



The Emmaus Institute

International Christian Community Churches, Inc.

APPLICATION FOR ADMISSION

Admission Status Sought:	<input type="checkbox"/> Seeking Certificate in Pastoral Leadership for ICCC credentialing <input type="checkbox"/> Occasional student (continuing education, general information) <input type="checkbox"/> Audit only <input type="checkbox"/> Other:
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DEMOGRAPHIC INFORMATION

Name: Street Address: City, State, ZIP: Home Phone: Work Phone: Cell Phone: E-Mail Address:	Social Security Number: Date of Birth: Optional: Marital Status: Race, Ethnicity: Gender:
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EDUCATION

High School	Name & Location:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No
Tech, Business or Trade School	Name & Location:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No Degree:
College	Name & Location:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No Degree:
College	Name & Location:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No Degree:
College	Name & Location:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No Degree:
Other	Name & Location:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No Degree:

EMPLOYMENT AND WORK HISTORY

Employer:	Dates of Employment:
Title and Duties:	
Employer:	Dates of Employment:
Title and Duties:	
Employer:	Dates of Employment:
Title and Duties:	
Employer:	Dates of Employment:
Title and Duties:	
Employer:	Dates of Employment:
Title and Duties:	
Employer:	Dates of Employment:
Title and Duties:	

CHURCH AFFILIATION	
Current:	How Long?
Previous:	Previous:
Previous:	Previous:
Please describe offices held, ministry participation, etc.:	
Previously Ordained: <input type="checkbox"/> Yes <input type="checkbox"/> No If so, denomination and date of ordination:	

CRIMINAL RECORD			
Have you ever been convicted of a felony or a misdemeanor other than a minor traffic offense?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any charges pending in criminal course other than minor traffic offenses?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Date	Location	Offense	Disposition

SIGNATURES	
I affirm that the information that I have provided is true and correct.	
Signature: _____	Date: _____

PERMISSION TO EXCHANGE/RELEASE INFORMATION (for those pursuing ICCC credentialing only)	
I hereby give permission for an exchange of information between Emmaus Institute and the Board of Ministry of International Christian Community Churches, Inc. I understand that this information will be used to ascertain my suitability and qualification for credentialing within the denomination, and may be used in any disciplinary action, if taken. I further understand that this release may be revoked verbally or in writing at any time, and if so revoked, no further information will be exchanged.	
Signature: _____	Date: _____

<p>Please submit this signed application to: Rev. Carlene Wood, Director Emmaus Institute ICCC 626 Fairview Road Asheville, NC 28803</p> <p>Please include a one-time application fee of \$25.00 made payable to ICCC.</p>
