



## **Company Application Form**

### **APPLICATION CHECKLIST**

To successfully apply, we need to receive all of these items:

- ☐ Completed application form
- ☐ Separate type-written short answers to the “Questions” section
- ☐ Head-shot
- ☐ Full body photo in a dance pose
- ☐ Audition video (unless you are able to audition in person)
- ☐ Dance resume
- ☐ Costume measurements form
- ☐ Signed Code of Conduct
- ☐ \$30 US application fee (check or money order made out to Arrows International)
- ☐ A minimum of 4 reference forms (the writers must email them directly to Arrows International)

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### **SUBMITTING YOUR APPLICATION**

Step 1: When you have completed your application, please upload everything to ONE folder in Dropbox and share it with [admin@arrowsintl.org](mailto:admin@arrowsintl.org).

Step 2: To pay the \$30 application fee, mail a check to Arrows International, P.O. Box 30101, Edmond, OK, 73003, along with a printed copy of this form. Alternatively, you may pay online, ensuring that you cover processing fees and specify “LTP” in the memo.

<https://arrowsintl.givingfuel.com/give>



## APPLICATION FORM

*Please thoughtfully complete this application form, printing or typing clearly.*

### General Information

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

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

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Gender:    M        F                      Marital Status: \_\_\_\_\_

Birth date (MM/DD/YYYY): \_\_\_\_\_ Nationality: \_\_\_\_\_

Passport Number: \_\_\_\_\_

Passport Expiration Date: \_\_\_\_\_

Languages spoken: \_\_\_\_\_

Have you served with Arrows International before?    YES        NO

If yes, specify: \_\_\_\_\_

### Education

List the types of education, degrees, and certifications you have received - academically, dance-related, and ministry or theology-related. (Attach proof of certifications please.)

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## Discipleship and/or Leadership Training Programs

For each program you list below, please attach information issued by the organization about the program, such as a brochure or standard description. Additionally, please write and attach a statement about your experiences, responsibilities and assignments, general topics of study, practical activation experiences, and personal growth achieved during your time in each program. Explain how you believe the training you gained there prepared you for a position with Arrows' Company. Please include all programs you have participated in. If you need more space, please copy this page.

1. Name of organization + program: \_\_\_\_\_

\_\_\_\_\_

Location: \_\_\_\_\_ Website: \_\_\_\_\_

Director or program leader's name: \_\_\_\_\_

Dates participated: \_\_\_\_\_

2. Name of organization + program: \_\_\_\_\_

\_\_\_\_\_

Location: \_\_\_\_\_ Website: \_\_\_\_\_

Director or program leader's name: \_\_\_\_\_

Dates participated: \_\_\_\_\_

3. Name of organization + program: \_\_\_\_\_

\_\_\_\_\_

Location: \_\_\_\_\_ Website: \_\_\_\_\_

Director or program leader's name: \_\_\_\_\_

Dates participated: \_\_\_\_\_



## Leadership Experience in Ministry

For each ministry you list below, please attach information issued by the ministry about their mission, vision, and purpose. If you need more space, please copy this page.

1. Name of ministry: \_\_\_\_\_

Type of ministry (i.e. church youth group): \_\_\_\_\_

Location: \_\_\_\_\_ Website: \_\_\_\_\_

Ministry leader's name: \_\_\_\_\_

Your leadership role: \_\_\_\_\_

Dates leadership position was held: \_\_\_\_\_

Brief description of your responsibilities (attach separate page if necessary): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Name of ministry: \_\_\_\_\_

Type of ministry (i.e. church youth group): \_\_\_\_\_

Location: \_\_\_\_\_ Website: \_\_\_\_\_

Ministry leader's name: \_\_\_\_\_

Your leadership role: \_\_\_\_\_

Dates leadership position was held: \_\_\_\_\_

Brief description of your responsibilities (attach separate page if necessary): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## Employment History

Name of company: \_\_\_\_\_ Location: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Dates employed: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Position held/responsibilities: \_\_\_\_\_

Name of company: \_\_\_\_\_ Location: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Dates employed: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Position held/responsibilities: \_\_\_\_\_

Name of company: \_\_\_\_\_ Location: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Dates employed: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Position held/responsibilities: \_\_\_\_\_

## Dance Training

Describe your dance training (number of years, intensity, level, hours of training per week, etc.) in the following styles. Use an extra sheet of paper if necessary.

Ballet: \_\_\_\_\_

Jazz: \_\_\_\_\_

Contemporary/Modern: \_\_\_\_\_

Lyrical: \_\_\_\_\_

Hip-Hop: \_\_\_\_\_

Other (specify): \_\_\_\_\_

\_\_\_\_\_



## Finances

Arrows International's Company Members are responsible for raising their own funds for certain events and tours. If accepted, how will you fundraise for these events?

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We are believing God to continue to provide toward our vision of paying our company. As we experience this gradual growth, would you be willing to raise support to cover your personal expenses and/or get a flexible part-time job while still serving Arrows' mission?

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*For internationals:* If accepted, how will you be financially supported during your time in the program (to cover regular living expenses)?

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## Home Church

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

Pastor's Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_



## Faith

Are you a born-again believer in Jesus?    YES       NO

Have you been baptized in water?    YES       NO

Have you been baptized by the Holy Spirit?    YES       NO

How are you currently involved in your church? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What other ministries are you currently involved in? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you tithe consistently? \_\_\_\_\_

## Health

Please state any long-term illnesses, injuries or disabilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please state any allergies or any other relevant health concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List current medications: \_\_\_\_\_

Have you ever been diagnosed with depression, anorexia/bulimia, or mental illness?

