



*"Your attitude should be the same as that of Christ Jesus: 'Who being in very nature God, did not consider equality with God something to be grasped, but made himself nothing, taking the very nature of a servant, being made in human likeness.'" (Philippians 2:5-7)*

Thank you for applying for the **Adventures In Leadership** camp of the Northwest Conference, at Adventurous Christians, Grand Marais, Minnesota, **June 17-24, 2017**. Your thoroughness in filling out the application is appreciated.

**PLEASE PRINT:**

Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Phone ( ) \_\_\_\_\_ E-mail \_\_\_\_\_ Date of Birth (M/D/Y) \_\_\_\_\_ M/F \_\_\_\_  
HighSchool \_\_\_\_\_ City \_\_\_\_\_ CurrentGrade \_\_\_\_\_

**List your academic, leadership/service and extracurricular activities and awards through your school and/or community**(clubs,athletics,music,drama,studentgovernment,scouts,etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Church \_\_\_\_\_ City \_\_\_\_\_ Pastor(s) \_\_\_\_\_

**How long and in what ways have you been involved in your church? In what areas of leadership have you been active?**  
(youth group, Bible studies, worship, choir, service projects, mission trips, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**List any other talents or interests not listed above** (speaking, drama, writing, music, sports, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please answer the following questions on a separate piece of paper (please type) and attach it to the back of this application: (one page maximum per question.)**

- a. Describe how you personally came to know Jesus Christ and the nature of that relationship today.
- b. Provide for us further insight into a few of your character strengths and weaknesses. Also state specific reasons why you want to be a part of The Northwest Conference's **Adventures In Leadership** camp this summer. Finally, describe some specific objectives you want to accomplish through the camp as well as any future leadership roles you might be considering.

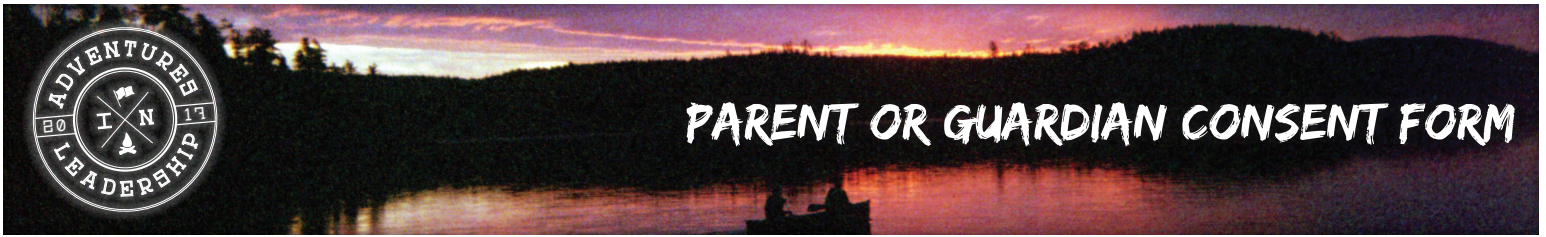
**List the name and phone number of two references:**

a.Pastor/YouthLeaderReferenceForm: Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
b.SchoolTeacherReferenceForm(notS.S.teacher): Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Give the enclosed reference forms to each person along with a stamped, addressed envelope so it can be mailed directly to the address below or confirm with them that they will fax it to the NWC. Applications will not be considered until all forms have been received.

A **\$100 deposit** must accompany this application. The deposit will be refunded **only** if the student is not selected for Adventures In Leadership. **Applications must be postmarked by Friday, April 7.** Space is limited to 28 youth. Please make your check payable to: **The Northwest Conference**

Mail application to: **Adventures In Leadership**, The Northwest Conference, 3106 47th Ave. S., Minneapolis, MN 55406-2360 or **FAX: 612-721-4895**



To Whom it may concern:

The undersigned hereby gives permission for my/our child, \_\_\_\_\_, to attend the **Adventures In Leadership** camp and participate fully in the activities sponsored by the Northwest Conference on June 17-24, 2017.

