***We are very excited you’re interested in Project Impact 2020!***

Please be sure and to complete this application **FULLY**. Please reference the following checklist to know if your application is complete:

* After opening this from our website, please go to FILE and select “SAVE AS” and save this to your computer. We suggest you type your answers in the form rather than handwriting it.
* ***For the checked boxes, double-click on the box and the option to check or uncheck will appear.***
* ***If possible, we prefer emailed applications.***
* Email completed applications to: **projectimpactcolorado@gmail.com**
* If email is not possible, please mail completed applications to:

Wade & Carol Pacheco

3450 Bale Dr.

Ft. Collins CO 80526

* You must have **THREE** confidential references. Please print out or e-mail a reference form to three people who know you well.
* **One reference MUST be from your Campus minister.**If you do not have a collegiate minister or you are not well acquainted with your pastor, please give the form to a minister or Sunday School/Bible study teacher who knows you well.
* **The other two references need to be filled out by people in the following categories:**
Pastor (or youth pastor), discipler/mentor, Sunday School teacher, current or former employer. Please tell your references what “category” they fall into or write it on their form for them. (i.e. “Discipler” or “campus minister”, etc.)

**References can be emailed to projectimpactcolorado@gmail.com** or mailed to
Project Impact Colorado, 3450 Bale Dr., Ft. Collins CO 80526

* **Applications must be received by February 1, 2020.**  Space is limited, so please send in your application as soon as possible.
* **The $30 non-refundable application fee, and all subsequent fees, should be mailed to:**

Project Impact Colorado

167 Cherokee Way

Boulder CO 80303

**If at any time, you decide that you no longer want to be considered for acceptance,**

**please notify us via e-mail at:** **projectimpactcolorado@gmail.com****.**

We will be contacting you as soon as we can about your status in the project.

Sincerely,

Project Impact Staff

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| **Photograph**  |
| **Please insert a recent photograph of yourself in space below or attached to the form** |
|  |

**[ ]  Please check if you are also applying to be a leader at Project Impact 2020.**

**PARTICIPANT APPLICATION**

|  |
| --- |
| **General Contact Information** |
|  |
| **Last Name** | **First Name** | **Middle Name** | **[ ]  Male****[ ]  Female** |
|       |       |       |  |
| **Do you go by your first name?** | **What do you wished to be called?** | **Birth Date** | **Age** |
| [ ]  Yes [ ]  No |       |       |       |
|  |
| **Current / School Mailing Address** | **City** | **State** | **ZIP Code** | **Phone Number** | **Cell Phone Number** |
|       |       |       |       |       |       |
| **Permanent Mailing Address** | **City** | **State** | **ZIP Code** |
|       |       |       |       |
| **E-Mail Address** |  |
|       |
| **Classification for** **2019-2020?** | **College/University/School** | **Major** |
|       |       |       |
| **How did you hear about Project Impact?** | **[ ] Life Impact** **[ ] A Friend** **[ ] Former Participant** **[ ] Campus Ministry** **[ ] Church** **[ ] Other** |
| **Give the name of the church where you are a member and its denomination please:** | **Do you attend on a regular basis?****[ ]  Yes** **[ ]  No** |
| **T-shirt Size** | **[ ]  Small** **[ ]  Medium** **[ ]  Large** **[ ]  X-Large** **[ ]  XX-Large**  |
| **EMERGENCY CONTACT INFORMATION** |
| Information on a person to contact in case of emergency is required or your application will not be complete. |
|

|  |  |  |
| --- | --- | --- |
| First Name  | Last Name  | Relationship to you:  |
| Address  |
| City, State/Province  | Postal Code  |
| Country  |
| Home Phone  | Cell Phone  | Work Phone  |
| Email Address  |

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**CHURCH INFORMATION**

The church membership information gives you the opportunity to briefly describe your church and ministry involvement. Please indicate your church’s denominational affiliation (both the church where you are a member and the church you currently attend, if different) and your involvement in a campus ministry.

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| --- |
| Church where you are a Member: |
| Address : |
| City, State/Province:  | Postal Code:  |
| Country : |
| Years a Member?  |
| Pastor’s First Name: | Last Name:  |
| Phone Number : | Email Address:  |

**CAMPUS MINISTER**

|  |  |
| --- | --- |
| First Name:  | Last Name:  |
| Phone Number:  | Email Address:  |
| Ministry Name: |  |

