



Dear friend,

Thank you for your interest in Wings Global Outreach and Wings of Morning.

Enclosed you will find an application form, personal concepts inventory, statement of faith, a pastoral recommendation and three (3) general recommendation forms.

Please fill out each form as completely as possible and return them to our office. We ask that you give a stamped addressed envelope to each individual used as a reference so that they can directly send the recommendation form to our office.

We also ask that you send a recording of you singing/playing three songs: one of your choice, one ballad and one up-tempo. Please make sure that your vocal range is demonstrated through the recordings. Please also attach a recent picture to the application.

As soon as all of your application materials are received, we will evaluate your application and be in contact with you.

Again, thank you for your interest.

Partnering Together in Christ,

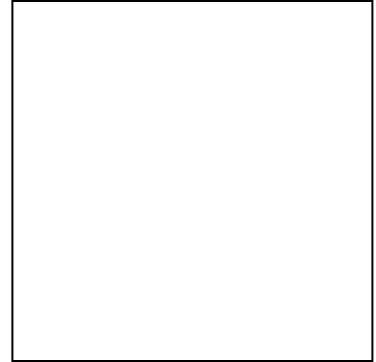
A handwritten signature in black ink that reads "David Edwards". The signature is stylized and cursive.

David Edwards
Director/Founder

Date of Application
___/___/___



P.O. Box 756
Woodstock, GA 30188
770-928-8449 - 770-529-8611 Fax
info@wingsgo.org



Please provide the following information:

PERSONAL

1. Circle one: Soprano Alto Tenor Bass

2. Name_____Age_____Birthdate_____
Address_____City_____
State _____ Zip_____ Home Phone_____
Email _____ Cell Phone _____

3. Do you have health insurance? _____
If yes, when does it expire? _____

4. Marital Status: Single ____ Married ____ Engaged ____
Have you ever been married before? _____ If yes, please
explain: _____
Spouse' Name _____ Age _____ Birthdate _____
Childrens' names and ages: _____

5. Where is your church membership? _____
Church address _____
_____ Phone number _____
Pastor's name _____

- 6. How long have you been born again? _____
- 7. Have you surrendered to full-time Christian Service? _____
- 8. What was your most recent involvement in Christian Service?

EDUCATION

If you have attended or graduated from college please disregard the high school questions.

8. High School:

Address _____

City _____ State _____ Zip _____

Date Graduated _____

Major _____

In what clubs or organizations did you maintain membership or interest in?

9. College:

Major

Minor

Years Attended

Summarize your participation in extra-curricular activities.

EMPLOYMENT

10. List the last three jobs held. Also list your employer and reason for leaving:

- a. _____

- b. _____

- c. _____

REFERENCES

11. List three references, including pastors or spiritual leaders and someone acquainted with your qualifications in your specified area of service.

Pastor/Youth Pastor

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Teacher

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Friend:

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

MUSICAL/MINISTRY EXPERIENCE

12. List any musical experience: _____

13. How long have you been singing? _____
Have you had vocal training? (Yes/No)

14. Name musical instruments that you have played. _____

15. How long have you played this/these instrument(s)? _____

16. How did you become acquainted with Wings of Morning? _____

17. Why do you want to join Wings Global Outreach? _____

18. Relate your salvation experience and details of spiritual growth since that time. Please include anything that would be helpful in our evaluating your potential to our ministry. (use the back if necessary)

19. What plans or goals have you set for yourself? _____

20. What are you doing to reach these goals and to fulfill your plans? _____

21. If God calls you to serve with us, what gifts and talents will you bring to this ministry? _____

PERSONAL CONCEPTS INVENTORY

Please take time to fill out this inventory as carefully and as thoughtfully as you possibly can. Please complete all of the questions and do not ask anyone to assist you with them. Allow yourself plenty of time to complete this form.

Thank you for your honesty and candidness!

Name _____ Date _____

Address _____ Phone _____ (Cell)

FAMILY STRUCTURE

<u>Name</u>	<u>Age</u>	<u>Education</u>	<u>Occupation</u>	<u>Living?</u>
Father	_____	_____	_____	_____
Mother	_____	_____	_____	_____
Sibling	_____	_____	_____	_____
Sibling	_____	_____	_____	_____
Sibling	_____	_____	_____	_____
Sibling	_____	_____	_____	_____
Sibling	_____	_____	_____	_____
Other	_____	_____	_____	_____

IF YOU ARE MARRIED, PLEASE COMPLETE:

_____Your age at marriage _____Your spouse's age at marriage

Is this your first marriage? ____Yes ____No

Is this your spouse's first marriage? ____Yes ____No

How do you feel about your early life/childhood? Any conflicts that disturbed you? _____

Did you feel secure in your home? ____Yes ____No (If no, please explain)

PERSONAL BEHAVIOR ASSESSMENT

List your most important strengths:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

List any aspects of your behavior you would like to change:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Describe yourself by completing the following sentences:

- 1. "I am _____"
- 2. "others see me as _____"

List any problem areas that deeply concerns you at this time:

- 1. _____
- 2. _____
- 3. _____

PERSONAL GOALS EVALUATION:

What plans or goals have you set for yourself?

