



APPLICATION

Please print or type on the application using blue or black ink. Do not leave any blank lines or questions unanswered. If the question does not apply to you, fill in the blank with N/A and, if necessary, a brief reason why it doesn't apply.

Please consult with your pastor before completing this application.

PLEASE PLACE
RECENT
PICTURE HERE!

Personal Information

Name: _____
LAST FIRST MIDDLE
 Permanent Address: _____
 City: _____ State: _____ Zip: _____
 Phone: Home _____ Work _____ Cell _____ E-Mail Address: _____
 Date of Birth: MONTH DAY YR _____ Marital Status: (circle one) Single Married Widowed Divorced
 Do you have any children? Yes / No
 Father's name: _____ Occupation _____
 Mother's name: _____ Occupation _____
 Guardian: _____ Occupation _____
 Male _____ Female _____ (check one)
 Are both parents / guardian(s) active in the church? Explain: _____

Emergency Contact Information Name: _____ Address: _____
 City: _____ State: _____ Zip: _____ Phone: _____
 Relationship: _____

Christian Service History

Name of the church you attend: _____
 Pastor: _____ Attended how long? _____
 Pastor's Address: _____
 City: _____ State: _____ Zip: _____ Phone: _____
 Have you received the Holy Ghost with the evidence of speaking in other tongues and been baptized in Jesus' name? Yes / No
 Received the Holy Ghost: Date _____ Place _____
 Was baptized: Date _____ Place _____
 Are you now living a consistent Christian life to the best of your ability? Yes / No
 In which church related activities have you been involved? (circle all that apply) Leadership, Youth Ministry, Preaching, Sunday School Teaching, Choir, Bible Quizzing, Home Bible Studies, Evangelism, Bus Ministry, Cell Group Leaders, Musical Instrument
 Do you feel a call to any particular Christian service? _____

Scholastic Information

Are you currently enrolled in school? Yes / No If yes, name of school: _____

What level have you most recently completed? _____

Scholastic major(s): _____

List any scholastic awards or honors you have received: _____

List any special school activities in which you have participated: _____

Do you speak a language other than English? Yes / No

What language(s)? _____

How many years have you studied this language? _____

Estimate your ability to communicate: Fair Good Very Good

Employment History

Are you currently employed? Yes / No If yes, (circle one) Full or Part-Time
(list most current first [include babysitting jobs].)

Company Name	Address	Date of Employment MTH/YR MTH/YR __ / __ to __ / __	Supervisor's Name/Phone	Job Title and Description
		__ / __ to __ / __		
		__ / __ to __ / __		
		__ / __ to __ / __		

Health Information

Your Family Physician

Name _____ Phone _____

Number and Street _____ City _____ State _____ Zip Code _____

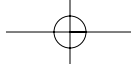
Do you have any health/physical conditions that require special attention? Yes No

If so, explain _____

Are you taking any prescribed medication? Yes No If so, what kind(s)? _____

Are you receiving or have you received professional treatment for any mental, emotional, or physical illness? Yes No If so, explain _____

Are you or have you received professional counseling of any nature? Yes No If so, explain _____



***Important:** It is your responsibility to see that your completed application form is received by **Apostolic Youth Corps**. Your application will not be complete until all reference forms are on file. Both husband and wife must complete an application to be considered.

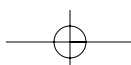
Before sealing and mailing your application, make sure the items listed below are in the envelope:
(check each item when completed)

- | | |
|--|---|
| <input type="checkbox"/> Application | <input type="checkbox"/> Application fee |
| <input type="checkbox"/> Pastor's signature on application | <input type="checkbox"/> Pastor has received Pastoral Reference form for completion.* |
| <input type="checkbox"/> Picture | <input type="checkbox"/> Employer or Scholastic Reference form has been given to the proper person for completion.* |
| <input type="checkbox"/> Typed essay | |

* We suggest that you provide an addressed and postage-paid envelope.



www.apostolicyouthcorps.com



Social Information

Have you ever been arrested? Yes No If so, explain _____

Have you ever been convicted of a crime? Yes No If yes, please check one of the following:

Misdemeanor Felony

Have you ever been in a behavioral rehabilitation program? Yes No If so, explain _____

AYC Information

How did you find out about **AYC**? ___ Friend ___ *The Conqueror* ___ District Youth Event
___ North American Youth Congress ___ Other _____

Have you participated in a **AYC**, AIM, or YOM trip? _____

How do you plan to finance your **AYC** involvement? _____

Please indicate which **AYC** program interests you.

