

Grace Presbytery

"STARS"

**Youth Leadership Development Ministry
Application 2011 – 2012**

**Please Note: A check for \$65 payable to Grace Presbytery will be due by January 21, 2012.
Write "STARS" in the memo line of the check. This fee covers member share of the training events.**

Name: _____ Male: _____ Female: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Birth Date: _____ Grade Fall 2011: _____

Email Address: _____

Church: _____ City: _____ Church Phone: _____

Parent(s) / Guardian(s): _____ Phone: _____

Email Address: _____

Endorsement of Pastor, Christian Educator, Youth Leader: _____
(please circle one)

Please list two adult church members who may serve as references for you:

Name: _____ Phone: _____

Name: _____ Phone: _____

- Briefly describe your relationship with Jesus Christ and the role of the church in your life:
- Briefly list activities in which you have participated in your church, presbytery, etc.:
- Briefly describe activities in which you have participated in your school, community, etc.:
- Briefly state why you would like to serve with the STARS and what you hope to gain from the experience:
- Briefly describe any particular gifts, talents, skills, abilities, personality traits, etc. with which you would contribute to work of the STARS:

Your signature: _____ Date: _____

Parental signature: _____ Date: _____

(Please use the back of page to answer questions if needed)

Grace Presbytery
“STARS”
Covenant of Community and Commitment

- ◆ I covenant to remain active in the church and youth group of my home church.
- ◆ I covenant to attend 3 of the 4 Training Sessions (October – February) to be eligible for Commissioning.
- ◆ As a member of the STARS, I covenant to attend the March Training Session # 5 to be eligible to attend and lead at one of the Youthquakes.
- ◆ I covenant with the STARS Community to participate in all scheduled events and activities.
- ◆ I covenant to be responsible to the adult leadership of the STARS.
- ◆ I covenant to respect the local community and those we associate with during the STARS Training Sessions and Youthquakes and by not damaging any property.
- ◆ I covenant to respect the privacy of others by not entering into areas assigned to females if I am a male, or areas assigned to males if I am female.
- ◆ I covenant to respect those around me by not engaging in reckless behavior that could cause harm to myself or others.
- ◆ I covenant not to bring fireworks, firearms, illegal drugs, alcohol or tobacco products.
- ◆ I covenant to abstain from inappropriate sexual behavior.
- ◆ I covenant to be a good steward of the resources, facilities, and time.

The above agreement has been developed to enhance the quality of the STARS Community. Participants accept the responsibilities in this Covenant in order to build a community characterized by respect, trust, concern, and dignity.

It is assumed that all participants and their parents/guardians will sign, accept and abide by this Covenant as a pre-requisite for attendance to the STARS Leadership Program of Grace Presbytery. I understand that any failure on my part in abiding by this Covenant may result in my being dismissed from the STARS Leadership Program.

Applicants Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

GRACE PRESBYTERY

YOUTH EMERGENCY INFORMATION CONSENT FORM

Time Period: July 1, 2011 to June 30, 2012

Name of Participant: _____ Date of Birth: _____

Address: _____ Home Phone: _____

City: _____ State: _____ Zip Code: _____ Cell Phone: _____

IN CASE OF EMERGENCY CALL:

Name: _____ Home Phone: _____ Cell Phone: _____

Home Address: _____ City: _____ State: _____ Zip: _____

ALTERNATE CONTACT:

Name: _____ Home Phone: _____ Cell Phone: _____

Home Address: _____ City: _____ State: _____ Zip: _____

MEDICAL INFORMATION:

Please list all allergies: (This includes all Medications, Foods, Insect Bites, Asthma, etc.) CARRY EPI PEN? ___YES ___NO

Please list any medications this child is presently taking:

Please list all health restrictions, pre-existing or present medical conditions:

Family Doctor: _____ Phone: _____

Name of Insurance Company: _____ Phone: _____

Policy Number: _____ Date of Last Tetanus Shot: _____

My child does not (I do not) currently have health insurance.

I/We, the parent/guardian of said child hereby give permission for him/her to attend and participate fully in the activities conducted by the Grace Presbytery Youth Ministry Committee during the time period of the dates listed above.

I/We understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I/we cannot be reached or the alternate contact person cannot be reached in an emergency I/we hereby give my/our permission to the physician selected by the activity leader to hospitalize, to secure medical treatment and/or to order an injection, anesthesia, or surgery for my child as deemed necessary.

I/We understand that all safety precautions will be taken at all times by Grace Presbytery and its ministry partners during all events and activities. I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk. I/We agree not to hold Grace Presbytery, its leaders, employees, and/or volunteer staff liable for damages, losses, diseases, or injuries incurred by said child. Furthermore, I/We hereby assume all risk of personal injury, sickness, death, damage, and expense as a result of participation in recreation and work activities involved therein.

I/We understand that my insurance coverage for my/our child will be used as primary coverage in the event medical intervention is needed. Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action, or otherwise, I/We hereby assume all transportation costs.

Parent or Guardian's Signature _____ Date _____

GRACE PRESBYTERY
YOUTH TRAVEL CONSENT FORM

Time Period: July 1, 2011 to June 30, 2012

I hereby grant my permission for _____ to participate fully in the activities conducted under the auspices of the Grace Presbytery Youth Ministry Committee. These activities would include, but are not limited to:

- **Meetings of the Youth Ministry Committee and activities related to a person's responsibilities as part of the YMC**
- **Participation in the Senior High Youth Connection (SHYC) as Planning Team Members**
- **STARS Leadership Training Seminars and Retreats, including STARS participation as leaders at Youthquakes or other related activities**
- **Youth Sunday on Wheels – rehearsals and services**
- **Participation in other activities that are planned or endorsed by the YMC**

Authorization and permission is hereby given to Grace Presbytery to furnish any necessary transportation, food, and lodging, as deemed necessary, for this participant during the activities related to this event.

I/We understand that my insurance coverage for my/our child will be used as primary coverage in the event medical intervention is needed. Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action, or otherwise, I/We hereby assume all transportation costs.

Parent or Guardian's Signature _____ Date _____

GRACE PRESBYTERY
Permission to use Likeness

I, _____ (parent/guardian), do hereby give my permission for my dependent child's likeness and/or photograph to be used for informational and promotional purposes (print, video, multimedia, and internet) for the Youth Ministries of Grace Presbytery.

Grace Presbytery agrees to make every effort to protect the privacy and dignity of your children. We will never include biographical information in connection with your child's picture/likeness. (Full name, address, e-mail address, etc.) Additionally, if you or your dependent request that a picture be removed, it will be done so immediately. In the case of an internet picture, this will be done as soon as possible. In the case of a printed picture, this will be done the next time it goes to print.

Name of Youth _____

Parent or Guardian's Signature _____ Date _____