3D Training Center

APPLICATION FOR ADMISSION

a ministry of DM2

Instru	actions / Check off when complete.	Oj	Office use only:			
1 Applicant must be	18 years of age on or before Sept. 1 of	of application year.				
2 Read the entire DN	M2 doctrinal statement at <u>www.3DTC</u>	C.org				
3 Attach a passport/	ID size photo.					
4 Attach photocopy	of your driver's license or governmen	nt issued ID				
5 Attach photocopy	of your medical insurance card					
6 Secure two person	al recommendations, to be sent dire	ctly to admissions.	Affix here: passport size			
7 Secure spiritual red	commendation, to be sent directly to	admissions.	Photo or JPG			
8 Attach official high	school transcript, GED, or equivalent	t.				
9 Send ALL application mail or email to:	on items (excluding recommendation cody@3dtc.org Disciple Makers Multiplied - 3DTC PO Box 7758, Beaumont, TX 77726					
ABOUT YOU		1	Male Female			
Last Name	First Name	Middle Name	Maiden Name			
Home Street Address	City		State Zip Code			
Social Security Number	Date of Birth Driv	ver's License No.	State Attach copy of DL or Gov. ID			
CONTACT INFORMATION						
(
Your Home Phone Number	Your Cell Number	You	r Email			
EMERGENCY CONTACT						
Name	Relation Phone Num	ber ()	Email			
MARITAL STATUS						
() Single () Engaged ()	Married () Remarried () Divol	rced () Widow/Widower	() Separated			
Do you have any dependents: () Yes	s () No If yes, list and describe situati	ion				
CITIZENSHIP						
		Country of Citizenship:	<u>-</u>			
HIGHEST EDUCATION COM	PLETED					
() GED () High School Diploma (() College 1 2 3 4 () Bacho	elor () Master () Doctorat	re () Other			
I am submitting proof of high scho	ool transcript/GED/equivalent					
EDUCATION HISTORY (Most	t current first) City From/To	Type of Diploma/Degree				
Name of Sullon		Type of Diploma/Degree				
			1 人5 川 レ ノ			
Have you ever been expelled, dismissed	d or suspended from any school, college, or	seminary () YES () NO				

Explain:



EMPLOYMENT (List most current)	
Employer: Job Title:	Duties:
	fired or terminated () YES () NO
If yes, explain reason(s) why:	
FINANCES	
- · · · · · · · · · · · · · · · · · · ·	ng student loans. () YES () NO
I am aware that while I attend 3D Training Center, I may have to continue to	
I am aware that due to the intensity and hours involved I will not be able to	, , , , , , , , , , , , , , , , , , , ,
I have financial obligations that may hinder me from attending 3D Training (
Explain here how you intend to finance your education with 3D Training Cer	nter
CHURCH AFFILIATIONS	
In the past 5 years how many churches have you attended? Name of	f local church you presently attend
Do you faithfully attend your church? Name of your previo	ous church:
Address of your church:	Church email:
Denomination: Pastor's Name	Church phone: ()
,	
MEDICAL INFORMATION	LEGAL/CRIMINAL HISTORY
Do you have health insurance? Circle one: YES NO	Have you ever been accused, convicted, or acquitted of any federal criminal
If YES , you will need to provide a copy of your insurance	offenses or felonies? Circle one: YES NO
information for record-keeping and emergency purposes.	If YES , please explain:
If NO , initial that you acknowledge that no health insurance	<u> </u>
coverage will be provided for you by 3DTC. Initials:	
Do you have any medical conditions or history that would be pertinent	
to your time attending 3DTC? If YES, please describe here:	
	SHORT ANSWER RESPONSES: (Use additional paper)
	1. EXPLAIN WHY YOU DESIRE TO ATTEND
	2. SHARE YOUR PERSONAL TESTIMONY
	3. IF YOU WERE TO SHARE THE GOSPEL RIGHT
Disclaimer: You are responsible for any costs pertaining to your medical	NOW, HOW WOULD YOU COMMUNICATE IT?
needs during your attendance at 3DTC (with or without insurance).	
DECLARATION	
I have read the DM2 doctrinal statement (posted on <u>www.3DTC.org</u>)	and I am willing to come as a student fully aware of DM2's (3DTC) doctrinal
positions. (Note: You <u>do not</u> have to agree with the doctrinal statemen	
I understand that the 3D Training Center is <u>not accredited</u> and will no accredited degree upon satisfactory completion of this program.	t seek to become accredited, and that I will be issued a non-
I am not presently under <u>Church discipline</u> from any local church.	gurate and true to the host of mulinopulades. / NVES / NO
I declare that the information provided in this entire application is acc	Jurate and true to the best of my knowledge. () YES _ () NO
Signature:	Date:

3D Training CenterSpiritual Recommendation Form



Instructions

<u>For the Applicant</u>: Please ask your pastor or other spiritual mentor to complete this form and **mail it directly** to the Admissions Office at the following address:

3D Training Center, PO Box 7758, Beaumont, TX 77726

<u>For the Spiritual Mentor</u>: The applicant below is applying for admission to the **3D Training Center**, an intensive program of Disciple Makers Multiplied designed to prepare young adults for a life of service to Jesus Christ.

