



Dear Revivalist,

Thank you for your interest in the River City School of Supernatural Ministry. We are living in exciting times, and exciting times call for radical men and women of God. I believe that you have a divine destiny, and my prayer is that you will walk in obedience to the call of God on your life.

The River City School of Supernatural Ministry is dedicated to create an atmosphere that sustains revival. We desire to see all believers minister under the power of the Holy Spirit, with the evidence of supernatural signs and wonders. RCSM is a like a spiritual boot camp - it is a training ground for the spiritual leaders of today and tomorrow. The staff of Family Christian Center have a heart for the next generation of leaders, regardless of age. If you were called out by God to enter into ministry now, then it was for such a time as this!

RCSM will challenge your faith as well as push you into a greater understanding of your anointing. It will stir a passion to take that anointing to the streets. RCSM will take you beyond theory and into practice. It will take you beyond religion and into relationship. It will take you beyond the place you are at right now!

At RCSM, you will receive Biblically based teaching as well as hands-on training. Training takes you beyond the head knowledge of the Word and into an activation of your faith. In your spirit, you have what it takes to change the world. At RCSM, you will receive the truths as well as the opportunities to release it.

We are looking for a group of people who feel called to ministry, who want to pursue relationships with God and with other people, and desire to be "carriers of the fire of God" to wherever He directs.

If this adventure seems like the one you are willing to take, print off the following applications. Fill out the student application and mail it in to the school office, then get the recommendations into the hands of people that know you and your character. We will contact you upon receiving your application and schedule an admissions interview at the RCSM office.

I look forward to hearing what God is doing in you. If you have any questions, please call me. We welcome you to come down and sit in classes for a day, or to come by and meet with a member of the RCSM staff. God bless you as you continue to walk with Him in obedience.

Consumed by Him,

Eric Leach  
Overseer, River City School of Ministry

**6521 Hazel Avenue, Orangevale, CA 95662**

Phone: 916-988-6606 ext. 3009

Fax: 916-988-6611

Web: [www.experiencercsm.com](http://www.experiencercsm.com)

E-Mail: [experiencercsm@gmail.com](mailto:experiencercsm@gmail.com)



**SPIRITUAL**

When did you accept Christ as your personal Savior? \_\_\_\_/\_\_\_\_

Have you had an Acts 2:4 experience? \_\_\_\_Yes \_\_\_\_ No If no, are you seeking it? \_\_\_\_ Yes \_\_\_\_ No

Do you attend church regularly? \_\_\_\_ Yes \_\_\_\_ No Are you a member? \_\_\_\_Yes \_\_\_\_No

Home church/Denomination \_\_\_\_\_

Pastor's name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address of church \_\_\_\_\_  
Street City State Zip

State any Christian service you have done: \_\_\_\_\_

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

**EDUCATION**

Date graduated from High school/GED \_\_\_\_\_

List in chronological order the high schools and colleges attended.

Name of School	Attendance		Degree/Diploma	Type of course
	From	To		

**EMPLOYMENT**

Present employer \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone ( ) \_\_\_\_\_ YOUR EMPLOYER MAY BE CONTACTED.

The River City School of Supernatural Ministry admits all people of all races, colors, national background, and ethnic origin; and extends to them all the rights, privileges, programs, and activities generally accorded or made available to the students of this school. The school does not discriminate on the basis of color, race, sex, national and/or ethnic origin or handicap, in the administration of it's policies and programs.

**HISTORY**

(Answering "YES" to the following questions will **not** automatically disqualify the applicant from acceptance.)

Have you used tobacco, illegal drugs, or drank alcoholic beverages to excess in the last six months?  
 Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been involved in homosexuality or lesbianism?  Yes  No

If yes, how long since last involved? \_\_\_\_\_

Have you ever been arrested?  Yes  No Any warrants for your arrest?  Yes  No

If yes, when? \_\_\_\_\_ Please attach a brief explanation.

Were you convicted?  Yes  No If yes, when and where? \_\_\_\_\_  
Please attach a brief explanation.

Have you ever been involved in the occult, witchcraft, or cults?  Yes  No

If yes, please attach a brief explanation.

**FINANCES**

How do you plan to pay for your educational expenses? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will you need assistance in finding housing?  Yes  No

How did you hear of River City School of Ministry? \_\_\_\_\_  
\_\_\_\_\_

**AGREEMENT**

I understand that any falsification of information on this application is grounds for dismissal at any time. I hereby certify that I have read the River City School of Supernatural Ministry Handbook of Policies. I accept them, and agree to abide by them while I am a student of River City School of Ministry.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

This School of Ministry reserves the right to require the withdrawal of any student who is considered to be out of harmony with the spirit of this institute.





