



Teleo Missions

Five-Month Bible Worker Training · 2026

STUDENT APPLICATION

Welcome! You don't need to have it all figured out, or to be where you wish you were spiritually. We're looking for people who love Jesus—or want to—and who are willing to grow and be taught. If that's you, we'd love to hear your story. Answer honestly and prayerfully.

Please type your answers, or print and fill in by hand. Mark an X in the ☐ boxes that apply.

1. About You

Full name _____ **Gender** ☐ Male ☐ Female

Birthdate
(DD/MM/YY): _____ **Age:** _____ **Nationality:** _____

Phone: _____ **Email:** _____

Mailing address: _____

City: _____ **State/Province:** _____ **Postal code:** _____

Country: _____

Marital status ☐ Single ☐ Married ☐ Widowed ☐ Divorced / Separated

Is English your first language? ☐ Yes ☐ No — if no, your first language: _____

Current occupation: _____

Emergency contacts – two people we can reach if needed.

Name: _____ **Phone:** _____

Name: _____ **Phone:** _____

Dependents – only if any will be relevant to your time at the school.

Name: _____ **Relationship:** _____ **Birthdate:** _____

Name: _____ **Relationship:** _____ **Birthdate:** _____

2. Your Walk With God

Are you a Seventh-day Adventist? ☐ Yes ☐ No **If yes, date of baptism:** _____

Church you attend: _____

Pastor's name: _____ **Phone:** _____

Pastor's email: _____

Have you been active in your local church? If so, briefly describe how:

Which book(s) by Ellen White have you read, in part or in full?

No need to have read many—we're simply getting to know where you are.

3. Background

Highest level of education completed: _____

Briefly describe your work and/or ministry experience over the past few years:

Languages you speak, and your level (e.g. fluent, intermediate, beginner):

4. A Few More Details

Hobbies and interests: _____

Musical abilities? (optional) ☐ Yes ☐ No — if yes, describe: _____

Are you vegetarian? ☐ Yes ☐ No — if yes, describe: _____

Do you exercise regularly? ☐ Yes ☐ No — if yes, describe: _____

Any long-term illnesses? ☐ Yes ☐ No — if yes, describe: _____

Any allergies? ☐ Yes ☐ No — if yes, describe: _____

How did you hear about Teleo? _____

Which program dates do you wish to attend? _____

5. The Heart of Your Application

These five questions matter most to us. Take your time, be honest, and don't worry about sounding polished. You're welcome to continue on a separate sheet if you need more room.

Share your conversion story, including when you accepted Christ to be your personal Savior.

Why do you want to come to Teleo, and what are you hoping God will do in you and through you during these five months?

Where is your walk with Jesus right now, and where would you like it to grow?

Having read the handbook, are you willing to live joyfully within this structure for the full five months—including the parts you know will stretch you? Which parts do you expect to find hardest—and how do you hope to grow through them?

Is there anything in your life right now—a struggle, a health need, a circumstance—that you'd like us to know, so we can walk alongside you well?

6. Agreement

Please read each statement and mark an X in the box to show your understanding and agreement.

- ☐ I certify that the answers given in this application are true and complete to the best of my knowledge. I understand that false or misleading information may be grounds for dismissal.
- ☐ I prayerfully believe God is leading me to Teleo, and I choose to bring my life into harmony with His principles as found in the Bible and the writings of Ellen G. White.
- ☐ I understand the program lasts five months, and I commit to abide by the rules and guidelines of the school and to complete my duties faithfully.
- ☐ I understand that if I do not meet the requirements of the program I may be asked to withdraw, and that payments already made are non-refundable.
- ☐ I give Teleo permission to use photographs or video recordings that may include me for ministry, educational, or promotional purposes, without compensation.

Print name: _____ **Date:** _____

Signature: _____

To submit: Email this completed form, along with a recent photo, to school@teleomissions.org

For Applicants Under 18: Parent / Guardian Consent

If you are under 18 on the start date of the program, a parent or legal guardian must complete and sign this section.

I / We (full name of parent, guardian, or authorized person): _____

Phone: _____ **Email:** _____

...am / are the parent(s), legal guardian(s), or authorized person(s) with custody or parental authority over the applicant named above, and give consent for this child to enroll in the Teleo program.

Travel arrangements (leave blank if the child is travelling alone).

☐ This child has our consent to travel alone.

☐ This child has our consent to travel with: _____

Relationship to child: _____ **Phone:** _____

Place of stay during the program: _____

This consent must be signed in person before a witness aged 18 or older, or Teleo school official.

Signature of parent / guardian: _____ **Date:** _____

Signature of witness / official: _____ **Date:** _____

Name of witness / official: _____ **Date:** _____