



YOUTH ALIVE STUDENT LEADERSHIP CAMP

DESCRIPTION:

This one week program is an intentional discipleship internship to train students ages 14-20 years old in different areas of ministry. This student leadership camp will help encourage students to passionately pursue God's will, develop talents, and train in various aspects of ministry.

Students will experience the following during Leadership Camp:

- Campus Missionary Training
- Local Church Ministry Training
- How to Preach a Sermon
- Interpreting God's Word
- Community Outreach
- Youth Camp Recreational Camp

APPLICATION CHECKLIST:

- Application
- Application Photo
- Deposit with Application: \$100 (nonrefundable)
- Essays
- Medical Information
- Liability Release Form
- Copy of Driver's License (Over 18)
- Background Check (Over 18 – Office)
- Pastoral Reference
- Youth Pastoral Reference

Application Deadline: Regular – May 15, 2018; Late – June 15, 2018

Please mail all forms to:
Texas Louisiana Youth Ministries
P.O. Box 38751 • Houston, TX 77238



Please mail to: Texas Louisiana Youth Ministries - P.O. Box 38751 • Houston, TX 7723

APPLICATION INFORMATION		
NAME:	AGE:	BIRTHDATE:
MAILING ADDRESS:	CITY/STATE/ZIP:	
CELL PHONE:	ALTERNATE PHONE:	
EMAIL (MANDATORY):	T-SHIRT SIZE:	

CHURCH INFORMATION	
CHURCH NAME:	PHONE NUMBER:
MAILING ADDRESS:	CITY/STATE/ZIP:
SENIOR PASTOR:	CONTACT NUMBER:
YOUTH PASTOR:	CONTACT NUMBER:
DO YOU VOLUNTEER AT YOUR CHURCH? (CIRCLE ONE) YES NO IF YES, IN WHAT CAPACITY?	

FAMILY INFORMATION	
FATHER'S NAME:	CONTACT NUMBER:
MOTHER'S NAME:	CONTACT NUMBER:
SIBLINGS:	
ARE BOTH YOUR PARENTS ACTIVE IN CHURCH? YES NO EXPLAIN:	

EDUCATIONAL INFORMATION	
WHAT YEAR OF SCHOOL HAVE YOU COMPLETED?	GPA:
LIST ANY CLUBS OR ORGANIZATIONS YOU ARE INVOLVED IN:	
LIST ANY SPECIAL AWARDS AND HONORS YOU HAVE RECEIVED:	
LIST ANY LANGUAGES YOU SPEAK OTHER THAN ENGLISH:	

HEALTH INFORMATION

HAVE YOU EVER HAD ANY SERIOUS ILLNESS? YES NO

IF YES, PLEASE EXPLAIN:

LIST ANY DRUG OR FOOD ALLERGIES:

DO YOU HAVE ANY PHYSICAL HANDICAPS OR LIMITATIONS? YES NO

IF YES, PLEASE EXPLAIN:

ARE YOU PRESENTLY UNDER A PHYSICIAN'S CARE? YES NO

IF YES, PLEASE EXPLAIN:

LIST ANY MEDICATIONS YOU ARE CURRENTLY TAKING:

PLEASE PROVIDE ANY INFORMATION NOT PREVIOUSLY COVERED:

INSURANCE PROVIDER:

POLICY NUMBER:

CONTACT NUMBER:

EMERGENCY CONTACT NAME:

CONTACT NUMBER:

MISCELLANEOUS INFORMATION

LIST ANY MINISTRY ABILITIES YOU POSSES (CHILDREN'S MINISTRY, DRAMA, PREACHING, MEDIA, INSTRUMENTS, ETC.)

WOULD YOU BE WILLING TO EAT ANY FOOD SERVED TO YOU? YES NO

IF NO, PLEASE EXPLAIN:

SPIRITUAL INFORMATION

DATE OF SALVATION:

DATE OF WATER BAPTISM:

HAVE YOU RECEIVED THE BAPTISM IN THE HOLY SPIRIT? YES NO

IF SO, DATE OF BAPTISM IN THE HOLY SPIRIT:

IF NOT, ARE YOU EAGERLY SEEKING THE BAPTISM IN THE HOLY SPIRIT? YES NO

BACKGROUND INFORMATION

HAVE YOU USED DRUGS, ALCOHOL OR TOBACCO IN THE PAST? YES NO

IF YES, WHICH AND DATE DISCONTINUED:

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO

IF YES, PLEASE PROVIDE DATE OF CHARGES AND PENALTIES, AND DETAILED EXPLANATION OF CONVICTION.

Essays

Briefly explain why you would like to be considered for Youth Alive Student Ministry Leadership Camp. Include personal goals during Internship.

Give a brief testimony of when you accepted Christ as your Lord and Savior.

What are some ways you live out and develop your relationship with Christ in your daily life?

Describe an example of when you displayed leadership abilities in your life.

What would you say are some of your strengths, and areas of improvement?