- | | |
|--|---|
| <input type="checkbox"/> AYC North America Short Term | <input type="checkbox"/> AYC North America Long Term |
| <input type="checkbox"/> AYC Global Short Term | <input type="checkbox"/> AYC Global Long Term |
| <input type="checkbox"/> AYC Campus North America | <input type="checkbox"/> AYC Campus Global |

- Married (If married, both husband and wife must submit individual applications.)
- Single
- A long term trip = \$100, short term trip = \$50 non-refundable application fee must accompany the application. This will apply to the total cost of the trip.
- All funds for the trip must be submitted two weeks prior to departure.

Please indicate preferred **AYC** Destination:

1st Choice _____
2nd Choice _____

Essay

Type and double space essay on a separate sheet of paper.

1. Describe your personal spiritual experience, including your conversion, and how you came to know the Lord.
2. Give a brief account of your experience in Christian work, including what you have done, when and where it occurred, and with whom you have worked. List examples of leadership experience you have had.
3. Express your reasons in 100 to 200 words for desiring to participate in the **Apostolic Youth Corps** program, including how you feel this experience could affect the course of your life.

Applicant's Signature _____ Date: _____

Pastor's Signature _____ Date: _____

APOSTOLIC YOUTH CORPS

Pastoral Reference (*Confidential*)

Applicant's name: _____
Pastor: _____ Phone: _____
Address: _____

The young person who has given you this reference form is applying for involvement in **Apostolic Youth Corps**. Your prompt reply is deeply appreciated and will be held in strictest confidence.

Please evaluate the applicant in the following areas:

	Top 10%	Above Average	Average	Below Average	Inadequate Opportunity To Observe
Emotional stability	_____	_____	_____	_____	_____
Personal appearance	_____	_____	_____	_____	_____
Moral character	_____	_____	_____	_____	_____
Respect for authority	_____	_____	_____	_____	_____
Personal motivation	_____	_____	_____	_____	_____
Spiritual development	_____	_____	_____	_____	_____
Church faithfulness	_____	_____	_____	_____	_____
Church involvement	_____	_____	_____	_____	_____

How long have you known this applicant? _____

Would you recommend this individual for **Apostolic Youth Corps**? _____

If not, please explain on a separate piece of paper.

Signature of Pastor: _____ Date: _____

Important: In order for the applicant to be considered, this completed form **must** be returned.
Please mail to: **Apostolic Youth Corps**
United Pentecostal Church International
8855 Dunn Road
Hazelwood, MO 63042-2299

APOSTOLIC YOUTH CORPS

Employer or Scholastic Reference (*Confidential*)

Applicant's name: _____
College or Business: _____ State: _____
To College or Employer: _____

The individual who has given you this reference form is applying for involvement in **Apostolic Youth Corps**. Your prompt reply is deeply appreciated and will be held in strictest confidence.

Please evaluate the applicant in the following areas:

	Top 10%	Above Average	Average	Below Average	Inadequate Opportunity To Observe
Emotional stability	_____	_____	_____	_____	_____
Personal appearance	_____	_____	_____	_____	_____
Moral character	_____	_____	_____	_____	_____
Respect for authority	_____	_____	_____	_____	_____
Personal motivation	_____	_____	_____	_____	_____
Consideration for others	_____	_____	_____	_____	_____
Personal responsibility	_____	_____	_____	_____	_____
Academic achievement	_____	_____	_____	_____	_____

How long have you known this applicant? _____

Would you recommend this individual for **Apostolic Youth Corps**? _____

COMMENTS: _____

Signature: _____ Date: _____

Title or position: _____ Phone: _____

Important: In order for the applicant to be considered, this completed form **must** be returned.
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