

Application for LUMC Youth / Student Life Mission Camp

July 6-10, 2020

Student's Name: _____ Phone: _____

E-Mail Address (to receive trip information): _____

Date of Birth: _____ Age: _____ Grade: _____

Please complete the following questions to the best of your ability (use the back as needed):

1. Why do you want to attend this mission camp?
2. What do you hope to get from participating in the trip?
3. What do you hope to offer the others on our team and those whom we will be serving?
4. In your own words, what is a Christian and how does someone become one?
5. How have you experienced God working in your life recently?
6. Please rank your areas of interest for personal ministry with "1" being of greatest interest and "5" being of least interest.

- _____ **Behind the Scenes** -- Sorting, organizing, cleaning for a ministry, nonprofit or school
- _____ **Greatest Area of Need** -- No preference beyond wanting to serve at projects with great need
- _____ **Kids' Ministry** -- Helping at a summer kids program or leading a Backyard Kid's Club
- _____ **Special Needs/Elderly Care** -- Serving in senior care facilities, adult day centers or with children or adults with physical/mental challenges
- _____ **Work Project** -- Painting, yard work, landscaping, gardening, trail work or minor construction

Please sign your application and have at least one parent sign it also. Return your completed application along with a signed permission form and \$70 deposit to Marlene Passarelli by January 5th.

Student's Signature

Date

Parent's Signature

Date