



A Life Transforming Experience

We thank you for expressing an interest in our CORE program, a 9-month life transforming experience. If at any time you require assistance or have questions regarding this application process, please feel free to contact us at the information provided below.

This application form must be completed and submitted to the CORE office with all required parts in order to be considered for admission. The following items must be submitted with your application:

- 1 copy of applicant's valid photo ID
- 1 copy of a recent photo of the applicant
- \$35 non-refundable application processing fee (check or money order)
- Health insurance card or policy statement
- 2 reference forms with valid phone numbers (must be submitted separately directly from references)

Make Checks payable to:  
Pennsylvania Conference of Seventh-day Adventists  
Memo: CORE

2363 Mountain Rd.  
Hamburg, PA 19526

(484) 232-9239  
dwcasper@paconference.org

Airport/Bus Pick-up? Yes No

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APPLICANT SECTION

Last Middle First

Address Number & Street City/Town State, Zip Code

Home Phone # Cell Phone #

Current School Email

# 2

EMERGENCY CONTACT

Last Middle First

Address Number & Street City/Town State, Zip Code

Home Phone # Cell Phone #

Relationship Email

# 3

PERSONAL INFORMATION

Male Female DOB (MM/DD/YY):

English is my first language

English is my second language I also speak:

Do you have health insurance? Yes No

Who is your health insurance provider?

Are you bringing a vehicle? Yes No

Have you ever been dismissed from any educational institution? Yes No

If so, please explain:

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## PAST EDUCATION

Please describe your past education (high school and above):

Year Attended	Grade Levels	School Attended	Degree/Certificate
2017-2018			
2016-2017			
2015-2016			
2014-2015			

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## QUESTIONNAIRE

How did you hear about CORE?

What are some of your hobbies and pastimes?

Share some of your favorite authors and why you like them:

Describe your understanding of the third angel's message (Revelation 14) as it pertains to us today (leave blank if you are not sure):

What talents and abilities do you already have that you could bring to CORE and our ministry outreach?

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## ABOUT YOU

Do you understand the fundamental beliefs and practices of the Seventh-day Adventist Church?      Yes      No

Are you in agreement with them?      Yes      No

If not, please explain why:

Are you a baptized member of the Seventh-day Adventist Church?      Yes      No      Baptismal Date:

Local Church:

Name of Pastor:

Pastor's Phone:

Describe how you came to know Jesus:

How are you growing in Jesus?

What would you say are some the biggest challenges/issues facing teenage boys and girls of this generation?

What are three of your personal goals for the next 2-3 years?

- 1.
- 2.
- 3.

When I graduate from CORE, I would like to...

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## MEDICAL HISTORY

It is very important that the following questions be answered as accurately as possible. If you have any questions regarding any of them feel free to call our office for any clarification.

Do you have or have you had any significant physical conditions or special limitations (climate, diet, exercise, stamina, eating disorder, depression, prescription medication)?

Yes No

If Yes, please explain. (When? For how long? Is this a current condition? If not, when did it end?) Also include the name and phone number of your attending physician.

Yes No

Have you ever seen a counselor or therapist for any reason (including addiction)?

Yes No

If Yes, when and for what?



LEGAL RECORDS

Have you ever had an arrest for any violation that resulted in a conviction, a plea of guilty, or no contest, probation, community service, a summary report, or some other form of adjudication (other than a minor traffic violation)?

Yes No

If Yes, please explain:

Do you have any pending charges or are you under any type of legal investigation?

Yes No

If Yes, please explain:

Have you ever been accused of any kind of abusive behavior? If so, when, by who, and for what?

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## REFERENCES

Two reference forms should be completed and submitted either directly by the reference, or in an envelope sealed by the reference, to complete your application.

References should be someone who has known you for at least two years and can testify to your spiritual, mental, and social maturity. A working phone number must be provided for each reference.

By my signature, I certify that the statements and information furnished by the undersigned in this application form are true and complete.

Applicant Signature

Date

Parent/Guardian Signature

Date

Witness

Date