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| **Personal Profile**  |
| **The following sections will inquire about your personal history and beliefs. Please answer honestly and in your own “voice” (be yourself!) because we want to know you. If you do not have experience in an area we question you about, please just tell us. Lack of experience will not be counted against you, but we need to know where each applicant is in their walk and how we can best equip the participants as a whole. Thank you in advance for your honesty!** |
|  |
| **Experience** |
|  |
| **Have you served in any leadership/discipleship positions previously? If so, please explain when and what they were?** |
|  |
| **Indicate your level of experience in the following:** |
| Devotional/Time with God | [ ]  None | [ ]  Very Little | [ ]  Moderate  | [ ]  Extensive | [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Cooking  | [ ]  None | [ ]  Very Little | [ ]  Moderate  | [ ]  Extensive | [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Evangelism  | [ ]  None | [ ]  Very Little | [ ]  Moderate  | [ ]  Extensive | [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Scripture Memory  | [ ]  None | [ ]  Very Little | [ ]  Moderate  | [ ]  Extensive | [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Playing Real Guitar (not hero) | [ ]  None | [ ]  Very Little | [ ]  Moderate  | [ ]  Extensive | [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Leading Worship  | [ ]  None | [ ]  Very Little | [ ]  Moderate  | [ ]  Extensive | [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Car Maintenance | [ ]  None | [ ]  Very Little | [ ]  Moderate  | [ ]  Extensive | [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Running a sound system | [ ]  None | [ ]  Very Little | [ ]  Moderate  | [ ]  Extensive | [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Living with Roommates | [ ]  None | [ ]  Very Little | [ ]  Moderate  | [ ]  Extensive | [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Healthy Conflict Resolution | [ ]  None | [ ]  Very Little | [ ]  Moderate  | [ ]  Extensive | [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Having and finding a job | [ ]  None | [ ]  Very Little | [ ]  Moderate  | [ ]  Extensive | [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| **Expressions of Christian Faith** |
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| **Please share how and when you committed your life to Jesus Christ.**  |
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| **Explain (as if you were telling someone with very little church background) how a person comes to faith in Christ.**  |
|  |
| **Read Matthew 5:23-24: Please describe a conflict you had with another person and how you were able to resolve it. What would you do different?** |
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| **Tell us why you want to come to Project Impact this summer. What are your expectations? What do you hope to get from participating in Project Impact?** |
|  |
| **What is your biggest fear (or hindrance) about coming this summer?** |
|  |
| **Team Work** |
| **Read Hebrews 13:17. Are you willing to follow leadership even though you might not totally agree with them in every situation? If no, please explain.** |
| **Do you consider yourself teachable? Why or why not?****Are you willing to submit to your small group leader’s leadership regardless of their age/experience in relation to your own?**  |
|  |
| **Please give us YOUR definition of teamwork.** |
|  |
| **Please describe your personal strengths that will most benefit your small group and the Project as a whole.** |
|  |
| **Please describe a personal weakness and how you perceive it will affect your group or the Project as a whole.** |
|  |
| **Your Personality and Gifts** |
|  |
| **Do you consider yourself introverted or extroverted? Please explain** |
|  |
| **Please read the following word-sets carefully. Then rank them from 1-4 with 1 being the set most like your personality and 4 being the set that is least like your personality.** \_\_\_\_ Easy-going, peaceful, rather watch than participate, indecisive, avoids conflict, dry sense of humor, calm, patient, lazy, procrastinator, emotionally even, introverted\_\_\_\_ Life of the party, motivated by fun, loud, doesn’t know a stranger, forgetful, over-commits, tends to exaggerate, doesn’t listen, emotionally up with few lows, extrovert\_\_\_\_ Strong willed, quick decision maker, natural leader, doesn’t need people, dependable, goal-oriented, loves to be productive, bossy, usually unemotional, extrovert\_\_\_\_ Analytical, idealistic, perfectionist, loyal, self-sacrificing, finishes projects, deep thinker, usually creative, very emotional & usually pessimistic, introvert |
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| **Lifestyle/Personal Issues (This information will be kept strictly confidential)** |
| **As an applicant, we want you to understand a past problem with illegal drug use and/or immoral behavior will not prevent you from being accepted provided:****(1) It can be determined that your current convictions are strong and consistent with scripture.****(2) A significant track record of an obedient Christian life has been established.** **If you answer YES to any of the following questions, please explain how you have dealt with this issue and what your current convictions are on the subject.** ***NOTE:* We believe that Jesus Christ can and does change lives. Honestly answering these questions will not necessarily disqualify you from being accepted to this project.** |
|  |
| **Have you been charged with a crime and/or a police or prison record? If yes, please explain.** |
|  |
| **Have you ever used/sold narcotics, hallucinogens, or illegal drugs not prescribed by your physician? If so, please explain.** |
|  |
| **Have you ever been or are you now involved in a homosexual lifestyle? If so, please explain.**  |
|  |
| **Have you ever engaged in pornography of any kind? If yes, please state how long and how often? Please give the dates of the most recent involvement and the extent. Explain how you have or are presently dealing with it. To whom are you accountable?** |
|  |
| **Have you ever struggled with an eating disorder such as bulimia or anorexia (or experienced bulimic or anorexic tendencies)? If yes, please explain.** |
|  |
| **Do you currently or have you ever experienced a significant period of depression? If so, please explain** |
|  |
| **Is there anything else of a personal nature you would like to share with us that you think is important for us to know about your life?** |
|  |
| **Is there anything in your life that, if made known, would hinder or embarrass your witness, your campus ministry, your church, or Project Impact?** |
|  |
| INSURANCE  |

You must have health insurance to participate in Project Impact. Please attach a copy of your current insurance card below.

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| **Please sign below indicating the information provided is true and accurate**  |
|  | APPLICANT SIGNATURE | DATE |