



RHEMA ALUMNI AUDIT PROGRAM

Mailing Address: **P.O. Box 50126, Tulsa OK 74150-0126**
Street Address: **1025 W. Kenosha, Broken Arrow, OK 74012**

Application Form

| | |
|---------------------|----|
| FOR OFFICE USE ONLY | |
| PC | AF |

(ALL OF THE FOLLOWING MUST BE COMPLETED IN ORDER FOR THIS APPLICATION TO BE PROCESSED.)

- Enclose the \$35.00 NONREFUNDABLE application fee.
- Answer ALL questions. If a question does not apply, write "DNA" (Does Not Apply)
Your application may be returned if any area is left blank.

Head & Shoulders Photo ONLY

Snapshots are not Acceptable

Do not send applications without PHOTO

PLEASE PRINT OR TYPE FULL LEGAL NAME

| | | | |
|-------------|---------|----------|-------------|
| Name (last) | (first) | (middle) | Maiden Name |
|-------------|---------|----------|-------------|

| | | | |
|-----------------|------|-------|-----|
| Present Address | City | State | Zip |
|-----------------|------|-------|-----|

| | | | | | |
|---|---|------------------------|------------|--|-----|
| Phone (home) <small>Area code</small> () | Phone (work) <small>Area code</small> () | Social Security Number | Sex M F | Date of Birth <small>Month/Day/Year</small> | Age |
|---|---|------------------------|------------|--|-----|

| | |
|--|------------------------|
| Marital Status (check one) <input type="checkbox"/> Single <input type="checkbox"/> Engaged <input type="checkbox"/> Married <input type="checkbox"/> Remarried <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated | Current E-mail address |
|--|------------------------|

| | |
|---|-------------------------------|
| Name of spouse or fiancé(e) (last, first, middle) | Number of Dependent Children? |
|---|-------------------------------|

| | |
|--|--|
| Name of church which you regularly attend. | Are you a member? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|

A. EDUCATION

What years did you graduate from RBTC? _____

If you attended the 2nd year program, please indicate which group you selected 1 2 3 4 5 6

If you attended a 3rd year program, please indicate which program you attended RSWM RSW RSPM GES

| | | |
|--------------------------|----------|-------|
| Present Name of Employer | Position | Since |
|--------------------------|----------|-------|

B. HEALTH INFORMATION

Your General Health Excellent (E) Good (G) Fair (F) Poor (P)

Do you have any medical condition(s) about which we should be aware? Yes No (please describe)

Please designate with E, G, F or P the condition of your: Eyes _____ Ears _____ Heart _____ Lungs _____

Cite any physical handicaps or defects:

Yes No Do you have any disabilities that would require special facilities? If yes, what: _____

Yes No Do you have any known drug allergies?

If yes, what drugs:

B. HEALTH INFORMATION (Cont.)

List two individuals whom we could notify in case of an emergency.

| | | | | |
|----------------|------|--------------|-----|-------|
| Name | | Relationship | | Phone |
| Street Address | City | State | Zip | |
| Name | | Relationship | | Phone |
| Street Address | City | State | Zip | |

C. MEDICAL CONSENT

I, the undersigned, do hereby state that on the date indicated, I do grant full and complete permission to RHEMA Bible Training Center, its employees or designate, or any related or consulting physician to render or give emergency medical aid, care, treatment, or assistance that could or would be deemed required or necessary. I also state that should extended or required hospitalization be required, I grant full and complete permission for such care and treatment. This consent I give freely and voluntarily, fully knowing and understanding all the above and its relation to and effect upon me.

Yes No (Signature) _____ Date _____

Applicant must sign. If under 18, the parent or guardian must also sign.

(Parent/Guardian Signature) _____ Date _____

I understand that all items submitted as part of the application process become the permanent property of RHEMA Bible Training Center and will not be returned or copied for the applicant's use.

I have read the RHEMA Bible Training Center handbook and I clearly understand all the policies and rules therein. During this school year, I agree to abide by all the rules stated in the handbook and those communicated to me verbally. I will exemplify good Christian character and conduct at all times and places during the time that I am an audit student at RBTC.

I understand that attendance at RBTC is a privilege and not a right, and that RBTC reserves the right to require the withdrawal of an audit student at any time if in the judgment of RHEMA such action is deemed necessary to safeguard the ideals and the moral atmosphere of the training center.

I hereby grant permission to RHEMA Bible Church, aka Kenneth Hagin Ministries, to use any photographs taken of me in conjunction with RHEMA Bible Training Center activities. I understand that these photographs become the property of RHEMA Bible Church and may be used at any time without remuneration to me.

(Signature) _____ Date _____