

Joshua Generation 2018 Application

YWAM PITTSBURGH

1912 Brownsville Road, Pittsburgh, PA, 15210



JOSHUA GENERATION

SUMMER 2018 - JULY 12 - 30



Attach

Recent

Photo

BOSTON / NYC JG TRIP

July 12th-30th

COST: \$585

PERSONAL INFORMATION:

Please print information clearly

Name: Last _____ First _____

Middle _____

Permanent Address _____

City _____ State _____ Zip _____

Age _____ Sex _____ DOB _____

T-Shirt Size: S M L XL (circle one)

Email: _____

Parent Email _____

Phone# _____ Cell Phone# _____

Father's Name _____

Mother's Name _____

In case of an emergency please contact:

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Phone# _____ Cell phone# _____

Email address _____

Alternative Contact:

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Phone# _____ Cell phone# _____

Email address _____

Church Information

Home Church _____

Denomination _____

Church Address _____

Pastor's Name _____

Church Phone # _____

How long have you attended? _____

PERSONAL HISTORY

Please leave an "X" on any medical conditions that apply to you.
 Explain any "Yes" answers in the space below. HAVE YOU EVER
 HAD, OR DO YOU HAVE ANY OF THE FOLLOWING

Shortness of breath		Eye trouble		Diabetes	
Asthma, hay fever		Ear trouble		Kidney disease	
Heart trouble		Head injury		Anemia	
High blood pressure		Recurrent headaches		Venereal disease	
Low blood pressure		Epilepsy		Tumor/cancer	
Rheumatism/ arthritis		Fainting spells		Allergies	
		Mental/nervous disorders		Penicillin	
Back Problems		Weakness		Sulfonamides	
Dislocation of joints		Paralysis		Serum	
Broken bones		Insomnia		Other (specify below)	
Eating disorders		Stomach/duodenal ulcer		Food (specify below)	
Bulimia			Gall bladder problems		
Surgery		Jaundice		FEMALES ONLY	
Appendectomy		Hepatitis		Irregular periods	
Hernia repair		Intestinal troubles		Severe cramps	
Tonsillectomy		Recurrent diarrhea		Excessive flow	

Other: (please specify)

Are you now under doctor's care for any condition? Yes No (specify)

Are you taking any medication at this time? Please specify

Do you have any physical handicaps or health conditions which require special attention? Yes No

(Specify)_____

This is a required part of the application process and must be returned in order for this process to be completed. This information will help us in our planning.

Do you know any of the following dances/dramas? If you do not know the entire dance/drama please note what you know. Please note if you know the Boston or Pittsburgh Version as well.

DOORS CLINCHER DUM DUM AYO DEAF

PARTS :

1.) Have you ever been involved in a dance or drama production? Please Explain.

2) Do you enjoy performing arts? If not what would you like to be apart of during JG? (note: even if you don't like performing arts we may still need you to be apart of the dances/dramas; this is just so we can see who is interested in what)

3) Do you have any other talents or hobbies that you feel you could use in a ministry setting? (such as photography, children's ministry, sports)

4) What musical instrument do you play? _____

5) How long? _____

Rate your ability on a scale of 1 (beginner) to 10 (advanced) _____

Would you feel comfortable playing on the worship team? **YES NO**

Do you sing? **YES NO**

Would you sing on the worship team? **YES NO**

Do you have any experiences working with sound equipment? **YES NO**

Additional comments:

Please Answer these Questions about Your Personal Relationship With Jesus

How/why did you give your life to Jesus?

How has that effected your life?

How has God been working in your life?

How has God shown you His faithfulness?

What is God showing you right now?

What are areas in **your** life that you would like to see God work on? Please Explain:

JOSHUA GENERATION REFERENCE FORM

(School Teacher/ Youth Pastor/ Pastor)

Name of Applicant: _____

Dear Friend,

This applicant is in the process of discerning whether or not participation in Joshua Generation is the Lord's desire for him/her this summer. Would you please help in the discerning process by truthfully filling in this form. We appreciate your honesty in providing the following information.

Relationship

How long have you know them? On what level do you know them?

Spiritual Maturity

Does the applicant have a personal relationship with the Lord Jesus and an understanding of who He is? Please explain.

Does the applicant seek to obey God's Word and the conviction of the Holy Spirit in his/her life?

Since you have known the applicant, have you seen growth in his/her relationship with the Lord? Please explain attitude and behavioral changes consistent with the Word of God, whether the applicant experiences answers to prayers, etc.

Is there anything else you would like to say about the applicant's spiritual maturity?

Emotional Maturity

How is the applicant at expressing feelings, both good and bad?

How does the applicant take constructive criticism?

How does the applicant cooperate with others in a group/ team settings?

Describe the general temperament and personality of the applicant. Does it differ significantly among friends vs. parents and/or adults? How does the applicant respond to authority figures?

Is this applicant usually punctual or late?

How is the applicant at solving personal problems? At helping others deal with or solve a problem?

Is the applicant comfortable with meeting new people?

Physical Ability

Do you feel the applicant's physical health is adequate for two weeks filled with physical activity, travel, and/or irregular schedule?

Do you recommend this person to be a participation in the Joshua Generation program? Please explain any reservations you may have.

Lazy		Underweight		Overweight	
Sloppy		Moody		Stubborn	
Nervous		Fearful		Proud	

Please check all the following descriptions that apply to the applicant:


Additional Comments:

Name: _____
Signature: _____
Position _____
Date _____
Address: _____

Phone # _____

Thank you for your help. Please be prompt as possible in filling out and returning this form to:
YWAM Pittsburgh
Joshua Generation
40 Pius St
Pittsburgh, PA 15203



Check List

Please be sure you have done the following:

All forms filled out completely _____

Forms signed where indicated _____

Testimony written out or typed _____

Reference Form filled out or given to someone to send in _____

\$35 Registration Fee _____