



# 2017 LTP Application

## Leadership Training Program



### APPLICANT INFORMATION

Name:	Address:	City:	Province:	Postal Code:
Phone #:	E-mail:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F		
Alternate #:	Birth Date:	Age as of July 1, 2017:		
Church you attend:	Are you a Member: <input type="checkbox"/> yes <input type="checkbox"/> no	Describe your involvement in your church:		
Pastor's Name:	Church Phone Number:			

### PERSONAL QUESTIONNAIRE

SECTION A	Give the name and location of your present school and your grade:
	What is your grade average in school: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>
	What is your goal in life?
SECTION B	Why did you apply to participate in the Leadership Training Program - LTP camp?
SECTION C	List and describe any type of leadership experience you have had at home, school, church, community, etc.
SECTION D	What is a "leader"? (Give your own idea, not a dictionary definition.)
	Have you ever been convicted of a crime or do you currently have charges pending? <span style="float: right;">If yes, please include explanation:</span>
	Do you have a current Police Records Check? <input type="checkbox"/> yes <input type="checkbox"/> no <span style="float: right;">If no, are you willing to undergo a Police Records Check? <input type="checkbox"/> yes <input type="checkbox"/> no</span>

### INTERESTS AND SKILLS

List the types of sports, hobbies, music and any other activities in which you participate and/or enjoy.

In which of the above items do you have special abilities or training or leadership experience? Give details:

Do you play a musical instrument?  No  Yes Which one(s)?

### REFERENCES

Provide names of two individuals (not relatives) who know you well in some type of leadership capacity or situation.  
(Example: Pastor, Youth Leader, Employer, School Official, Coach, Church Member/Leaders)

**Ensure that your references are aware that they will be contacted by BCM Canada to be a reference for you.**

References will be required to complete and return a written LTP reference form by email, fax or postal mail to complete your application to LTP.

<b>Name</b>	<b>Relationship</b>	<b>Years Known</b>
Address	City	Province
Postal Code	Tel. No.	Email
<b>Name</b>	<b>Relationship</b>	<b>Years Known</b>
Address	City	Province
Postal Code	Tel. No.	Email

**Both sides of this form must be completed before you can be considered to attend LTP Week.**

---

---

## SPIRITUAL BELIEFS

---

**Answer each question completely, including Bible references for each as you are able.  
You may use a separate sheet of paper if needed.**

- 
1. Who do you believe Jesus Christ to be? Explain why or why not he is God.
- 
2. Do you believe the Bible is the inspired Word of God? Has God given us any other inspired writings?
- 
3. Do you believe Jesus died and rose again from the dead? If yes, explain why He did this. If no, explain your answer.
- 
4. Do you believe everyone is born a sinner? What is sin? What does God say about our sin in His Word?
- 
5. Explain how can a person become saved from their sin?
- 
6. Explain what God promises us when we put our trust in Jesus Christ as Saviour?
- 
7. Have you ever put your trust in Jesus Christ as your personal Saviour? If, yes explain the circumstances of how and when this happened. (Use extra paper if it is needed.)
- 
8. Who is the Holy Spirit and what part does He play in our lives?
- 
9. Have you ever led someone to receive Jesus Christ as their personal Saviour? If yes, explain the circumstances.
- 
10. As a believer in Jesus Christ, in what ways do you seek to obey and to please Him in your daily life?

- 
- ◆ I have read and fully understand all the questions requested in this application.
  - ◆ I certify that all answers given by me are accurate and complete.
  - ◆ I understand that completion and submission of this application does not ensure me a position in LTP Camp.
  - ◆ I understand that omission and/or misrepresentation of the facts requested may be just cause for immediate removal without prior notice.
  - ◆ I authorize BCM International (Canada) Inc. to contact the references listed above and I release each person from liability for providing this information. If accepted, I understand that I will need to provide a Police Records Check at my own expense and all information concerning my references and Police Records check will be treated in a confidential manner and according to the BCM International (Canada) Inc. Privacy Policy.
  - ◆ If accepted, I agree to abide by all the rules and policies of Mill Stream Bible Camp.
  - ◆ I have read, understood and agree to the above.

---

Applicants Signature:	Date:	Parental/Guardian Signature:	Date:
-----------------------	-------	------------------------------	-------

---

The cost for LTP Camp is **\$225 (13% HST tax extra)** which covers the cost of room and board, and all training materials.  
**A \$50 non-refundable deposit must be included with your application. Your deposit will be refunded if you are not accepted.**  
The remaining balance owing will be required upon your acceptance and must be paid in full prior to June 15, 2017 to confirm your attendance.

---

*You must complete both sides of this form. Failure to complete ALL information and provide your deposit will only delay processing your application.*

---

**Email, fax or snail-mail your application to:**

**LTP WEEK**  
**BCM International (Canada) Inc.**  
685 Main Street East, Hamilton, ON L8M 1K4  
Phone: 1-877-272-9262 Fax: 905-549-7664  
Email: mission@bcmintl.ca Website: www.bcmintl.ca

