



	N		
First Name	Last		
Address	City	Province	Postal Code
Phone	Email		Date of Birth
Artizo Interns are expected to work			
Canadian Criminal Records check b Have you ever been convicted of a c		accepted into the pro	gram. Yes □ No □
If you answered 'yes', please include		arate document.	165 110
FDUCATION			
EDUCATION			
SCHOOL NAME	LOCATION	DATES	DEGREE RECEIVED/MAJOR
REFERENCES			
REFERENCES NAME	TITLE	RELATIONSHIP	PHONE/EMAIL
	TITLE	RELATIONSHIP	PHONE/EMAIL

WORK EXPERIENCE							
EMPLOYER	TITLE	DATES	PHONE/EMAIL				

Questions

Please t	ake some	time to	thoughtfully	answer the	following	questions:

How did Christ first become real to you?

What are the core building blocks of Christian ministry? In what areas do you most desire training?

What kind of ministry are you involved in now?

Have fellow believers encouraged you in your ministry? If so, how?

Bri of	iefly describe your views on preaching. How would you describe the place of preaching in the life the church?
Wi	hy do you want to be an Artizo intern?
Is	there anything else you need to tell us?
	I certify that all information and answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application may be necessary in arriving at the decision of acceptance as an intern with The Artizo Institute. In the event of becoming an intern with The Artizo Institute, I understand that false or misleading information given in my application or interview(s) may result in dismissal.
۸ 	licant's Signature

The Artizo Institute accepts candidates based on their application forms, references supplied and an in-depth interview process by the Artizo Board. There exists a standard of equality in that the Artizo admission process provides equal opportunity to all applicants.



OFFICE USE ONLY
☐ VERIFIED
DATE:
INITIAL:

APPLICANT'S INFORMATION							
First Name		Last Name			-		
REFERENCE'S INFORMATION							
First Name		Last Name			_		
Phone	Em	ail Address			_		
					-	act you for further or information?	
Company/Position					Yes ┌ N	lo 🗆	
Thank you for serving as a reference institute exists to train and development.							
will be directly involved in the s program is important to us. We							
mail completed form to St. John	• •			• .	•		
Please check the appropriat	e box regardin	g the applicant's a	abilities:				
	Excellent	Very Good	Good	Average	Poor	Don't Know	
Communication Skills							
Attitude							
Reliability							
Maturity							
Ability to work with others							
Interpersonal skills							
Teachability							
Integrity							
Humility							
Perseverance							
Leadership skills							
Work quality							
Overall character							
Emotional stability							

1. How long have you known the applicant? How well do you know the applicant and in what capacity?	
2. What are your experiences with the applicant's ability to work together with people?	
3. What are your experiences with the applicant's ability to lead?	
4. Do you believe that this applicant be a good candidate as an intern for The Artizo Institute? Why?	
5. Please comment on your perception of the applicant's strengths and weaknesses.	
f there is additional information which you think will assist us in the evaluation process, please feel free to provide such information on a separate sheet of paper Regarding the applicant, I would: Recommend with enthusiasm Recommend with confidence Recommend with reservation Not Recommend	
Trecommend with entitusiasin Trecommend with confidence Trecommend with reservation Trivot Recommend	
ACKNOWLEDGEMENT AND AUTHORIZATION I confirm that to the best of my knowledge the above information is correct and true.	
Should the applicant, under the <i>Freedom of Information Act</i> and <i>Protection of Privacy Act</i> , request a copy of this reference, do you consent to its release? Yes No No	
Poforonco's Signature	

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ADDI ICANT'S INICO	DMATION							
APPLICANT'S INFORMATION								
First Name	Li	ast Name		Middle				
REFERENCE'S INFO	REFERENCE'S INFORMATION							
HEI EHENGE GIM								
First Name		Last Name						
Phone		Email		May we	contact you	for further		
				clarificati	on or inform	ation?		
Church/Position					Yes	No 🗆		
Thank you for serving as a refe	erence. The an	inlicant listed above	is applying for a	an internshin wit	h The Artizo	Institute The Artizo		
Institute exists to train and dev	elop individual	s for ministry. If acc	epted, the indivi	dual will be plac	ed in leaders	ship roles where they		
will be directly involved in the s program is important to us. We								
mail completed form to St. Joh	n's Vancouver	, the Artizo Institute	2325 Burrard. S	St., Vancouver E	BC V6J 3J2.			
Please check the appropria	te box regard	ing the applicant's	abilities:					
	Excellent	Very Good	Good	Average	Poor	Don't Know		
Communication Skills								
Attitude								
Reliability								
Maturity								
Ability to work with others								
Interpersonal skills								
Teachability								
Integrity								
Humility								
Perseverance								
Leadership skills								
Work quality								
Overall character								
Emotional stability								

1.	How long have you known the applicant? How well do you know the applicant and in what capacity?
2.	What are your experiences with the applicant's ability to work together with people?
3.	What observations do you have regarding the applicant's ministry to other believers?
	The Artizo Institute's primary focus is training and equipping in the ministry of the Word. Do you lieve the applicant is suited for such training? Why or why not?
5.	Please comment on your perception of the applicant's strengths and weaknesses.
	nere is additional information which you think will assist us in the evaluation process, please feel free to provide such ormation on a separate sheet of paper
	Regarding the applicant, I would:
	Recommend with enthusiasm Recommend with confidence Recommend with reservation Not Recommend
Z	ACKNOWLEDGEMENT AND AUTHORIZATION
	☐ I confirm that to the best of my knowledge the above information is correct and true.
	Should the applicant, under the <i>Freedom of Information Act</i> and <i>Protection of Privacy Act</i> , request a copy of this reference, do you consent to its release? Yes No No
	Reference's Signature Date

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