



Youth Application 2021

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: _____
Street/PO Box 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 2021: _____

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

MEDICAL INFORMATION

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

Restricted activities: _____

Reason for restriction: _____

Current medications (include name and dosage): _____

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 YD staff if you have been exposed to any serious illness during the three weeks prior to the trip.

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): _____

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 foreign home 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, 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.	_____	_____	_____	_____

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–little interest; 3–neutral; 5–very 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

PARTICIPANT AGREEMENT

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.

I will not hold Young Disciple Ministries, agents, staff, volunteers or assistants responsible for any act, omission, or event transpiring during this program, nor 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, I agree that Young Disciple Ministries, agents, staff, volunteers and assistants shall not be liable for any accident, injury, property damage, or personal loss to any Mission Experience participant in connection with 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.

Signature: _____

Date: _____

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: _____