that in such a case, no investigation will be done and my application for the internship will not be processed further.

Signature _____

Date _____