# PASTOR'S RECOMMENDATION

**NOTE: This section is to be completed by Applicant**

**To the Applicant:** This recommendation should be completed by your pastor and mailed directly to the School Office. If your pastor is your parent or spouse, ask another member of the pastoral staff in your church to complete this form.

Date \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Day Phone ( ) \_\_\_\_\_ Evening

Applicant's name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country of citizenship \_\_\_\_\_

**To the Pastor:** The person listed above is applying for admission to River City School of Supernatural Ministry. Serious consideration will be given to your comments. We appreciate your help in this matter and will keep any information you supply in confidence. Thank you for your assistance.

1. How long have you know the applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_

2. How well do you know him/her? Please check one.

- Very well, pastoral relationship
- Fairly well, numerous personal contacts
- Casually, few personal contacts
- By name/sight

3. To your knowledge, has the applicant made a personal commitment to Jesus Christ? \_\_\_\_\_ Yes \_\_\_\_\_ No

4. To what extent is the applicant engaged in the activities of your church? Please check one.

- Enthusiastic, deeply involved
- Cooperative, usually willing to help
- Seldom participates, although attends regularly
- Attends irregularly, shows little interest

5. In what form of Christian service has the applicant participated regularly? \_\_\_\_\_

6. What do you consider to be the applicant's strengths? \_\_\_\_\_

7. Do you know of any weaknesses of which we should be aware? \_\_\_\_\_

8. To your knowledge, does the applicant: Use tobacco?  Yes  No Drink to excess?  Yes  No

Use illegal drugs?  Yes  No

9. Please describe home factors which might affect the applicant's success at River City School of Supernatural Ministry

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10. The applicant's influence on his or her peers is \_\_\_\_\_ Positive \_\_\_\_\_ Neutral \_\_\_\_\_ Negative

11. Please evaluate the applicant in regard to the following categories. Please use the number ranking system below...

**Excellent = 1**

**Below Average = 4**

**Above Average = 2**

**Poor = 5**

**Average = 3**

**No chance to observe = 0**

- \_\_\_\_\_ **Response to authority**
- \_\_\_\_\_ **Reliability:** dependability, responsibility
- \_\_\_\_\_ **Maturity:** personal development, ability to cope with life situations
- \_\_\_\_\_ **Emotional stability:** reaction to stress, poise, mood stability
- \_\_\_\_\_ **Motivation:** genuineness, commitment
- \_\_\_\_\_ **Judgment:** ability to analyze a problem
- \_\_\_\_\_ **Oral expression:** clarity, coherence
- \_\_\_\_\_ **Interpersonal relations:** rapport, cooperation, attitudes toward supervision
- \_\_\_\_\_ **Empathy:** Sensitivity to the needs of others
- \_\_\_\_\_ **Work habits:** stamina, conscientiousness, perseverance, resourcefulness, initiative
- \_\_\_\_\_ **Leadership:** creative though, curiosity, self-confidence
- \_\_\_\_\_ **Personal appearance:** cleanliness, grooming
- \_\_\_\_\_ **Integrity:** honesty, moral character

Please add any further comments you may have which would help in our evaluation \_\_\_\_\_

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Please check one:

- |                          |                              |                          |                    |
|--------------------------|------------------------------|--------------------------|--------------------|
| <input type="checkbox"/> | I highly recommend           | <input type="checkbox"/> | I recommend        |
| <input type="checkbox"/> | I recommend with reservation | <input type="checkbox"/> | I cannot recommend |

Please comment: \_\_\_\_\_

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Please print or type the information below.

Your name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Name of church and denomination \_\_\_\_\_

Pastoral position \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this to:

**River City School of Supernatural Ministry, 6521 Hazel Avenue, Orangevale CA 95662**  
**Phone: (916) 988-6606 ext. 3009 Fax: (916) 988-6611**

# PERSONAL RECOMMENDATION #1

**NOTE: This section is to be completed by Applicant**

**To the Applicant:** This recommendation should be completed by a non-relative adult and mailed directly to the School Office.

Date \_\_\_\_\_

Phone (    ) \_\_\_\_\_ Day Phone (    ) \_\_\_\_\_ Evening

Applicant's name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country of citizenship \_\_\_\_\_

**To the person completing this recommendation:** The above person is applying for admission to River City School of Supernatural Ministry. Serious consideration will be given to your comments. We appreciate your help in this matter and will keep any information you supply in confidence. Thank you for your assistance. Please mail directly to the school office.

1. How long have you know the applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_

2. How well do you know him/her? Please check one.

- Very close
- Fairly well
- Casually
- By name/sight

3. To your knowledge, has the applicant made a personal commitment to Jesus Christ? \_\_\_\_ Yes \_\_\_\_ No  
\_\_\_\_ Unsure

4. To your knowledge, does the applicant: Use tobacco?  Yes  No Drink to excess?  Yes  No  
Use illegal drugs?  Yes  No

5. In what form of Christian service has the applicant participated regularly? \_\_\_\_\_

6. What do you consider to be the applicant's strengths? \_\_\_\_\_

7. Weaknesses? \_\_\_\_\_

8. Which characteristics best describe the applicant? Please check all that apply.

\_\_\_ Warmhearted    \_\_\_ Critical    \_\_\_ Tolerant    \_\_\_ Passive    \_\_\_ Sympathetic    \_\_\_ Rebellious  
\_\_\_ Respectful    \_\_\_ Enthusiastic    \_\_\_ Loving    \_\_\_ Teachable    \_\_\_ On Fire for Jesus

9. Please evaluate the applicant in regard to the following categories. Please use the number ranking system below...

**Excellent = 1**

**Above Average = 2**

**Average = 3**

**Below Average = 4**

**Poor = 5**

**No chance to observe = 0**

\_\_\_ Christian commitment  
\_\_\_ Social adaptability  
\_\_\_ Cooperativeness  
\_\_\_ Integrity and honesty  
\_\_\_ Responsibility  
\_\_\_ Physical health

\_\_\_ Christian character  
\_\_\_ Emotional stability  
\_\_\_ Personal appearance  
\_\_\_ Leadership  
\_\_\_ Reliability  
\_\_\_ Mental ability

Please add any further comments you may have which would help in our evaluation \_\_\_\_\_  
\_\_\_\_\_

Please print or type the information below.

Your name \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Name of church and denomination \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this to:

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Phone: (916) 988-6606 Fax: (916) 988-6611**

# PERSONAL RECOMMENDATION #2

**NOTE: This section is to be completed by Applicant**

**To the Applicant:** This recommendation should be completed by a non-relative adult and mailed directly to the School Office.

Date \_\_\_\_\_

Phone (    ) \_\_\_\_\_ Day Phone (    ) \_\_\_\_\_ Evening

Applicant's name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country of citizenship \_\_\_\_\_

**To the person completing this recommendation:** The above person is applying for admission to River City School of Supernatural Ministry. Serious consideration will be given to your comments. We appreciate your help in this matter and will keep any information you supply in confidence. Thank you for your assistance. Please mail directly to the school office.

1. How long have you know the applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_

2. How well do you know him/her? Please check one.

- Very close
- Fairly well
- Casually
- By name/sight

3. To your knowledge, has the applicant made a personal commitment to Jesus Christ? \_\_\_\_ Yes \_\_\_\_ No  
\_\_\_\_ Unsure

4. To your knowledge, does the applicant: Use tobacco?  Yes  No Drink to excess?  Yes  No  
Use illegal drugs?  Yes  No

5. In what form of Christian service has the applicant participated regularly? \_\_\_\_\_

6. What do you consider to be the applicant's strengths? \_\_\_\_\_

7. Weaknesses? \_\_\_\_\_

8. Which characteristics best describe the applicant? Please check all that apply.

\_\_\_ Warmhearted    \_\_\_ Critical    \_\_\_ Tolerant    \_\_\_ Passive    \_\_\_ Sympathetic    \_\_\_ Rebellious  
\_\_\_ Respectful    \_\_\_ Enthusiastic    \_\_\_ Loving    \_\_\_ Teachable    \_\_\_ On Fire for Jesus

9. Please evaluate the applicant in regard to the following categories. Please use the number ranking system below...

**Excellent = 1**

**Above Average = 2**

**Average = 3**

**Below Average = 4**

**Poor = 5**

**No chance to observe = 0**

\_\_\_ Christian commitment

\_\_\_ Social adaptability

\_\_\_ Cooperativeness

\_\_\_ Integrity and honesty

\_\_\_ Responsibility

\_\_\_ Physical health

\_\_\_ Christian character

\_\_\_ Emotional stability

\_\_\_ Personal appearance

\_\_\_ Leadership

\_\_\_ Reliability

\_\_\_ Mental ability

Please add any further comments you may have which would help in our evaluation \_\_\_\_\_  
\_\_\_\_\_

Please print or type the information below.

Your name \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Name of church and denomination \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this to:

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