



A Leadership Ministry of  
Christian Endeavor - Mid Atlantic

## *Christian Youth Leadership Institute Application Form*

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Full Name: \_\_\_\_\_

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ 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?

Reference 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**