LIABILITY RELEASE AND AGREEMENT FORM

LIABILITY RELEASE:

I understand that I (or my child) _____ will be participating during the 2018 Texas Louisiana Hispanic District Assemblies of God Youth Alive Student Leadership Camp to be held on July 13-22. I understand that there will be no monetary compensation for the services rendered in conjunction with participation in the 2018 Texas Louisiana Youth Alive Student Leadership Camp. I understand that I am responsible for complete medical charges should injury/illness occur. I understand that the Assemblies of God Texas Louisiana Hispanic District Council's policy will provide for emergency First Aid coverage as a courtesy, within its limits, but only if the Assemblies of God Texas Louisiana Hispanic District Council has been informed of the injury at Leadership Camp, and if the person receives medical treatment while at Leadership Camp. Texas Louisiana Youth Ministries is not responsible nor liable for the cost, financial or otherwise, incurred in the process of securing any and all forms of medical treatment. I hereby give permission to the medical personnel selected by the Assemblies of God District Office Staff/Convention Staff, to order x-rays, routine tests, treatment, to release any records necessary for insurance purposes; and to provide and arrange necessary related transportation for the above-named applicant. In the event that I cannot be reached in any emergency, I hereby give permission to the selected physician to secure and administer treatment, including hospitalization, for the applicant named above. The person herein described has permission to engage in all prescribed Leadership Camp activities except as noted. I also give my consent for use of photographs of the applicant in District promotional videos, publications and/or their website.

DISCIPLINARY AGREEMENT:

I, _____, understand that I am responsible for abiding by the rules set forth by Youth Alive Student Leadership Camp, its leaders and supervisory personnel. Any serious infractions of rules and/or conduct by me may result in dismissal from the program. In the event I am dismissed from the program, I, the undersigned, agree to assume cost of returning home. I also agree to forfeit any possible refund. I understand that such action would only be taken under extreme circumstances or after two warnings.

TRUTH STATEMENT AGREEMENT:

I, _____, hereby declare that all answers and statements contained within have been answered to the best of my ability.

APPLICANT SIGNATURE

DATE

PARENT/LEGAL GUARDIAN SIGNATURE

DATE

You will be notified of your acceptance into the program via email once your application has been processed and approved. Please be sure to provide a valid email address on this application. Thank you for your interest in participating in the Youth Alive Student Leadership Camp 2018. For any questions, contact our Program Coordinator Paulina Solis at (512) 264-5415 or at paulina@tlym.org or our office at info@tlym.org

PASTORAL REFERENCE

APPLICANT NAME _____

SENIOR PASTOR INFORMATION

NAME: _____

CHURCH NAME:	CITY/STATE:
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EMAIL ADDRESS:	CONTACT NUMBER:
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How well do you know the applicant? (Circle One)

Personally Socially Casually

Are you related to the applicant? (Circle One) Yes No

How long have you known the applicant? _____

How frequently does the applicant attend church?

Regularly Occasionally Seldom Not Sure

How has the applicant participated in church life? _____

In your opinion, does the applicant actively participate in worship and devotional life?

Always Often Seldom Never Not Sure

Rate the student's leadership abilities

(1 – Not Very; 3 – Not Sure; 5 – Very)

Teachable 1 2 3 4 5

Loyal 1 2 3 4 5

Initiative 1 2 3 4 5

Humble 1 2 3 4 5

Able to Inspire 1 2 3 4 5

Capable 1 2 3 4 5

Rate the student's spiritual maturity

(1 – Least; 10 – Most)

1 2 3 4 5 6 7 8 9 10

How confident are you in the applicant's ability?

(1 – Least; 10 – Most)

1 2 3 4 5 6 7 8 9 10

Would you recommend the applicant to the internship?

Yes No

How would you describe the applicant? _____

Any Additional Comments: _____

My signature below indicates my approval for the above-named applicant to participate in the 2018 Texas Louisiana Youth Alive Student Leadership Camp.

 Pastor's Signature

 Date

YOUTH PASTORAL REFERENCE

APPLICANT NAME _____

YOUTH PASTOR INFORMATION

NAME: _____

CHURCH NAME:	CITY/STATE:
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EMAIL ADDRESS:	CONTACT NUMBER:
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 Rate the student's leadership abilities
 (1 – Not Very; 3 – Not Sure; 5 – Very)

Teachable	1	2	3	4	5
Loyal	1	2	3	4	5
Initiative	1	2	3	4	5
Humble	1	2	3	4	5
Able to Inspire	1	2	3	4	5
Capable	1	2	3	4	5

 Rate the student's spiritual maturity
 (1 – Least; 10 – Most)

1 2 3 4 5 6 7 8 9 10

 How confident are you in the applicant's ability?
 (1 – Least; 10 – Most)

1 2 3 4 5 6 7 8 9 10

 Would you recommend the applicant to the internship?
 Yes No

How would you describe the applicant? _____

Any Additional Comments: _____

My signature below indicates my approval for the above-named applicant to participate in the 2018 Texas Louisiana Youth Alive Student Leadership Camp.

 Youth Pastor's Signature

 Date