

# Summer Stretch Sr. High Leader Application



A special opportunity for young adults completing grades 10-12.

**What:** Join us for this special opportunity for you to lead others into ministry. We'll get together each Wednesday from 8:30am to 4:30pm for a fun day of challenging and rewarding experiences. We'll begin our day together with worship and faith experiences, and then spend the morning doing service projects, have lunch together, and spend the afternoon doing recreational activities.

**Why:** You will learn how to lead a small group of jr. high youth and have a great time getting to know new people, don't let this opportunity slip you by! Don't forget to invite your friends to apply also!

**Who:** You and your friends who are completing gr.10-12

**When:** Wednesdays, 8:30am - 4:30pm, June 17-July 15

**Meet At** Trinity Lutheran Church, Stillwater

**Total Cost:** \$65 (due with application by May 13)

(Fee includes transportation and all activities and supplies, but you will need to bring a bag lunch each day.)

**How:** Complete the application and return it with the fee (payable to SCVYMA) to the office at the church you would like to participate with. Scholarships are available upon request. Applications are **due by May 13**



Name \_\_\_\_\_ Grade: 10 11 12 Phone # \_\_\_\_\_

Address \_\_\_\_\_ Adult T-Shirt Size \_\_\_\_\_

Parent's Names \_\_\_\_\_

E-mail Address \_\_\_\_\_

**Office Use Only:**

Date \_\_\_\_\_ Amount \_\_\_\_\_

Check # \_\_\_\_\_ Cash \_\_\_\_\_

I know, for sure, I cannot attend Summer Stretch on the following days:

June 17  June 24  July 1  July 8  July 15 (Valleyfair Day – 8:30am-8pm)

I would like to participate in the youth group from:

- Bethlehem Lutheran  Christ Lutheran (Lake Elmo)  Crosswinds  
 Our Savior's Lutheran  Trinity Lutheran  Ascension Episcopal  
 First United Methodist

Please answer the following questions:

1. What motivates you to work with Jr. High students?
2. What kind of leadership qualities do you see in yourself?
3. In a short paragraph, describe your faith journey up to this point in your life.

Don't forget the other page... →



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4. Finally, please have your parents complete the following release form.

**SUMMER STRETCH CONSENT/MEDICAL RELEASE FORM**

- I am the parent/legal guardian of the participant, and hereby grant my permission for him/her to participate fully in all activities of the Summer Stretch program with the St. Croix Valley Youth Ministry Association (SCVYMA), from June 17 through July 15, 2009.
- In the event of an emergency, and I cannot be reached, I give permission for the supervising staff or the available adult leader to sign forms that would ensure the NECESSARY and IMMEDIATE treatment of the participant. I give permission to those administering emergency treatment to do so, using those measures deemed necessary. I furthermore absolve those acting on my behalf in this regard from liability as long as there is no gross negligence. *(Please attach a clear statement regarding the treatment of your child in the event of an emergency if different than the instructions stated in this paragraph. Sign and date it.)*
- Further, I understand that the child-participant cannot use alcohol, tobacco, drugs or firearms and if these rules are broken, I hereby assume transportation costs immediately returning the student home.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Name & Phone Number of *another* person to contact in an emergency:

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Family Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Allergies, physical limitations, pre-existing conditions, medications currently used, other comments:

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