

Project Timothy Returning Students Application

For Returning Students

Hey all you PT alumni! If you are considering coming back for a second or third year, we are so excited about that! I have heard so many testimonies from around the region of how God has been using you all in great ways. I think it is a great and noble thing for you to desire to return and allow God to work more in your life, and we would love to see you again! Read below for all the details, and contact me (Christian) if you have any questions!

Qualifications

Project Timothy is going to be running a track for all “returning students” this year (2011). This means we will combine those who are coming for their second time with those who are coming for their third time. This school is open to all who have attended before, but just because you’ve attended before, does not mean you will be admitted. Qualifications for being accepted as a returning student will be more stringent than last year. Here are some that we will be looking at:

- have you continued as a leader and fulfilled your commitment
- do you plan on continuing to lead
- has your character over the past year remained consistent with that of a leader
- do you feel called to return, rather than just desiring to see your friends?

So please pray about this, and then send in your application – we look forward to seeing you again!

Curriculum

We have not designed the full curriculum yet, but it will be different than last year’s “Phase 2.” This will be a whole new track, including some more in depth courses, and some more hands on outreach. I think its going to be really great—we have some amazing adult leaders coming to staff this year, so you don’t want to miss it! I’m also trying to link up with some ministries around the region that you may be able to travel to and gain a broader understanding of ministry.

Dates: August 6 - 13, 2011

Price: \$200.00 (per student)

Location:

Vineyard Christian Fellowship at the Barn, 3224 Appleton Rd Landenberg PA 19350

Accommodations:

Students will be housed in host homes, and depending on size we'll also be looking into hotel rooms and/or camping. More information will be made available as the dates approach.

FOR MORE INFORMATION

Christian Dunn – East Region Youth Task Force Leader

cdunn@vcfbarn.com

Project Timothy Application

Dear Applicant,

We are excited that you are interested in Project Timothy! Please take time to fill out this form with complete honesty. When you are done please mail it to VCF at the Barn 3224 Appleton Rd, Landenberg PA 19350, or (even better) fax it to us at (610) 255-4188. The final submission deadline is **July 20, 2011**.

Also, please understand that we cannot evaluate your application without receiving a full application packet which includes all the forms listed below. Be sure to give your youth pastor/adult leader and senior pastor their form with stamped envelope addressed to VCF at the Barn (or provide them with the fax number) so they can send it right away. Thanks!

FORMS NEEDED BEFORE APPLICATION CAN BE REVIEWED:

- . This application
- . 2-3 Page Essay
- . Health /Liability Form
- . Youth Pastor Reference
- . Senior Pastor Reference

PERSONAL INFO

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____

Zip _____

Email: (print clearly!) _____

Cell Phone: _____ Age: _____ Gender: _____

CHURCH INFO:

Church Name: _____

City: _____ State: _____

Phone: _____

Senior Pastor: _____

Youth Pastor/Worker's Name: _____

Youth Pastor's Email: _____

Youth Pastor's Phone: _____

TELL US ABOUT YOU!

Did you fulfill your commitment to serve as a leader for the year following your first Project Timothy? Yes _____ No _____

If yes, what did (do) you do?

To attend Project Timothy, you need to commit to serving at your youth group in some capacity for the next year. Do you commit to doing this? Yes _____ No _____

Are you a vegetarian or vegan? Yes _____ No _____ If yes, circle which one.

Please list any food allergies _____

Do you commit to paying the \$200 fee if you are accepted? Yes _____ No _____

2-3 PAGE ESSAY (please no hand written ones – and attach to application)

Please write an essay about how you have served in leadership in the past year since Project Timothy 2010. Tell us what you were able to “use” from PT last year in your experiences.

Also tell us what you’ve learned about yourself as a leader—describe 3 strengths and 2 weaknesses you’ve discovered as pertains to your ability as a leader. Lastly, tell us why you feel called to return to PT and what you expect to gain from this experience. :)

LEGAL STUFF

Have you ever been convicted of any crime of any kind? Yes _____ No _____

If so, please explain: _____

Have you been convicted or accused of child abuse or sexual abuse or been involved in any activities related to molesting or abusing children/youth? Yes _____ No _____

If yes, please explain: _____

I certify that all information provided in this application is true and complete. I understand that any false information may disqualify me from further consideration, and may result in my removal if discovered at a later date.

Applicant's Signature (all ages)

Date

Parent's Signature (if under 18)

Date

Youth Pastor/Adult Leader Reference Form for Project Timothy

Dear youth pastor/adult leader,

Thank you for taking the time to fill this out. This form is REQUIRED for any applicant to be admitted into Project Timothy. Please seriously consider whether this applicant meets the criteria below that have been set out for the bootcamp. If you have any reservations please be totally honest.

Criteria for an applicant:

- . Must be a committed Christian.
- . Must attend and be involved in a local church.
- . Must show leadership potential, or already be functioning in a leadership capacity.
- . Must commit to one year of service to your youth group following Project Timothy.
- . Must show exemplary behavior, moral standards, and emotional health.
- . Must have no active addictions.
- . Must submit well to authority.
- . Must be able to emotionally and physically conduct himself/herself with integrity and righteousness in relationships with other teens and young adults.
- . Must have no criminal background, or allegations of sexual abuse or molestation of any kind, that has not already been disclosed to the leadership of Project Timothy.

Applicant's Name: _____

Your Name: _____

Church Name: _____

Your cell phone: _____

Your email (please print very clearly): _____

How long have you known the applicant? _____

How well do you know the applicant? _____

Having read the above criteria, how confident are you that the applicant fully meets them?

_____ **Not at all** _____ **Somewhat** _____ **Very Confident**

If you answered anything other than "very confident" please give a detailed explanation of your reservations: _____

This applicant is applying as a “returning student.” We are setting high expectations for our returning students. Can you confirm that he/she has (1) lived a life consistent with the character and call of a leader as described in the Bible, and (2) has served as a leader in some capacity in church, youth group, or the community for the year following their first Project Timothy?

We are solely relying on youth pastor's recommendations for admittance into Project Timothy. Understanding that this person is asking to attend a leadership boot camp for teens and young adults hosted by the East Region Youth Task Force of the Vineyard, and that he/she will be in close contact with many other girls and guys, can you confidently recommend this applicant?

Yes _____ No _____

Signature

Date

**Please mail to:
Vineyard Christian Fellowship 3224 Appleton Rd Landenberg, PA 19350
OR FAX TO (610) 255-4188**

**For More Info:
Christian Dunn -- East Region Youth Task Force Leader
cdunn@vcfbarn.com www.vineyardeastyouth.com**

Senior Pastor Reference Form for Project Timothy

Dear senior pastor,

Thank you for taking the time to fill this out. This form is REQUIRED for any applicant to be admitted into Project Timothy. Please seriously consider whether this applicant meets the criteria below that have been set out for the leadership boot camp. If you have any reservations please be totally honest.

Criteria for an applicant:

- . Must be a committed Christian.
- . Must attend and be involved in a local church.
- . Must show leadership potential, or already be functioning in a leadership capacity.
- . Must commit to one year of service to your youth group following Project Timothy.
- . Must show exemplary behavior, moral standards, and emotional health.
- . Must have no active addictions.
- . Must submit well to authority.
- . Must be able to emotionally and physically conduct himself/herself with integrity and righteousness in relationships with other teens and young adults.
- . Must have no criminal background, or allegations of sexual abuse or molestation of any kind, that has not already been disclosed to the leadership of Project Timothy.

Applicant's Name: _____

Your Name: _____

Church Name: _____

We are solely relying on recommendations from local youth and senior pastors for admittance into Project Timothy. Understanding that this person is asking to attend a leadership boot camp for teens and young adults hosted by the East Region Youth Task Force of the Vineyard, and that he/she will be in close contact with many other girls and guys, can you confidently recommend this applicant? Also, will your church agree to lifting this applicant up in prayer concerning this boot camp?

No _____ Yes _____

Signature

Date

Please mail to:
Vineyard Christian Fellowship
3224 Appleton Rd Landenberg, PA 19350; OR FAX TO (610) 255-4188

For More Info:
Christian Dunn-- East Region Youth Task Force Leader
cdunn@vcfbarn.com
www.vineyardeastyouth.com

Liability and Medical Release for Project Timothy
(for applicants over 18 years old)

I understand that I will be attending Project Timothy at Vineyard Christian Fellowship at the Barn in Landenberg PA. I understand that during this time I will be accompanied by volunteers from this and other Vineyards in our region under the direction of staff and volunteers from the East Region Youth Task Force and from VCF at the Barn.

I hereby release the VCF at the Barn as well as any other Vineyard who provides volunteer staff, their staff and volunteers, and any sponsors of the event from responsibility and liability for any loss, injury, or illness that I may sustain during any activity. In the event of an emergency, I hereby authorize an adult leader, as agent for me, to consent to any medical, dental, or surgical diagnosis; X-ray examination; and/or hospital care advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state or province where the services are rendered, either at the doctor's office or in any hospital.

Signature (if over 18 years old)

Date

(Emergency Contact)

(Emergency Contact Number)

(Alternate Emergency Contact)

(Emergency Contact Number)

MEDICAL INFORMATION

ALLERGIES _____

MEDICATIONS _____

DOCTOR'S NAME & PHONE _____

OTHER INFORMATION _____

INSURANCE COMPANY _____

POLICY NUMBER _____

SUBSCRIBER NAME _____

GROUP NAME OR NUMBER _____

Liability and Medical Release for Project Timothy for those *under 18 yrs old*
(to be completed by parent or legal guardian of participant)

I, _____, as parent/legal guardian of _____, understand that my child will be attending Project Timothy at Vineyard Christian Fellowship at the Barn in Landenberg PA. I understand that during this time he/she will be accompanied by volunteers from this and other Vineyards in our region under the direction of staff and volunteers from the East Region Youth Task Force and from VCF at the Barn.

I hereby release the VCF at the Barn as well as any other Vineyard who provides volunteer staff, their staff and volunteers, and any sponsors of the event from responsibility and liability for any loss, injury, or illness that my child may sustain during any activity. In the event of an emergency, I understand that every reasonable effort to contact me will be made. In the event that I am unable to be contacted, I hereby authorize an adult leader, as agent for me, to consent to any medical, dental, or surgical diagnosis; X-ray examination; and/or hospital care advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state or province where the services are rendered, either at the doctor's office or in any hospital.

Signature of parent/legal guardian

Date

(Parent/Guardian Name)

(Emergency Contact Number)

(Alternate Emergency Contact)

(Emergency Contact Number)

MEDICAL INFORMATION

ALLERGIES _____

MEDICATIONS _____

DOCTOR'S NAME & PHONE _____

OTHER INFORMATION _____

INSURANCE COMPANY _____

POLICY NUMBER _____

SUBSCRIBER NAME _____

GROUP NAME OR NUMBER _____

