

Imagine the Impact

Christian Youth Leadership Institute
Class of 2009
Application Form

Full Name: _____

Birthdate: ___/___/___ Age: _____

Address: _____

_____ (city) _____ (state) _____ (zip)

Home Phone Number: (____) _____ - _____

Cell Phone Number: (____) _____ - _____

Email Address: _____

Facebook/My Space: _____

School and Grade entering in the Fall: _____

Parent's/Guardian's Names: _____

Emergency Contacts:

Name: _____

Phone Numbers: Day(____) _____, Evening (____) _____

Name: _____

Phone Numbers: Day(____) _____, Evening (____) _____

Why would you like to be a part of the Imagine the Impact Leadership Institute? _____

What personal qualities do you have that will make you a good participant in this program?

List hobbies, interests, and skills that you possess:

List any special experiences that have shaped your life:

Describe one experience that impacted your personal growth:

Do you have any experience in leadership, and if so, please describe it:

What expectations do you have for your time in this program and what would you like to get out of this experience?

List some of your favorite things- (movie, music group, food, color, activity, etc.)

Essays

Describe what it means to be a follower of Christ.

What have been the most significant growth points of your life as a Christ follower?

References forms must be completed by the following people that can attest to your degree of maturity, responsibility, and your ability to work as a team player while promoting leadership:

- 1) Pastor, 2) Teacher/Coach/Community volunteer supervisor, and 3) Peer

Name	Phone # (including area code)
1. _____	_____
2. _____	_____
3. _____	_____

Signature of Applicant

_____ Date: _____

Signature of Applicant's Parent or Guardian

_____ Date: _____

Please return application to:

Imagine the Impact
PO Box 190
Gilbertsville, PA 19525