

# Hong Kong & China Outreach 2008 Application

*Application Deadline: March 1, 2008. \$1500 due upon acceptance*

Name \_\_\_\_\_

Sex (M/F) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Church \_\_\_\_\_ Pastor \_\_\_\_\_

Youth Pastor \_\_\_\_\_

Name of father/guardian you live with  
\_\_\_\_\_

Name of mother/guardian you live with  
\_\_\_\_\_

Are you home schooled? Yes No What grade are you in? \_\_\_\_\_

## ***Emergency Information:***

In the event of an emergency, please notify the following parent or legal guardian:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

## **Outreach Dates: July 7- July 23, 2008**

This will include a few days at YWAM Discovery Bay campus prior to the outreach for training. Celebration team (performing arts), Service projects, Friendship evangelism and Cultural exchange, Worship and Intercession.

Please send the completed application by March 1, 2008 to

**YWAM King's Kids Discovery Bay**

**P O Box 989**

**Port Hadlock, WA 98339**

**Questions?**

**Contact Becky Burns (360) 385-3498**

**Email: [Becky@ywamdb.com](mailto:Becky@ywamdb.com)**

***Partnering with the Youth of Hong Kong in Sharing the Gospel with the Unreached People of China***

**Why are you interested in going on this outreach?**

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**How has God led you to apply to the Hong Kong China Outreach Team 2008? (scriptures, words, etc)**

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**List previous mission outreaches of which you have been a part.**

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**Describe your knowledge of the people of Hong Kong & China and their needs.**

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**What hobbies, talents, & interests do you have?**

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Because your relationship with God is the most important part of King's Kids, we would ask that you give careful thought to your answers to the following questions:

**1. How would you describe your relationship with God right now?**

Just beginning  Growing  Strong  Frustrating

Making the best of it  Still seeking  Boring  Exciting

**2. Do you spend time alone with God everyday? Yes  No**

**If no, how often?** \_\_\_\_\_

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**3. Do you enjoy the times you spend with God? Yes  No**

**Why?** \_\_\_\_\_

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4. **What do you feel in these times alone with God?** \_\_\_\_\_  
\_\_\_\_\_

5. **How do you think God feels about you?** \_\_\_\_\_  
\_\_\_\_\_

6. **Do you find sharing your faith:**  
Awkward  Natural  Exciting  Challenging  Frustrating

7. **If you could change one thing about your relationship with God, what would it be and why?** \_\_\_\_\_  
\_\_\_\_\_

The second most important part of King's Kids is making God known to others. God has given King's Kids many different ways to do this . . . sports, mercy ministries, music, and many more. All of these are called Special Use Ministries and are ways we make God known to others. If you were given the choice to do the following ten things, in what order would you like to do them? List these in order of importance to you. (1 = most exciting, 10 = least exciting)

- |   |   |
|---|---|
| <input type="checkbox"/> Singing/Dance Choreography | <input type="checkbox"/> Sports               |
| <input type="checkbox"/> Worship/Intercession       | <input type="checkbox"/> Street Dance/Hip Hop |
| <input type="checkbox"/> Puppets                    | <input type="checkbox"/> Flags/Banners        |
| <input type="checkbox"/> Drama                      | <input type="checkbox"/> *Service Ministry    |
| <input type="checkbox"/> Worship/Dance              |   |

\*Service Ministries involve doing more practical-type ministry at nursing homes, hospitals, rescue missions, low-income housing districts, etc. It could be yard work, cleaning, serving food, or any other number of activities.

### ***Performing:***

Have you ever spoken before a large group of people? Yes  No

Do you have a fear of speaking/performing in front of people? Yes  No

Do you play any musical instruments? Yes  No

What instruments do you play? \_\_\_\_\_

Do you like to sing? Yes  No

What type of dance do you enjoy? Jazz  Ballet  Other

Have you ever been involved in a drama production or skit? Yes  No

Have you ever participated in or done a puppet show? Yes  No

Have you ever been involved in a performing arts ministry? Yes  No

Have you ever been involved in a sports ministry? Yes  No

Are you willing to live under difficult circumstances, i.e., no electricity and running water during parts of the outreach? Yes  No

In some cultures, jewelry, makeup, and certain clothes or music is offensive. Are you willing to give up your rights to these during an outreach? Yes  No

King's Kids teams work as a family; this is why we don't allow boy/girl couples or boy/girl cliques. You will be expected to accept the leaders' judgment in this area. Do you make a commitment to not be a part of a boy/girl couple or clique? Yes  No

Is there anything else you would like to add to this application?

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**King's Kids China Summer outreach payment plan:**

Total due: \$2900

- March – upon acceptance - \$1500
- April 1- \$500
- May 1- \$500
- June 1- \$400
- July – leave

The cost of this summer outreach is \$2900. Do you feel that there will be any problems for you in raising this money?

