



Application for September 2009-10

Your Name:	
Address:	
Email:	
Date of Birth:	
Cell phone:	
Home phone:	

Applicants under Age 21

Are your parents in complete agreement with your participation in ConneXions?

Yes No If not, what concerns do they have?

All Applicants

Is your pastor (or overseeing leader) in agreement with your participation in ConneXions?

Yes No If not, what concerns does he have?

Medical Information

Please indicate below any medical conditions you currently have:

Note: All participants are required to have medical insurance coverage.

	Yes	No	Comments
Allergies			
Asthma			
Heart problems			
Diabetes			
Physical handicaps			
Current Medications			
Dietary restriction			
Other			

Medical Insurance

Do you already have medical insurance? Yes No

If yes, please send us a certificate of coverage.

If no:

I will make my own arrangements and send you a certificate of coverage.

Please send me information regarding applying for coverage for the duration of the ConneXions program.

Lodging

During ConneXions you will:

Live at home

Make your own arrangements

Stay with a host family, if available

Personal Profile

Please rate yourself in the following skill areas:

<u>Skills</u>	Poor	Below Average	Average	Above Average	Excellent
Computer					
Typing					
<u>English</u>					
Writing					
Reading					
Comprehension					
<u>Relational</u>					
Listening to People					
Speaking your ideas and thoughts clearly					
Small Group Participation					
Affirming/Encouraging					
Dealing with Confrontation					
Personal Evangelism					

	Poor	Below Average	Average	Above Average	Excellent
Your response to Authority					
Processing Anger					
Self-Control					
Personal Leadership					
Leading others					

Please answer the following questions on a separate page.

Describe your spiritual journey from the beginning until now.

ConneXions is designed to provide opportunities to become conformed to the image of Christ. Are you willing to commit to the pressures and disciplines that this intense transformational experience will entail? Explain.

Describe any areas in your life that you feel you have not totally yielded to God.

List and explain your three greatest strengths.

List and explain your three greatest weaknesses.

If you could do anything with your life, without limitations, what would it be?

What are your goals after completing ConneXions?

Please tell us about the key influences that have shaped your personal or organizational leadership style.

How many books have you read in the last two years? What genre are they most typically?

How do you see your ministry developing? How do you see the completion of ConneXions furthering that development?

List three names of persons we can contact to obtain character references for you. Include their mailing and email addresses and relationship to you. Please list at least one pastor as a reference. Be sure to give credible references who you know will respond to our request for information about you.

Applications with less than three completed references will not be processed.

Reference #1

Name:

Email:

Address:

Relationship to you:

Reference #2

Name:

Email:

Address:

Relationship to you:

Reference #3

Name:

Email:

Address:

Relationship to you:

Additional comments or requests: