Thank you for applying for the **Adventures In Leadership** camp of the Northwest Conference, at Adventurous Christians, Grand Marais, Minnesota, **June 15-22, 2024**. Your thoroughness in filling out the application is appreciated. You will receive additional forms (e.g. Medical Release form) upon acceptance to AIL. Applications are due Monday, April 15. They will be reviewed shortly after that date. Students will be informed of their acceptance status by April 30.

PLEASE PRINT:					
Name					
	City		State	ZIP	
Phone ()	E-mail*		Date of Birth (M/	′D/Y)	M/F
	* Please check this	email regularly, as tl	his is the way we	communica	te with you.
HighSchool	City			Current(Grade
Church					
City	Pastor,	/youth pastor			
How long and in what wa	ays have you been involved in yo	our church? In what a	areas of leadersh	ip have you	been active?
	ies, worship, choir, service projec				
List your academic, le	adership/service and extracur	ricular activities ar	nd awards throu	gh your sc	hool and/o
	tics,music,drama,student govern				
, (,	,				
List any other talents or	interests not listed above (speak	king, drama, writing, r	nusic. sports. etc.)	
			, -	<u> </u>	
Please answer the follo	wing questions on a separate p	iece of paper (plea	se type) and atta	ch it to the	back of this
	maximum per question.)			let e te d	
_	personally came to know Jesus her insight into a few of your ch			isnip today.	
	ons why you want to be a part of			tures In Lea	adership
camp this summer.					
	want to be challenged to grow		mer and how AIL	might be h	elpful.
	dership roles you are considering	ig this next year?			
-	ne number of two references:				
a. Pastor/Youth Lead		D1			
			Emai	I:	
	nity Reference Form (<u>not a fami</u>				
	ference forms to each person al- pelow or confirm with them that			ope so it ca	n be mailed
arrectly to the address t	below of confirm with them that	. triey will Scall and 6	ziiidii lü.		

ginny@northwestconference.org. <u>Applications will not be considered until all forms have been received.</u>
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 <u>Monday, April 15.</u> Space is limited to 28 students. Please make your check payable to: The Northwest Conference. Mail application forms to: Adventures In Leadership, The Northwest Conference, 3106 47th Ave. S., Minneapolis, MN 55406-2360 or scan application forms and email to ginny@northwestconference.org.

To '	Whom	Ιt	May	Concern:
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The undersigned hereby gives permission for my/our child, .	, to attend the Adventures In
Leadership camp and participate fully in the activities spon	sored by the Northwest Conference on June 15-22, 2024.

Parent Commitment

Please read and sign below:

If my child is selected, I commit to their full participation in the AIL experience. I recognize that AIL involves high physical, emotional, and spiritual rigor. I also understand that certain risks are inherent in a wilderness camp experience, and I am willing to assume the physical risks involved. I understand that this is a church-sponsored camp, so my child is expected to conduct themselves in a manner appropriate as a representative of Jesus Christ. If not, I understand that my child will be sent home at our own expense, with no refund.

Signed	Date	

Student Commitment

Please read and sign below:

If selected, I commit to full participation in the AIL experience. I recognize that AIL involves high physical, emotional, and spiritual rigor. I also understand that certain risks are inherent in a wilderness camp experience, and I 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 I will conduct myself in a manner appropriate as a representative of Jesus Christ. If not, I understand I will be sent home at my own expense without a refund.

Signed	Date	

Applications must be postmarked by April 15, 2024, and mailed to the Northwest Conference office, or scan and email to ginny@northwestconference.org.



low and	with the Northwest Conference called Adrs Canoe Area. It is a physically, emotionand send us your careful evaluation of this cations must be postmarked by Monday , Ance forms.	lly, and spirit student's ch	eaders tually ri aracter	ship. All gorous and gr	_ takes experie owth a	place t ence. P reas as	his sumr lease cor soon as	mplete the form possible. Comp	dary be- leted
In wh	at capacity and how long have you know t	he applicant	?						
Pleas	e indicate your knowledge of this applic	ant:							
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	
□ lre	additional comments or concerns on other ecommend this applicant for the Adventue	res in Leade							
	econfinence this applicant with the follow		LIOIIS						
	ease contact me to discuss the applicant of	over the pho	ne. You	ı can re	ach me	at ()		
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Mail reference to:

Adventures In Leadership The Northwest Conference 3106 47th Av. S. Minneapolis, MN 55406-2360 Or, scan and email reference to: ginny@northwestconference.org



ary W below Comp	with the Northwest Conference call faters Canoe Area. It is a physically, and send us your careful evaluation eleted applications must be postman apleted reference form.	emotionally, and s n of this student's	eaders piritual charac	ship. All lly rigor ter and	takes ous exp areas c	place to perience of grow	his sumr e. Please th as so	e complete the form on as possible.
In wha	at capacity and how long have you	know the applicar	nt?					
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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 Weak	1 1	2 2	3 3	4	5 5	Strong Strong
f) g)	Responds to authority 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
□lre	additional comments or concerns of commend this applicant for the Acecommend this applicant with the	lventures in Leade						
——— Ple	ease contact me to discuss the appl	icant over the pho	ne. You	ı can re	ach me	at ()	
Name	(print)			_				
Signa	ture			_ Date .				
Positi	on							
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	PSS							
City _				Sta	ate		_ ZIP _	
Phone	5 ()	E-mail addr	ess					
Mail re	eference to: Adventures In Lead	dership (Dr. scar	n and en	nail refe	erence	to:	

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