- 1. _____
- 2. _____
- 3. _____

What are you doing to reach these goals and fulfill your plan?

- 1. _____
- 2. _____

List several of your own interests. Indicate how often you participate in them.

1. _____ Daily ____ Weekly ____ Monthly ____
2. _____ Daily ____ Weekly ____ Monthly ____
3. _____ Daily ____ Weekly ____ Monthly ____
4. _____ Daily ____ Weekly ____ Monthly ____
5. _____ Daily ____ Weekly ____ Monthly ____

Look back at your list and indicate below how often you would like to engage in these activities.

1. Daily ____ Weekly ____ Monthly ____
2. Daily ____ Weekly ____ Monthly ____
3. Daily ____ Weekly ____ Monthly ____
4. Daily ____ Weekly ____ Monthly ____
5. Daily ____ Weekly ____ Monthly ____

Please list any new interests that you would like to develop:

1. _____ 3. _____
2. _____ 4. _____

The next series of questions is designed to evaluate how well you get along with other people. Please be specific with your answers.

How well do you get along with other people that disagree with your convictions?

How do you respond when someone irritates you? _____

What aspects of your behavior towards other people would you like to change?

Please list three things other people do that you would like to see them change:

The following set of questions is designed to determine how well you communicate with others. Please indicate your answer by placing a circle around the number that best corresponds to your actions.

	Always	Sometimes	Never		
1. Other people understand what I wish to communicate.	5	4	3	2	1
2. I feel I understand what others wish to communicate.	5	4	3	2	1
3. I listen and express interest in what others say.	5	4	3	2	1
4. I am comfortable in expressing disagreements with the things others say.	5	4	3	2	1
5. I express appreciation when others do things for me.	5	4	3	2	1
6. Other people express appreciation for the things I do for them.	5	4	3	2	1

Look back over each question. Please place an X through the answer that you think others will select in answering these questions about you.

Please answer the following questions in the most specific possible way indicating exactly how you wish others would communicate with you concerning the items listed. Your answers may include actions and/or words.

1. How would you like for others to tell you – you are appreciated?

2. How would you like for others to request changes in what you do?

3. How would you like for others to tell you when you are wrong?

4. How would you like for others to respond to your weaknesses?

5. How would you like for others to respond to your failures?

HEALTH QUESTIONNAIRE

Name: _____ Age: _____ Birth date: _____

Date of last physical examination: _____ Physicians name: _____

Physician's phone number: _____

Is your health excellent, good, or poor? _____ Height _____ Weight _____

Please fill out the following:

<u>DISEASE:</u>	<u>DATE:</u>		<u>YES OR NO</u>
Chicken Pox		Frequent Colds	
Measles		Frequent Sore Throat	
Whooping Cough		Sinusitis	
Mumps		Bronchitis	
Scarlet Fever		Abscessed Ears	
Diphtheria		Stomach upset, or Ulcers	
Rheumatic fever		Kidney Disease	
Asthma		Heart Disease	
Diabetes		Convulsions	
Allergies, Specify		Hearing Deficiency	
Wear Glasses/contacts?		Visual Deficiency	
Pneumonia		Allergies to any medication? If so, specify	

<u>IMMUNIZATIONS:</u>	<u>DATE:</u>	<u>OPERATIONS:</u>	<u>DATE:</u>
Small Pox		Appendectomy	
Polio (type)		Hernia	
Measles		Tonsillectomy	
Tetanus		Other, specify	
Tuberculin Test		Injuries, Specify	

Do you require a special diet? YES____NO____, If yes, Explain:_____

Are you presently taking any medication under a doctor's supervision? Yes____
NO___ If yes, Explain:_____

Is there other physical condition(s) that would keep you from performing normal
physical activity? Yes___NO___ if yes, Explain

EMERGENCY CONTACT INFORMATION

Who should we contact in the event of an emergency?

Name: _____ Phone: () _____

Address: _____ City: _____ State: _____

Zip: _____ Relationship to you: _____

STATEMENT OF FAITH

The following statements are biblical standards that our ministry believes. These are non-negotiable if you desire to serve with Wings Global Outreach.

We believe the Bible to be the inspired, the only infallible, authoritative Word of God.

We believe that there is one God, eternally existent in three persons: Father, Son, and the Holy Spirit.

We believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and in His imminent personal return in power and glory.

We believe that for the salvation of lost and sinful men, repentance of sin and faith in Jesus Christ results in regeneration by the Holy Spirit and that Jesus Christ is the only way of salvation.

We believe in the present ministry of the Holy Spirit, whose indwelling enables the Christian to live a godly life of service to the Lord.

We believe in the resurrection of both the saved and the lost; they that are saved unto the resurrection of life in a literal, eternal heaven and they that are lost unto the resurrection of damnation in a literal, eternal hell.

We believe in the spiritual unity of believers in our Lord Jesus Christ.

I, _____, affirm belief in the above listed statements.

Signature



Wings Global Outreach

P.O. Box 756
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770-928-8449

David Edwards

Director/Founder

PASTORAL RECOMMENDATION FORM (pgs. 15,16)

_____ has applied for admission to Wings Global Outreach/Wings of Morning and has given your name as a reference. Will you please fill out this reference form at your earliest possible convenience and return it directly to us at the above address.

The applicant will be able to obtain this information upon request after being accepted into our ministry. If you would like to inform us of something confidential, please feel free to contact our office.

1. Has the applicant given clear evidence of spiritual conversion? ___Yes, ___No.

2. How long have you known the applicant? _____

3. Please describe applicant's level of spiritual and emotional maturity:

4. Is applicant responsive to your spiritual leadership? ___Yes, ___No

5. Does the applicant display any actions or habits that are questionable in nature? ___Yes, ___No (If yes, describe on a separate page)

6. Would you say the applicant is becoming Christ-like in behavior and attitudes? ___Yes, ___No



Pastoral Recommendation Form (cont.)

7. Is the applicant by nature a thoughtful, considerate person? Yes, No
8. Does the applicant give evidence of a servant's heart? Yes, No
9. Are there any recommendations you would like to make concerning the applicant?
 Yes, No (If yes, describe below)
10. Would you say the applicant is of a spiritually mature frame of mind that would be a benefit to the ministry? Yes, No

Pastor's Name _____

Church _____

City/State/Zip _____

E-mail _____

Telephone Number (_____) _____



Wings Global Outreach

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David Edwards

Director/Founder

Recommendation Form (pgs. 17-19)
Teacher / Advisor / Employer
(Please circle one)

_____ has applied for admission to Wings Global Outreach/Wings of Morning and has given your name as a reference. Will you please fill out this reference form at your earliest possible convenience and return it directly to us at the above address.

The applicant will be able to obtain this information upon request after being accepted into our ministry. If you would like to inform us of something confidential, please feel free to contact our office.

Reference Contact Info:

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Position held by applicant: _____

Length of service: _____

Nature of work in detail: _____



Recommendation Form (cont.)

Rating – Please check on each line the term which best applies:

1. Teachable ness?	/ _____ /	/ _____ /	/ _____ /	/ _____ /
Repeated instructions necessary	Slow, but retains well	Learns readily	Very superior	
2. Dependability?	/ _____ /	/ _____ /	/ _____ /	/ _____ /
Not dependable	Has to be watched	Usually reliable	Thoroughly dependable	
3. Judgment?	/ _____ /	/ _____ /	/ _____ /	/ _____ /
Unable to make decisions	Snap judgments	Uses good commor sense	Superior judgment	
4. Initiative?	/ _____ /	/ _____ /	/ _____ /	/ _____ /
Needs constant supervision	Relies somewhat upon others	Carries through assignments	Anticipates needs resourcefully	
5. Accuracy?	/ _____ /	/ _____ /	/ _____ /	/ _____ /
Too many errors	Somewhat inaccurate	Satisfactory	High degree of accuracy	
6. Quality of work?	/ _____ /	/ _____ /	/ _____ /	/ _____ /
Careless	Acceptable, but needs improvement	Entirely satisfactory	Outstanding	
7. Quantity of work?	/ _____ /	/ _____ /	/ _____ /	/ _____ /
Has to be prodded	Acceptable but needs improvement	Good producer	Unusually rapid worker	
8. Attitude toward work?	/ _____ /	/ _____ /	/ _____ /	/ _____ /
Definitely Uninterested	Rather matter-of-fact	Industrious	Enthusiastically interested	
9. Attitude toward associates?	/ _____ /	/ _____ /	/ _____ /	/ _____ /
Reluctant to Cooperate	Makes little contribution	Gets along with others	Fullest possible contribution	
10. Attitude toward superior?	/ _____ /	/ _____ /	/ _____ /	/ _____ /
Difficult to handle	Somewhat unresponsive	Generally cooperative	Usually helpful and cooperative	

Recommendation Form (cont.)

Have you found the applicant consistently honest? _____

If not, please comment.

How long have you known the applicant? _____

Please describe the applicant's level of spiritual and emotional maturity. _____

How does the applicant react when faced with pressure situations? _____

How would you describe the applicant's general attitude towards life? _____

Please give any additional information concerning the applicant that would be helpful in making an assessment of the applicant? _____

Signature: _____

Date: _____