



# Youth Application 2019

Young Disciple Mission Experience

Mail application to: Young Disciple Mission Experience, PO Box 400, Inchelium, WA 99138

**PLEASE TYPE or PRINT!** This form must be **personally** filled out by the **applicant**.

## GENERAL INFORMATION

Legal Name (as appears on ID): \_\_\_\_\_  
First Middle Last

I like to be called: \_\_\_\_\_ Current Age: \_\_\_\_\_ Birthday (month/day/year): \_\_\_\_\_ Sex: M / F

Mailing Address: \_\_\_\_\_  
City State Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Citizenship: \_\_\_\_\_ Passport # (if available): \_\_\_\_\_ Expiration date: \_\_\_\_\_

Grade in School: \_\_\_\_\_ Name of current or last school attended: \_\_\_\_\_

## IMPORTANT QUESTIONS

Number from 1-9 the reasons you are applying (1 being the most important)

- |                              |                           |                               |
|------------------------------|---------------------------|-------------------------------|
| _____ Make new friends       | _____ Have fun            | _____ Learn new skills        |
| _____ Like to travel         | _____ Share the Gospel    | _____ Get spiritual blessings |
| _____ Recommended by friends | _____ Decision of parents |                               |
| _____ Other: _____           |                           |                               |

What do you expect to gain from this trip, spiritually and otherwise? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List anyone you know who may be planning to attend the Mission Experience 2019: \_\_\_\_\_  
\_\_\_\_\_

List two committed Christians other than family members that we can contact for references:

1. \_\_\_\_\_  
Name Occupation

\_\_\_\_\_ E-mail Address Daytime Phone

2. \_\_\_\_\_  
Name Occupation

\_\_\_\_\_ E-mail Address Daytime Phone

## PARENT/GUARDIAN INFORMATION

\_\_\_\_\_ Name Relation to participant Home Phone Cell Phone

\_\_\_\_\_ Name Relation to participant Home Phone Cell Phone

Who has custody of applicant (check all that apply)?  Father  Mother  Other \_\_\_\_\_

If parent/guardian cannot be reached, we should contact:

\_\_\_\_\_ Name Home Phone Cell Phone

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**MEDICAL INFORMATION**

Physical condition (Circle one): Poor / Fair / Good / Excellent

Restricted activities: \_\_\_\_\_

Reason for restriction: \_\_\_\_\_

Current medications (include name and dosage): \_\_\_\_\_

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**History:**

Indicate any medical history that applies to you currently or within the last 12 months. Answers will be held in strict confidence.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Asthma         | <input type="checkbox"/> Fainting       | <input type="checkbox"/> Any other medical history: _____    |
| <input type="checkbox"/> Bedwetting     | <input type="checkbox"/> Frequent Colds | _____  |
| <input type="checkbox"/> Bronchitis     | <input type="checkbox"/> Seizure(s)     | _____  |
| <input type="checkbox"/> Diabetes       | <input type="checkbox"/> Sleepwalking   | <input type="checkbox"/> Previous bone/joint problems: _____ |
| <input type="checkbox"/> Ear infections | <input type="checkbox"/> Sinusitis      | _____  |

**Allergies:**

- |   |                                 |
|---|---------------------------------|
| <input type="checkbox"/> Insects _____                | Type of allergic reaction _____ |
| <input type="checkbox"/> Medications _____            | _____                           |
| <input type="checkbox"/> Food/Diet restrictions _____ | Treatment _____                 |
| <input type="checkbox"/> Other _____                  | _____                           |

**IMPORTANT:** Please notify the mission experience directors if you have been exposed to any serious illness during the three weeks prior to the trip.

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**TRAVEL ARRANGEMENTS/LODGING**

Please list at least three airports starting with one that is closest or most preferred. We will contact you if none of the listed airports are viable options.

- |                |                                   |
|----------------|-----------------------------------|
| Airport: _____ | Travel time from your home: _____ |
| Airport: _____ | Travel time from your home: _____ |
| Airport: _____ | Travel time from your home: _____ |
| Airport: _____ | Travel time from your home: _____ |

**Please note:** All travel arrangements to the Philippines must be made by YD and/or their designated agents.

**Roommate requests** (preferences will be honored when possible/practical): \_\_\_\_\_

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**EXPERIENCE AND TRAINING****Foreign Mission Experience**

Describe any foreign mission trips in which you have participated, include the nature of the trip, year of the trip, and your responsibilities (use a separate sheet of paper if you need more space):

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_

**Home Mission Experience**

Describe all home mission trips you have participated in, include the nature of the trip, year of the trip, and your responsibilities (use a separate sheet of paper if you need more space):