YES       NO



If yes, provide details: \_\_\_\_\_  
\_\_\_\_\_

Do you smoke, drink or use recreational drugs?    YES        NO

If yes, provide details: \_\_\_\_\_  
\_\_\_\_\_

If yes, are you willing to stop this use during the time you are with Arrows?

YES        NO \_\_\_\_\_

Do you have any visible tattoos?    NO        YES \_\_\_\_\_

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

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

### **Emergency Contact**

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

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

City, State, Zip, Country: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_



## QUESTIONS

*Please answer the following questions in detailed short answers on a separate type-written paper.*

- ☐ Give a brief description of your walk with the Lord from when you accepted Christ to the present.
- ☐ What are you currently doing to deepen your relationship with the Lord?
- ☐ What are you passionate about?
- ☐ Briefly describe your relationship with your immediate family.
- ☐ Are you currently in a romantic relationship? What are your personal convictions on dating and relationships with the opposite sex?
- ☐ What are three of your strengths and three of your weaknesses?
- ☐ What is the importance of proper submission to authority and how does it relate to effective ministry?
- ☐ Who has been most influential in forming your identity and how?
- ☐ How do you feel about ministering in other countries, encountering different cultures, adapting to new situations and foods, etc.?
- ☐ Why do you believe you are called to Arrows International?
- ☐ What is your ultimate goal as an artist/dancer?
- ☐ What are your expectations for this program?
- ☐ What are some assets you will bring to Arrows International, outside of dance?
- ☐ Describe mission trips you have participated in, including locations (can be USA and international), approximate time frames, types of ministry, and your role on the team.
- ☐ What are your personal life values?
- ☐ What are values that are important for you in a ministry and work environment?
- ☐ Arrows Company is a professional dance company, but we are more than a dance company. As a multi-faceted, rapidly growing ministry, there are many aspects of the mission and vision outside of dance that our Company Members also serve in using other gifts and abilities. If accepted, how would you feel about contributing to and serving the ministry outside of your gift of dance, such in areas like teaching, choreographing, operations, production, media, administration, and discipleship? Do you have skills in these areas that you would be interested in serving through?



## **Arrows International Company**

### **APPLICATION AGREEMENT**

If accepted, I, \_\_\_\_\_, agree to maintain the highest standards of conduct at all times while I am part of Arrows International Company. I agree to submit to the godly order and authority of the leaders and staff of Arrows International. I agree to adhere to the code of conduct of Arrows International.

Name (printed): \_\_\_\_\_

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

Date (MM/DD/YYYY): \_\_\_\_\_



## ADDITIONAL APPLICATION INSTRUCTIONS

### Pictures

Submit a head-shot and a full-body shot in a dance pose with the application. For the full-body shot, please wear dance attire that allows us to see your lines.

### Audition Video

You may audition in person instead of sending a video. If you wish to inquire about such opportunities, email [admin@arrowsintl.org](mailto:admin@arrowsintl.org).

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The audition video must be uploaded to Dropbox in ONE folder with the rest of your application documents and pictures, and then shared with [admin@arrowsintl.org](mailto:admin@arrowsintl.org). The audition video needs to demonstrate your technique in diverse styles of dance. Your video should showcase your strengths; at minimum, it must include the following:

- A three minute solo, demonstrating technique as well as your passion and expression.
- Turning combinations in ballet and jazz styles (both turned in and turned out).
- Jumps/Grand allegro in ballet and jazz. Must include a grand jeté, a leap in second, turning leaps, as well as other leaps of choice.
- At least one combination in every style of dance in which you are proficient.

### References

Arrows International requires a minimum of four recommendations from:

1. Spiritual Authority/Pastor
2. Dance Teacher
3. Friend
4. Leader of discipleship/leadership training program and/or leader in authority over you in a ministry leadership role (you may submit more than one if you choose)

If your references overlap, (for example, if your Pastor is also the leader who oversaw your discipleship program), please ask him/her to specify all relevant roles in the reference form. We may ask for more references if needed. References should be received within one week of your application. The form is found on our website. Please ask each reference to email the completed form directly to Arrows International at [admin@arrowsintl.org](mailto:admin@arrowsintl.org).



## COSTUME MEASUREMENTS FORM

*Provide measurements in inches.*

### FEMALE

Height: \_\_\_\_\_

Bust: \_\_\_\_\_

Waist: \_\_\_\_\_

Hips: \_\_\_\_\_

Arm length: \_\_\_\_\_

Shoulder to waist: \_\_\_\_\_

Waist to floor (barefoot): \_\_\_\_\_

Across back at armpit: \_\_\_\_\_

Shirt size: \_\_\_\_\_

Pant size (specify short, long, or regular): \_\_\_\_\_

\_\_\_\_\_

Dress size: \_\_\_\_\_

Girth: \_\_\_\_\_

Leotard size: \_\_\_\_\_

### MALE

Height: \_\_\_\_\_

Chest: \_\_\_\_\_

Waist: \_\_\_\_\_

Hips: \_\_\_\_\_

Arm length: \_\_\_\_\_

Shoulder to waist: \_\_\_\_\_

Waist to floor (barefoot): \_\_\_\_\_

Across back at armpit: \_\_\_\_\_

Neck: \_\_\_\_\_

Girth: \_\_\_\_\_

Shirt size: \_\_\_\_\_

Collar: \_\_\_\_\_

Jacket or coat size: \_\_\_\_\_

Pant size (example: 32 waist/34 length): \_\_\_\_\_

\_\_\_\_\_

Workout pant size (S/M/L/XL): \_\_\_\_\_

\_\_\_\_\_