Thank you for your prayerful and honest evaluation of the applicant and your timely submission of this form. All information will be kept confidential and will not be shared with the applicant. Once you have completed the form, please mail it directly to us; do not return it to the applicant. Thank you.

•	TRAINING CENTER
	Disciple ▲ Develop I► Disperse ◀
Office use only:	

Name of Applicant: _					
	Last Name	Firs	st Name	Mi	ddle Name
Your Name		_ Your Title			·
Church	Your phone	Your E	mail		
Church Address	Street	City		State	Zip
How long have you k	nown the applicant?	_ How long h	as he/she at	tended churcl	h?
How well do you know	w the applicant? (choose only	one):	Very close/	personal relati	ionship
Fairly well/man	y interactions Casually	/few persona	I contacts	By nam	e and sight only
Additional comment	s:				
To your knowledge, h	as the applicant trusted in Chi	ist as Savior?	Yes	No	Not sure
Is the applicant faithf	ul in attending church meeting	gs?	Yes	No	Not sure
Is the applicant engag	ged in church?		Yes	No	Not sure
Do you believe the ap	plicant is enthusiastic about h	is/her faith?	Yes	No	Not sure
Do you know if the ap	pplicant is involved in Christian	service?	Yes	No	Not sure
Do you know if applic	ant is reliable to pay debts and	l keep word?	Yes	No	Not sure
Please give additiona	I comments on any of the abo	ove questions):		
Do you have any doc	trinal concerns or warnings yo	ou would like	to share cor	ncerning the a	pplicant?
	trinal concerns or warnings yo				

Are there any issues or needs that might impair the applicant's If so, please explain:			ers?	Yes	No
To your knowledge is the applicant free of addictions? Ye		_ No	Not	sure	
Are you aware of anything that may negatively affect the applications of the applicati	-	-	school o	r dorm	life
To your knowledge has the applicant ever been accused of any Child abuse? Yes No Crimes involving or Accusation of sexual molestation of a minor? Yes No If	against min	ors? Yes _			ow:
Please rate the applicant on each of the following:	Excellent	Average	Poor	Unkno	own
Reliable, dependable, responsible					
Mature, able to cope with life situations					
Emotionally stability, reaction to stress, poise, mood stability					
Motivated, genuine, and committed					
Good judgment, able to analyze and solve problems					
Oral expression, clear, coherent					
Relationship with others, good rapport, cooperative, malleable					
Empathy , sensitivity to the needs of others					
Leadership, creative and decisive, self-confident					
Personal appearance, clean, well groomed					
Integrity, honest, of good moral character					
Work habits, good stamina, polite, conscientious, takes initiative					
Please include any additional information that might be helpf					t: -
I,, make the followin (Print Your Name Above) admission of to the Disciple Ma			_		

1

3D Training CenterPersonal Recommendation Form



Instructions

For the Applicant: Ask someone you trust and know well to complete this form. This person must <u>not</u> live with you or be a member of your family. Ask them to mail the completed form directly to the Admissions Office at the following address: **3D Training Center, PO Box 7758, Beaumont, TX 77726**

For the Personal Reference: The applicant listed below is applying for admission to the 3D Training Center, an intensive one-year program of Disciple Makers Multiplied designed to prepare young adults for a life of service to Jesus Christ. Thank you for your prayerful and honest evaluation of the applicant and your timely submission of this form. All information will be kept confidential and will not be shared with the applicant. Once you have completed the form, please mail it directly to us; do not return it to the applicant. Thank you.

	TRAINING CENTER
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office use or	nly:

main it directly to us, do not return it to	The applicant. Thank you.			
Name of Applicant:	me Fi	irst Name	Midd	lle Name
How do you know the applicant?			How	long have you
known each other? [o you know how long he/sho	e has atten	ded local church?	l
How well do you know the applica	nt? (choose only one):	_ Very close	e/personal relation	nship
Fairly well/many interactions	Casually/few persona	al contacts	By name a	and sight only
Additional comments:				
To your knowledge, has the applica	ant trusted in Christ as Savior?	? Yes	No	Not sure
Is the applicant faithful in attending	g his/her local church?	Yes	No	Not sure
Is the applicant engaged in church?		Yes	No	Not sure
Do you believe the applicant is ent	husiastic about his/her faith?	Yes	No	Not sure
Do you know if the applicant is invo	olved in Christian service?	Yes	No	Not sure
Do you know if applicant is reliable	to pay debts/is trustworthy?	Yes	No	Not sure
Please give additional comments of	on any of the above question	s:		
If you were asked to describe wha				
Please comment about the application				
Are there any issues or needs that	t might impair the applicant	s relations	nip with others?	Yes No