I/We authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for my/our child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

**Please list any allergies or special medical problems your child may have:** \_\_\_\_\_

\_\_\_\_\_

Medical insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No	Emergency Phone Number(s)
Insurance Company _____	(_____) _____
Policy Number _____	(_____) _____

Parent/Legal Guardian	Relationship	Date
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## Student Commitment

Please read and sign below:

If selected, I am committing to full participation in the entire AIL experience. I recognize that AIL involves high levels of physical, emotional and spiritual rigor. I also understand that there are certain risks inherent in a wilderness camp experience and am willing to assume the physical risks involved. In order to benefit the most from this leadership training experience I must be willing to submit to the leadership and direction of the Northwest Conference **Adventures In Leadership** staff who will be responsible for my personal growth and training. It is my understanding that participants will be divided into small groups. I understand that this is a church-sponsored camp and will conduct myself in a manner appropriate as a representative of Jesus Christ. If not, I understand that I will be sent home at my own expense, with no refund.

_____ Signed	_____ Date
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**Applications must be postmarked by April 7, 2017, and mailed or faxed to the Northwest Conference office.**



# PASTOR OR YOUTH LEADER REFERENCE FORM

\_\_\_\_\_ is applying for a leadership training experience with the Northwest Conference. Please respond to the following questions and return to the Northwest Conference as soon as possible. Completed applications must be postmarked by **Friday, April 7, 2017**, and no application will be considered without the required reference forms.

**In what capacity and how long have you know the applicant?** \_\_\_\_\_

\_\_\_\_\_

**Please indicate your knowledge of this applicant:**

a) Teachable	Weak	1	2	3	4	5	Strong
b) Considerate to peers	Weak	1	2	3	4	5	Strong
c) Leadership ability	Weak	1	2	3	4	5	Strong
d) Handles responsibility	Weak	1	2	3	4	5	Strong
e) Works well with others	Weak	1	2	3	4	5	Strong
f) Responds to authority	Weak	1	2	3	4	5	Strong
g) Expresses him/herself well	Weak	1	2	3	4	5	Strong
h) Considerate of adults	Weak	1	2	3	4	5	Strong
i) Leads a consistent Christian lifestyle	Weak	1	2	3	4	5	Strong

Make additional comments or concerns on other side.

I recommend this applicant for the Adventures in Leadership Camp, June 17-24, 2017.

I recommend this applicant with the following reservations: \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Position \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ E-mail address \_\_\_\_\_

Mail application to: **Adventures In Leadership**  
The Northwest Conference  
3106 47th Av. S.  
Minneapolis, MN 55406-2360

**FAX: 612-721-4895**



# SCHOOL-COMMUNITY REFERENCE FORM

\_\_\_\_\_ is applying for a leadership training experience with the Northwest Conference. Please respond to the following questions and return to the Northwest Conference as soon as possible. Completed applications must be postmarked by **Friday, April 7, 2017**, and no application will be considered without the required reference forms.

**In what capacity and how long have you know the applicant?** \_\_\_\_\_

\_\_\_\_\_

**Please indicate your knowledge of this applicant:**

a) Teachable	Weak	1	2	3	4	5	Strong
b) Considerate to peers	Weak	1	2	3	4	5	Strong
c) Leadership ability	Weak	1	2	3	4	5	Strong
d) Handles responsibility	Weak	1	2	3	4	5	Strong
e) Works well with others	Weak	1	2	3	4	5	Strong
f) Responds to authority	Weak	1	2	3	4	5	Strong
g) Expresses him/herself well	Weak	1	2	3	4	5	Strong
h) Considerate of adults	Weak	1	2	3	4	5	Strong
i) Person of high character	Weak	1	2	3	4	5	Strong

Make additional comments or concerns on other side.

I recommend this applicant for the Adventures in Leadership Camp, June 17-24, 2017.

I recommend this applicant with the following reservations: \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Position \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ E-mail address \_\_\_\_\_

Mail application to: **Adventures In Leadership**  
 The Northwest Conference  
 3106 47th Av. S.  
 Minneapolis, MN 55406-2360

**FAX: 612-721-4895**