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What is your T-shirt size?				
Youth Small	Youth Medium	Youth Large	Other_____	
Adult Small	Adult Medium	Adult Large	Adult X-Large	Adult XXLLarge

## **Applicant Agreement:**

As an applicant to the YWAM Discovery Bay Hong Kong & China Summer Outreach, I take the responsibility to obey all of the rules and regulations governing my behavior during all meetings and outreaches and to give my full attention and support to the YWAM Discovery Bay Summer Outreach staff in order to make such meetings and outreaches a success for all participants.

I read, understand, and have answered to questions on this application to the best of my ability.

Name (Please print)

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Signature of YWAM Discovery Bay Summer Outreach participant:

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***After your application is received and reviewed,  
we will send you additional team information.***

# PARENT ASSUMPTION OF RISK

## Authorization for Leaders

Child's Full Name \_\_\_\_\_ Parent's Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

### Medical Release:

I hereby authorize the leadership of Youth With A Mission (YWAM), also known as King's Kids to retain such medical care and treatment, as it seems necessary at their sole discretion, for my child while he/she is participating in Youth With A Mission activities during the dates of July 7, 2008, to July 23, 2008. I agree to performance of such treatment, anesthesia, and operation as, in the opinion of the attending physicians, is deemed necessary.

### Travel:

I have been informed of the schedule and itinerary for the period of July 7 to 23, 2008, and give permission for the participant to join this program. Should any question arise, I can be contacted at the above address and telephone number.

### Disciplinary matters:

In the unlikely event that my child should persist in violating the team rules of YWAM to the point that correctional discipline is necessary, I hereby authorize leadership of Youth With A Mission to administer discipline, to including restrictions on the use of free time and spending money, as well as the addition or deletion of work duties. In the event that my child does not respond positively to this correction, I authorize YWAM staff to telephone me collect so that the next step of discipline may be determined. It is further agreed that should there not be a clearly perceived change in response to these disciplines, my child may be sent home at my additional expense.

### Insurance Coverage:

I hereby confirm that we have checked with our insurance company in regard to the coverage of the above-named participant in the event of an accident, sickness, or loss/damage of property. The insurance coverage is sufficient for the above-named activities and the places traveled to.

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

I am aware that YWAM King's Kids Staff will not take financial responsibility for sickness, accident, or loss/damage of property.

### Agreement Not To Sue:

In regard to the participation of my child in all activities of Youth With A Mission Discovery Bay Kings Kids Outreach between the dates of July 7 to 23, 2008, I the undersigned, as parent and/or guardian, covenant with Youth With A Mission (YWAM) Staff that I will never individually or jointly, or on behalf of my minor child, institute or assist in any action at law in any court, tribunal, or other forum against YWAM Staff on account of any injury or other loss or damage of any kind whatsoever that may hereafter be sustained by my above-named minor child or myself as a consequence of said minor child's or my participation in, or involvement in, any activity either in a

training center, outreach, outing, transportation to and from any activity by bus, van, automobile, boat, airplane, public or private conveyance, or otherwise, sponsored directly or indirectly by YWAM Staff and any affiliated agencies, or representatives, whatsoever.

This covenant shall bind me and my heirs, assigns, and legal representatives, and may be pleaded as a complete defense to any action brought in breach of this covenant and agreement, and I expressly agree to indemnify YWAM Staff against, and to pay any loss from me or by anyone in my behalf, or on behalf of themselves, or in said minor's behalf, for the purpose of enforcing a claim for loss of life, personal injury, property damage, or loss sustained by me or said minor in consequence of my, or said minor's, attendance or participation in any King's Kids activity of any kind whatsoever.

I have read this agreement and understand all its terms to my complete satisfaction and have executed this document freely.

\_\_\_\_\_  
Signature of father/guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of mother/guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of witness

\_\_\_\_\_  
Date

**YOUTH WITH A MISSION  
(KING'S KIDS)  
Health History Form**  
*(To be completed and signed by a parent/guardian)*

<b>Full Name of child:</b> _____	<b>Birthdate:</b> _____
<b>Phone:</b> _____	

Name of parent(s)/guardian(s) child lives with \_\_\_\_\_

Name and Address of physician \_\_\_\_\_

Phone \_\_\_\_\_

Name of insurance company \_\_\_\_\_

Policy Number \_\_\_\_\_

Does your child have any of the following?

- |  |   |   |
|--|---|---|
| Asthma <input type="checkbox"/>        | Ear Infections <input type="checkbox"/> | Kidney Disease <input type="checkbox"/> |
| Epilepsy <input type="checkbox"/>      | Diabetes <input type="checkbox"/>       | Convulsions <input type="checkbox"/>    |
| Heart disease <input type="checkbox"/> | Other <input type="checkbox"/>          |   |

Date of last health exam: \_\_\_\_\_

Any problems? \_\_\_\_\_

Any dietary needs/food allergies? \_\_\_\_\_

Any medical allergies? \_\_\_\_\_

Is your child taking any medications? Yes  No  If yes, please state reason:

\_\_\_\_\_

Is your child up-to-date on immunizations? Yes  No  If no, please explain:

\_\_\_\_\_

Since last health exam, has your child had any of the following:

