



**Saved 2 Save
Trainingschool
Salvation Army
Sweden/Latvia**



Application Form

(All information will be treated with confidentiality and secrecy)

Identity

Please
Attach Photo
Here

First name _____

Last name _____

Sex _____

Date of Birth: dd _____ mm _____ yyyy _____

Date of Application: dd _____ mm _____ yyyy _____

Contact Information

Address:

Street/Box no: _____

City/Town & Postal Code: _____

Country: _____

Telephone: _____ Mobile: _____

E-mail: _____

Marital Status

Single

Married

Engaged

Living together

Will your spouse/partner be accompanying you?

Yes

No

If so, spouse's/partner's name: _____

Will you have children coming with you? Yes No

If so, name(s) and age: _____

Church Information

Home Church: _____

Pastor/leader: _____

Denomination: _____

Street/Box no: _____

City/Town & Postal Code: _____

Country: _____

Work Experience, Education and Skills

Present occupation: _____

Employer's name and address: _____

Previous work experience, last years: _____

Educational background: _____

Skills, interests and talents: _____

Language proficiency

Please identify and rate your level of English language proficiency:

Native/bilingual (high)

Professional (medium)

Elementary (low)

Health

Do you suffer from any physical illness? _____

Do you suffer from any mental disorder? _____

Are you currently abusing alcohol or any other drugs? _____

Did you ever suffer from any of the above? _____

(If "Yes" to any of the above questions concerning health, please elaborate on a separate sheet)

Anything else you think we should know about you? _____

About Saved 2 Save

How did you first hear about S2S? _____

What most influenced your decision to apply? _____

What are your expectations for this course? _____

Personal accounts

Please write at least 2 or 3 sentences on each topic. Use additional pages if necessary. Describe briefly the following:

- A) Your conversion experience and your present relationship with the Lord Jesus Christ

- B) The areas of your character you are presently seeking to further develop and improve:

- C) Your long-term goals

- D) Your relationship with your local church - including areas of ministry, service and leadership experience

- E) Your business-, professional-, mission-related- or other significant experiences

- F) Your relationship with your family

G) How does your family feel about your plans to enroll with S2S Training School?

H) Why do you want to get involved in mission work?

Acknowledgements of Responsibility

If accepted to Saved 2 Save Training School...

... I understand that payment of the required school fees must be made *before the first day of every month*, and assure to provide for this

Yes

No

... I agree to meet in a timely manner all expenses incurred during my involvement with the Salvation Army and Saved 2 Save Training School

Yes

No

... I am willing to refrain from any use of alcohol and other drugs during my involvement with Saved 2 Save Training School

Yes

No

~ * ~

I certify that all the information in this application, including attached documents, is complete and accurate

Applicant's signature: _____

Date: dd _____ mm _____ yyyy _____

REFERENCES

Forms may be downloaded from S2S website: www.saved2save.com . Letters of reference will be sent in separately by:

Pastor/Churchleader:

Name: _____ Relationship: _____

Residential address: _____

Telephone: _____ E-mail: _____

Other leader/employer/teacher:

Name: _____ Relationship: _____

Residential address: _____

Telephone: _____ E-mail: _____

Friend/Family member:

Name: _____ Relationship: _____

Residential address _____

Telephone: _____ E-mail: _____

Please mail all forms to:

S2S, Frälsningsarmén
Mellangatan 21
S – 621 56 Visby
Sweden