To your knowledge is the applicant free of addictions? Y	es	_ No	Not	sure
Please explain what you know:				
Are you aware of anything that may negatively affect the appl	•	•	school or	dorm life
To your knowledge has the applicant ever been accused of an	y of the follo	wing:		
Child abuse? Yes No Crimes involving o	r against min	ors? Yes _	No	,
Accusation of sexual molestation of a minor? Yes No I	f yes to any,	please shar	e what y	ou know:
Please rate the applicant on each of the following:	Excellent	Average	Poor	Unknow
Reliable, dependable, responsible				
Mature, able to cope with life situations				
Emotionally stability , reaction to stress, poise, mood stability				
Motivated , genuine, and committed				
Good judgment, able to analyze and solve problems				
Oral expression, clear, coherent				
Relationship with others, good rapport, cooperative, malleable				
Empathy , sensitivity to the needs of others				
Leadership , creative and decisive, self-confident				
Personal appearance, clean, well groomed				
Integrity, honest, of good moral character				
Work habits, good stamina, polite, conscientious, takes initiative				
Do you recommend this applicant for acceptance to the 3D Tr Disciple Makers Multiplied? Yes No Please include any additional information you would like to sl	_			
Please print the followin Your Name You	_			
Your Address City		State		Zip
Name of Church You Attend You				
Your signature:		Date:		

2

3D Training Center



Personal Recommendation Form

Instructions

For the Applicant: Ask someone you trust and know well to complete this form. This person must <u>not</u> live with you or be a member of your family. Ask them to mail the completed form directly to the Admissions Office at the following address: **3D Training Center, PO Box 7758, Beaumont, TX 77726**

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Office use only:

Name of Applicant: _	Last Name	First	t Name	Middl	e Name	
How do you know the	applicant?					you
known each other?	Do you know l	now long he/she l	has attende	d local church?		
How well do you know	the applicant? (choose o	only one):\	Very close/p	ersonal relation	ship	
Fairly well/many	interactions Casu	ally/few personal	contacts _	By name a	ınd sight o	only
Additional comments	:					
To your knowledge, ha	s the applicant trusted in	Christ as Savior?	Yes	No	Not s	sure
Is the applicant faithfu	I in attending his/her local	I church?	Yes	No	Not	sure
Is the applicant engage	ed in church?		Yes	No	Not s	sure
Do you believe the app	olicant is enthusiastic abou	ut his/her faith?	Yes	No	Not	sure
Do you know if the app	olicant is involved in Christ	cian service?	Yes	No	Not s	sure
Do you know if applica	nt is reliable to pay debts,	is trustworthy?	Yes	No	Not	sure
Please give additional	comments on any of the	above questions:				
If you were asked to d	escribe what the applicar	nt is like, what wo	ould you say	?		
In your opinion, what	are the applicant's streng	ths?				
Please comment abou	t the applicant's weak po	ints:				
Are there any issues	or needs that might imna	ir the annlicant's	relationshin	with others?	Ves	

To your knowledge is the applicant free of addictions? Y	es	_ No	Not	sure
Please explain what you know:				
Are you aware of anything that may negatively affect the appl	•	•	school or	dorm life
To your knowledge has the applicant ever been accused of an	y of the follo	wing:		
Child abuse? Yes No Crimes involving o	r against min	ors? Yes _	No	,
Accusation of sexual molestation of a minor? Yes No I	f yes to any,	please shar	e what y	ou know:
Please rate the applicant on each of the following:	Excellent	Average	Poor	Unknow
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Mature, able to cope with life situations				
Emotionally stability , reaction to stress, poise, mood stability				
Motivated , genuine, and committed				
Good judgment, able to analyze and solve problems				
Oral expression, clear, coherent				
Relationship with others, good rapport, cooperative, malleable				
Empathy , sensitivity to the needs of others				
Leadership , creative and decisive, self-confident				
Personal appearance, clean, well groomed				
Integrity, honest, of good moral character				
Work habits, good stamina, polite, conscientious, takes initiative				
Do you recommend this applicant for acceptance to the 3D Tr Disciple Makers Multiplied? Yes No Please include any additional information you would like to sl	_			
Please print the followin Your Name You	_			
Your Address City		State		Zip
Name of Church You Attend You				
Your signature:		Date:		