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_

**Music Training/Ability**

- I can sing the following part(s): soprano / alto / tenor / bass / melody / unsure
- I can sing on tune.       I can read music.       I have performed in a choir \_\_\_\_\_ times.
- I have performed in a quartet \_\_\_\_\_ times.       I have sung a solo in public \_\_\_\_\_ times.
- I sang in the YD Camp choir in \_\_\_\_\_       I played in the YD Camp orchestra in \_\_\_\_\_

Please list each musical instrument you can play with at least an intermediate level of proficiency:

1. Instrument: \_\_\_\_\_      How many years of lessons? \_\_\_\_\_  
Your level: Intermediate / Advanced      Could you bring it on the Mission Experience, if requested? \_\_\_\_\_
2. Instrument: \_\_\_\_\_      How many years of lessons? \_\_\_\_\_  
Your level: Intermediate / Advanced      Could you bring it on the Mission Experience, if requested? \_\_\_\_\_
3. Instrument: \_\_\_\_\_      How many years of lessons? \_\_\_\_\_  
Your level: Intermediate / Advanced      Could you bring it on the Mission Experience, if requested? \_\_\_\_\_

**Public Speaking Experience**

- Offered Scripture and Prayer \_\_\_\_\_ times.       Given a 5 to 10 minute talk \_\_\_\_\_ times.
- Given a full-length sermon \_\_\_\_\_ times. (If possible, send an audio or video recording.)
- I have spoken on TV or radio. Give details: \_\_\_\_\_

**Evangelism Training**

Describe all evangelism training you have received (such as Bible Work, Child Evangelism, Medical Missionary, Literature Evangelism, Media, Public Speaking, Missions, etc.) either at YD Camp or elsewhere.

	Course Date	Course Description	Course Provider (YD Camp, Home Church, etc.)	Course length (# of hours)
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____

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**PREFERENCES FOR SERVICE**

Mission Experience staff take many things into consideration when making team assignments. Your assistance in filling out the following section is appreciated, but does not guarantee you a spot in your preferred group.

Please rate *each* of the following on a scale of 1–5 based on your interest/preference (1–not interested; 3–neutral; 5–most interested).

Public Evangelism	1	2	3	4	5
Child Evangelism	1	2	3	4	5
Health Evangelism	1	2	3	4	5
Music Ministry	1	2	3	4	5
Photography	1	2	3	4	5
Videography	1	2	3	4	5
Sound System Operation	1	2	3	4	5
Equipment Management/Operation	1	2	3	4	5

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**PARTICIPANT AGREEMENT**

I acknowledge that while Mission Experience staff will do all in their power to make the Young Disciple Mission Experience an enjoyable and rewarding experience, neither Young Disciple Ministries nor tour operators, agents, or assistants are to be held responsible for any act, omission, or event transpiring during this program. Neither Young Disciple Ministries nor tour operators or assistants are responsible for the willful or negligent acts and/or omissions of any suppliers, air carriers, or their respective employees, agents, or representatives. By applying to the Young Disciple Mission Experience, you agree that neither Young Disciple Ministries, nor tour operators or any of their affiliated companies or representatives shall be liable for any accident, injury, property damage, or personal loss to any Mission Experience participant in connection with any accommodations, transportation, or other travel services or resulting directly or indirectly from any occurrences or conditions beyond its control, including, but not limited to, acts of terrorism, defects in vehicles, breakdown in equipment, strikes, theft, delay, medical regulations, customs regulations, or cancellation of or changes in itinerary or schedules. I recognize that all travel documents, as well as compliance with customs regulations and visa requirements are my responsibility.

I have filled out this application personally, and attest that everything I have recorded is correct. I have carefully read the codes, objectives, and policies as outlined in the application information. I agree to abide by all codes and policies, and to cooperate fully with the staff and uphold the Mission Experience objectives. I understand that if I fail to comply, I may be returned home at my own expense, without refund of fees. I also give permission for Young Disciple Ministries to use photographs and/or videos taken of me during the Mission Experience for promotional and/or illustrative purposes.

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

Date: \_\_\_\_\_

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**PARENT AGREEMENT (for minors only)**

As parent or legal guardian of the applicant, I am in favor of the applicant participating in the Mission Experience. I hereby release Young Disciple Ministries and its staff and representatives from liability in case of accident or illness, and I understand I am responsible for any charges incurred in treatment of my child's illness. I hereby give permission to the medical personnel selected by Mission Experience staff to administer natural remedies as deemed appropriate and/or to hospitalize and administer anesthesia and medications as required, or perform surgery on my child. I also give permission for Young Disciple Ministries to use pictures taken of my child during the Mission Experience for promotional and/or illustrative purposes.

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

Date: \_\_\_\_\_

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