

Spirit Wings Dance Company
Membership Application Fall-Winter 2010 – Winter-Spring 2011
(Please print or type information)

NAME: _____

STREET ADDRESS: _____

STATE: _____ ZIP CODE: _____ COUNTY: _____

HOME NUMBER: _____ WORK NUMBER: _____

CELL: _____ PAGER: _____ E-MAIL: _____

AGE: _____ BIRTH DATE: _____ (Month, Date & Year)

SCHOOL NAME, GRADE/YEAR: _____ 12/2008 GPA: _____

(IF LIVING AT HOME)

PARENT'S NAME: _____ WORK NUMBER: _____

CHURCH & PASTOR'S NAME: _____

HOW LONG HAVE YOU BEEN A MEMBER OF THE ABOVE MENTIONED CHURCH? _____

ARE YOU INVOLVED IN ANY ACTIVITIES AT YOUR CHURCH? ___Y ___N

If yes, please list the activities and how long you have been involved.

DANCE HISTORY: _____

ARE WE AT LIBERTY TO CONTACT ANY INSTRUCTORS OR DANCE DIRECTORS THAT YOU HAVE WORKED WITH IN THE PAST? ___Y ___N IF NO, PLEASE EXPLAIN WHY.

ARE YOU A BORN-AGAIN CHRISTIAN? ___Y ___N If , yes, please give the date of conversion and share your experience.

ARE YOU SPIRIT-FILLED? (According to Acts 2) ___Y ___N If yes, please share your experience.

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WHAT ARE THE FOUNDATION STONES MENTIONED IN HEBREWS 6:1-2. ELABORATE ON WHETHER OR NOT THESE STONES HAVE BEEN LAID IN YOUR LIFE.

WHAT DOES PRAISE AND WORSHIP MEAN TO YOU?

WHY DO YOU WANT TO BE A PART OF SPIRIT WINGS DANCE COMPANY?

WHAT ARE YOUR SHORT AND LONG TERM GOALS? _____

SUPPORT WITH SCRIPTURE WHY CHRISTIANS CAN DANCE.

WHAT WILL YOU GAIN FROM BEING A PART OF THIS COMPANY?

WHAT WILL THE COMPANY GAIN FROM YOUR MEMBERSHIP?

GALATIANS 5:22 LIST THE FRUIT OF THE SPIRIT. ELABORATE ON YOUR UNDERSTANDING OF WHAT THESE FRUITS ARE AND WHETHER OR NOT THE FRUIT OF THE SPIRIT IS EVIDENT IN YOUR LIFE.

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WHAT IS SPIRITUAL AUTHORITY? _____

WHAT OTHER EXTRA CURRICULAR ACTIVITIES ARE YOU INVOLVED IN?

WILL YOUR PRESENT SCHEDULE PERMIT YOU TO BE A COMMITTED? ___Y ___N

HAVE YOU EVER SHARED YOUR FAITH WITH ANYONE? (If yes, please give details)

HAVE YOU EVER LEAD ANYONE TO THE LORD? (If yes, please give details)

WHAT MUST WE DO TO ASCEND AND ABIDE IN THE PRESENCE OF GOD?

HOW OFTEN DO YOU DO THE FOLLOWING?

Write the appropriate number beside the letters A - F.

- _____ **A. PRAY**
- _____ **B. READ THE WORD**
- _____ **C. STUDY/MEDIATE ON THE WORD**
- _____ **D. FAST**
- _____ **E. SPEND TIME WITH THE LORD**
- _____ **F. WITNESS**

- | | |
|--------------------|--------------------------|
| 1. Everyday | 6. As the Lord leads |
| 2. Every other day | 7. At church |
| 3. Once a week | 8. When I feel the need |
| 4. Twice a week | 9. When it's convenient |
| 5. Once a month | 10. When asked by others |

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WHAT IS YOUR GREATEST CHARACTER FLAW? _____

DO YOU FIND IT EASY OR VERY DIFFICULT TO GET ALONG WITH OTHERS? _____

BASICALLY DESCRIBE YOUR PERSONALITY? _____

HOW DO YOU KNOW THAT THE LORD HAS CALLED YOU TO BE A PART OF SPIRIT WINGS?

ARE THERE ANY MEDICAL OR PHYSICAL PROBLEMS THAT THE STUDIO STAFF SHOULD BE AWARE OF? ____ Y ____ N If yes, please list them

PLEASE FEEL FREE TO USE THIS SPACE TO EXPRESS ANY FINAL THOUGHTS THAT YOU HAVE THAT WOULD ALLOW THE MINISTRY OF SPIRIT WINGS TO KNOW YOU BETTER.

Your application is completely confidential and basically benefits the director & judges in knowing where you are and how they can better assist you in fulfilling the call of God upon your life.

Spirit Wings Dance Company is a, bible based Christian organization that selects applicants on their ability to minister the word of God through dance with conviction, spiritual maturity, desire, sincerity, availability, a lifestyle that is based on the word of God and a willingness to submit to the governing authority over the Company, which is God through our Lord & Savior Jesus Christ.