



**Victory Outreach International  
Urban Training Centers**



**AFRICA IMPACT APPLICATION**

Please complete application in legible writing in BLUE or BLACK ink.

**APPLICANT INFORMATION**

Please Check:     1 Month     3 Months

Full Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Relationship Status: \_\_\_\_\_

Do you have any children?    YES    or    NO

Are you a citizen of the United States?    YES    or    NO

If no, are you an authorized resident in the United States?    YES    or    NO

Do you have a passport?    YES    or    NO

Have you ever been convicted of a felony?    YES    or    NO

If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any health issues?    YES    or    NO

If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EDUCATION**

High School: \_\_\_\_\_ Graduating Year: \_\_\_\_\_

Did you graduate?    YES    or    NO    Degree: \_\_\_\_\_



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College: \_\_\_\_\_ Graduating Year: \_\_\_\_\_

Did you graduate? YES or NO Degree: \_\_\_\_\_

VETI: YES or NO How many credits have you completed? \_\_\_\_\_

**MINISTRY**

Church: \_\_\_\_\_ Pastor: \_\_\_\_\_

Region: \_\_\_\_\_ How long have you attended? \_\_\_\_\_

When were you converted? \_\_\_\_\_ Where? \_\_\_\_\_

UWC Member Level: \_\_\_\_\_ UWC Number: \_\_\_\_\_

**EMERGENCY CONTACT:**

Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**SPIRITUAL AUTOBIOGRAPHY AND PERSONAL EVALUATION**

Please outline your spiritual resume. (Ministry Experience)

I.E. Position held, people were disciple by etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your spiritual gifts?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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What do you feel called to?

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What secular trade or job experience do you have?

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Have you ever smoked? YES or NO

If yes, how long has it been? \_\_\_\_\_

Have you used alcohol? YES or NO

If yes, how long has it been? \_\_\_\_\_

Have you ever used illegal drugs? YES or NO

If yes, how long has it been? \_\_\_\_\_

Have you ever been involved in pre-marital sex or adultery? YES or NO

If yes, how long has it been? \_\_\_\_\_

Have you ever been involved in homosexuality/lesbianism? YES or NO

If yes, how long has it been? \_\_\_\_\_

Were you ever convicted of any crime other than a traffic infraction? YES or NO

If yes, how long has it been? \_\_\_\_\_



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**TALENT AND ABILITIES**

Please indicate your talent and abilities:

Drama: \_\_\_\_\_

Musical Instrument: \_\_\_\_\_

Other: \_\_\_\_\_

**HEALTH REPORT**

What is the state of your physical? \_\_\_\_\_

What type of insurance? \_\_\_\_\_

Policy Number: \_\_\_\_\_

Are you handicapped? YES or NO

If yes, what type? \_\_\_\_\_

Are you on medication? YES or NO

If yes, what type and for how long? \_\_\_\_\_

Are you pregnant? YES or NO If yes, how many months? \_\_\_\_\_

Do you have any of the following conditions? (If yes, please check the box):

\_\_\_ AIDS or HIV \_\_\_ Diabetes \_\_\_ Asthma \_\_\_ Veneral \_\_\_ Hepatitis \_\_\_ Syphilis

Please attach proof of medical record for current physical administered within the last month in order to be considered for acceptance.

**Pastor's Comments:**

\_\_\_\_\_  
\_\_\_\_\_



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**Senior Pastor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*After completing application – please scan and email to [utcadmin@victoryoutreach.org](mailto:utcadmin@victoryoutreach.org)*

*For more information – please call (909) 599-4437 or email us at [utcadmin@victoryoutreach.org](mailto:utcadmin@victoryoutreach.org)*

**APPLICATION SIGNATURE**

I HEREBY APPLY FOR AFRICA IMPACT AND CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THE INFORMATION GIVEN IN THIS FORM IS TRUE. I HAVE READ THE POLICIES AND IF ADMITTED WILL COOPERATE IN OBSERVING THE REGULATIONS AND UPHOLDING THE STANDARDS. I UNDERSTAND THAT I AM SUBMITTED CONFIDENTIAL FORMS TO PERSONS NAMED FOR REFERENCE ON THIS APPLICATION AND THAT THESE FORMS ARE TO BE RETURNED DIRECTLY TO VICTORY OUTREACH INTERNATIONAL ADMISSIONS OFFICE. I WAIVE MY RIGHT TO SEE THE COMPLETED REFERENCES. I UNDERSTAND THAT MY FILE MAY BE MADE AVAILABLE TO APPROPRIATE FACULTY MEMBER OR ADMINISTRATIVE OFFICER OF VICTORY OUTREACH INTERNATIONAL.

I have read and accepted the terms, conditions, and financial policy.

Print Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_