- Illness lasting longer than one week
- Surgical operation or fracture
- Treatment in a hospital/emergency room
- Serious injury
- Prescribed medication taken on regular basis

Is your child restricted from participating in any school activity? Yes  No   
If yes, please explain: \_\_\_\_\_

Other health conditions: (please check all that apply)

- |   |   |
|---|---|
| Wear contact lenses <input type="checkbox"/>    | Constipation <input type="checkbox"/>     |
| Nosebleeds <input type="checkbox"/>             | Motion sickness <input type="checkbox"/>  |
| Emotional disturbances <input type="checkbox"/> | Wears glasses <input type="checkbox"/>    |
| Fainting <input type="checkbox"/>               | Menstrual cramps <input type="checkbox"/> |
| Hearing impairments <input type="checkbox"/>    | Special diet <input type="checkbox"/>     |
| Sleep walks <input type="checkbox"/>            |   |

Has your child been exposed to or carry any contagious disease or infection?  
Yes  No

Is your child allergic to any medications? Yes  No   
If yes, please list and describe: \_\_\_\_\_

All the information provided is true and correct to the best of my knowledge.  
There is no reason(s), other than those stated on this form that my child cannot participate in any activities.

**Signature of parent/guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# **Youth With A Mission King's Kids Pastoral Reference**

***Confidential reference to be filled out by pastor***

Name of applicant:

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Applying for: **Youth With A Mission Hong Kong China Outreach 2008**

**Dear Friend: You have been invited to join with this person in discerning whether participation in this ministry is the Lord's best next step for them. We appreciate your frankness in supplying the information requested here.**

## ***Relationship***

How long and how well have you known the applicant?

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## ***Spiritual Maturity***

Does the applicant have a personal knowledge of and friendship with the Lord?

Yes  No

If yes, please check the best descriptions of this:

Inconsistent  Lacks depth  Genuine & growing

Contagious  Dynamic  Mature

If no, please explain: \_\_\_\_\_

Does he/she have two-way communication with the Lord?  Yes  No

Is the applicant seeking to become obedient to God's written word?  Yes  No

Is the applicant seeking to listen to the prompting of the Holy Spirit?  Yes  No

In general, what attitude does the applicant display toward the things of God?

Enthusiasm  Interest  Ambivalence

Excitement  Complacency

How well developed is the applicant's moral code?

Tries to do right  Knows right, but is sometimes rebellious

Is still learning  Does what suites self

Seeks to make right choices

Any comments to questions above? \_\_\_\_\_

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### ***Emotional Maturity***

Is the applicant able to express both good and bad feelings verbally?

With difficulty  Only sometimes  Uninhibitedly  No, shows them other ways

How does he/she take constructive criticism?

Feels hurt  Rebels openly  Accepts with thanks  
 Rejects, but learns  Accepts, but doesn't learn

His/her general temperament is:

Quiet & thoughtful  Bold & outspoken  Friendly & outgoing  
 Friendly but reserved  Shy but loving  Stern but caring

What are his/her responses to work? (Check all that apply)

Forgets  Reliable  Diligent  Puts off  
 Neglects  Careless  Industrious  Enjoys

How cooperative is this person? (Check all that apply)

Helpful  Follows  Independent  Bossy  
 Encourages  Considerate  Flexible

How punctual is he/she?

Always on time  Always late  Always early  
 Usually early  Usually on time  Usually late

Any comments on the above questions?

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### ***Problem Solving***

Does he/she like to work alone? \_\_\_\_\_ Does he/she like to work in a group? \_\_\_\_\_

Can he/she lead and organize others? \_\_\_\_\_ Solve problems creatively? \_\_\_\_\_

Complete a task with only job description? \_\_\_\_\_ With minimal supervision? \_\_\_\_\_

With specific supervision at all times? \_\_\_\_\_

### ***Speaking Ability***

Does the applicant speak and enunciate clearly? \_\_\_\_\_

Speak with expressiveness? \_\_\_\_\_ Speak with volume? \_\_\_\_\_

Is he/she comfortable with meeting new (and different) people? \_\_\_\_\_

**General Information**-please rate each of the following from 1(low) to 5 (high)

Smiles  General appearance  Energy  
 Expression  Individuality

What is the applicant's level of activity? (please check one)

Active  Sedentary  Athletic  Under active  Hyperactive

Does he/she tend to be any of the following? (Check all that apply)

Lazy  Proud  Moody  Sloppy  Stubborn  
 Fearful  Nervous  Clumsy  Healthy  Unhealthy  
 Overly sensitive  Dramatic

Do you recommend this person to be a part of the ministry? (Check one)

Unhesitatingly  With reservation  Not at all

Comments\_\_\_\_\_

\_\_\_\_\_

Signature\_\_\_\_\_

Date\_\_\_\_\_

Position\_\_\_\_\_

**Please send this referral by March 1, 2008 directly to:**

**Becky Burns**

**YWAM King's Kids Discovery Bay**

**P O Box 989**

**Port Hadlock, WA 98339**

Thank you very much for your assistance!