

# PROJECT SERVE! WHITE EARTH, MINNESOTA STUDENT APPLICATION

To be completed if under the age of 18

Ministry Dates **JULY 1 – 8, 2012**

Application Deadline: **MARCH 5**

**TRIP FEE: \$950 - \$50 Deposit due with application - \$350 due by March 5 (Non-refundable)**

*Finance note: If applicant is approved the deposit will be applied to the trip cost. If applicant is not approved the deposit will be refunded. Checks made payable to iRock Ministries. Applicant is responsible for transportation to and from airport. Airfare and transportation upon arrival at site are included in trip fee.*

**Please Use Black Ink And Print Carefully**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Mid Initial \_\_\_\_\_ Nickname? \_\_\_\_\_

Address \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Grade In Spring 2011 \_\_\_\_\_ Email \_\_\_\_\_

**Church Information**

Local Church \_\_\_\_\_ Lead Pastor \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

T-Shirt Size:  YTH-M  YTH-L  AD-S  AD-M  AD-L  XL  XXL Check One:  Male  Female

Why do you want to go on this mission's trip?

\_\_\_\_\_  
\_\_\_\_\_

What do you hope to share with the children during this outreach?

\_\_\_\_\_  
\_\_\_\_\_

Write a short testimony of when, where, and how you were saved.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Attach picture of yourself here.**  
**[For identification purposes only.]**

List any skills or talents you have.

\_\_\_\_\_  
\_\_\_\_\_

Do you regularly attend your local church?  YES  NO

Briefly describe how you are currently serving in your local church. \_\_\_\_\_

\_\_\_\_\_

Are you willing to do prayer walks, flyer distribution, participate in all aspects of the outreach and be a team member with other people you may not know?  YES  NO

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## MEDICAL FORM

### Health Data

1.  Yes  No Has applicant had all current immunizations as regulated by your state?
2.  Yes  No Has applicant recently been exposed to a communicable disease? If yes, explain on separate sheet.
3.  Yes  No Does applicant have physical needs that would limit participation in outreach activities? If yes, explain on separate sheet.
4. Applicant will be bringing:  inhaler  nebulizer  epi-pen. The epi-pen is for:
5. Applicant has the following allergies:
6. Applicant is allergic to the following medications:
7. Are there any medical conditions that we should be aware of regarding the welfare of this applicant? Please be sure to include recent illnesses, handicaps, special diet, etc.
8. List ALL medications applicant will be bringing to use on this trip.

**ALL medications, prescription and over-the-counter must be brought in the original containers. Medication cannot be given to a camper unless it is in the original container!!! NOTE: Medical orders and physician's name must be legible on prescription medications.**

### Emergency Contact Information

Applicant is living with: <input type="checkbox"/> both parents	<input type="checkbox"/> mother
<input type="checkbox"/> father	<input type="checkbox"/> other _____
Father/Other _____	Mother _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Daytime Phone (_____) _____	Daytime Phone (_____) _____
Evening Phone (_____) _____	Evening Phone (_____) _____
Cell Phone (_____) _____	Cell Phone (_____) _____
Email _____	Email _____

### Insurance Information

Is the applicant insured?

- No, he/she has no insurance.
- Yes, the name of the insurance company is: \_\_\_\_\_
- A copy of the insurance and/or prescription card is attached. **MANDATORY** for all insured applicants: On an 8 ½ X 11 piece of paper, please copy the *front* and *back* of the insurance and/or prescription card, and *attach* to this form. In case of a medical emergency, this information is vital in securing timely medical treatment for your child. **Tricare Insurance:** For applicant team members from military families who use Tricare please provide the sponsors name, usually the  
 Parent: \_\_\_\_\_ and their SSN: \_\_\_\_\_  
 Physician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Emergency Treatment Permission & Liability Release

I give permission for my child to attend this mission trip and participate in its activities. While my child is on this trip, I give permission for the administration of the above medications and other comfort medications including, but not limited to Tylenol, Advil, cough drops and Mylanta. Furthermore, whereas I have legal custody of this child, a minor who resides with me, I give the following emergency treatment permission: While this child is at, or in route to and from, this mission trip, I hereby authorize any first aid staff or adult staff to consent to any X-ray, examination, anesthetic, medical or surgical treatment, and hospital care to be rendered to this minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice in the state of WV, MD or VA when such medical or surgical treatment is necessary. In consideration of my child being allowed to participate in this mission trip, I authorize iRock Ministries to use my child's likeness in photographs or video in any and all of its publications and in any and all other media. I will make no monetary or other claim against iRock Ministries for the use of such photographs or video. I hold harmless and release iRock Ministries, and its agents and employees from any liability, claims, damages and loss whatsoever relating to the authorizations hereinabove provided for.

**Parent/Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please complete Project Serve Application and mail to: iRock Ministries 4015 Forrest School Rd, Smithsburg MD 21783

# PROJECT SERVE!

## PASTOR/TEACHER REFERENCE

2 References Required (Make copies)

**To Be Completed by the Applicant**

Instructions: Complete the information in this block and give this form to a Pastor and a teacher that knows you best. Have them return the form to you in a sealed envelope. Attach envelopes to your completed application packet.

Name of Applicant \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

I am applying to participate in a short-term mission outreach (Project Serve) to: \_\_\_\_\_

The dates of the outreach are: \_\_\_\_\_

**Reference**

The person named in the block above has applied to participate in a short-term outreach (Project Serve!) with iRock Ministries. Please complete and sign the reference, then return to the applicant (*in a sealed envelope*). As you complete this reference, please remember that an outreach is a physically, emotionally and spiritually demanding undertaking. Your candid and confidential assessment of the applicant's ability to work as a team member is sincerely appreciated. If you have any questions, contact Pastor Terry Williams (iRock Ministries) at 301-416-0568 or [terry@irockministries.com](mailto:terry@irockministries.com).

**Thank you for taking the time to complete and return this form!**

Pastor/Teacher \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

1. How well do you know the applicant?  Personal Friend  Very Well  Somewhat Well  Casually  Not at all
2. How long have you known the applicant?  <1 year  1-2 years  3-5 years  5-10 years  >10 years
3. Which of the following best describes the applicant?

E=excellent AA=above average A=average P=poor U=unknown

Adaptability \_\_\_\_ Servanthood \_\_\_\_ Dependability \_\_\_\_ Spiritual Life \_\_\_\_ Maturity \_\_\_\_

Response to Authority \_\_\_\_ Spiritual Influence on Peers \_\_\_\_ Leadership Ability \_\_\_\_

O=often S=sometimes R=rarely N=never U=unknown

Procrastinates \_\_\_\_ Critical \_\_\_\_ Helpful \_\_\_\_ Irritable \_\_\_\_ Inclined to Crushes \_\_\_\_ Caring \_\_\_\_

Depressed \_\_\_\_ Encouraging \_\_\_\_ Argumentative \_\_\_\_ Domineering \_\_\_\_ Thoughtful \_\_\_\_ Rebellious \_\_\_\_

4.  Yes  No Does the applicant regularly attend church services?
5.  Yes  No Is the applicant active and striving to be involved in ministry?
6.  Yes  No To your knowledge, has the applicant had a salvation experience?
7.  Yes  No Is the applicant growing in his/her personal relationship with Christ?
8.  Yes  No Do you have any reason to lack confidence that this applicant will contribute to the week's events?  
If yes, explain below.
9.  Yes  No Do you have any concerns that you feel we need to be aware of about the applicant? If yes, explain below

I Recommend this Applicant:

Highly  With Reservation  I do not recommend

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_