



APPLICATION FOR ACTEENS ACTIVATORS TEAM ASSIGNMENT

1. Name of church, association, or state represented _____
Address _____
City _____ State _____ ZIP Code _____
Telephone _____ Email _____

2. Person in charge of group _____
Address _____
City _____ State _____ ZIP Code _____
Home Telephone _____ Work Telephone _____
Email _____

3. Age of Acteens: Youngest (minimum age 15) [] Oldest [] Majority []

4. Group size: Acteens [] Adults [] Total []

5. Area preference: (1st) _____ (2nd) _____ (3rd) _____

6. Date preference: (1st) _____ (2nd) _____ (3rd) _____

7. Type of work preferred:
[] New church work [] Mobile home [] Visitation
[] Resort [] parks/Apartments [] Baptist center
[] Inner city [] Migrants [] Repair/Clean/Paint
[] Survey [] Senior adults [] Other _____

8. Activities for which group can be prepared:
[] VBS (adult, youth, children) [] Recreation (all ages) [] Puppets
[] Camp (day or resident) [] Backyard Bible Club [] Clowning
[] Music [] Sign language

9. Have members of this group participated in summer missions projects? _____
If so, where? _____

10. Remarks _____

11. We agree to complete the training program. We also understand the urgency of the need to fulfill our assignment. Enclosed are copies of individual Acteens information forms, medical release forms, and reference forms.

Date _____

Group Leader's Signature _____

Pastor's Signature (if local church) _____

State WMU Youth Consultant's Signature _____

DATE RECEIVED AT WMU, SBC _____
TYPE OF GROUP
[] LOCAL CHURCH
[] ASSOCIATION
[] STATE

ASSIGNMENT MADE
LETTERS MAILED



INDIVIDUAL INFORMATION FORM FOR ACTEENS ACTIVATORS PROGRAM

Accurate information about each applicant for the Acteens Activators program is needed to enable the state WMU to recommend qualified Acteens for summer missions assignments. A copy of this form will be sent to the national WMU office.

Carefully answer each of the following questions. Additional information may be included on separate pages and returned with your application.

PLEASE PRINT OR TYPE.

PERSONAL INFORMATION

Name: First	Middle	Last	Name by which you are called	Age	Date of Birth
Address			City	State	ZIP Code
Telephone		Email			Grade in School
School-related activities:					
Limitations on activities or activities in which you are physically unable to participate:					

CHRISTIAN EXPERIENCE

Are you a Christian? <input type="checkbox"/> Yes <input type="checkbox"/> No	Southern Baptist? <input type="checkbox"/> Yes <input type="checkbox"/> No	Active in Acteens? <input type="checkbox"/> Yes <input type="checkbox"/> No
How long a member of Acteens?	Do you participate in Acteens on an associational level?	
Other church-related activities:		

PERSONAL TESTIMONY (PLEASE USE BACK OF FORM TO WRITE YOUR PERSONAL TESTIMONY.)

BRIEFLY DESCRIBE YOUR CHRISTIAN EXPERIENCE. INCLUDE A DESCRIPTION OF YOUR LIFE BEFORE YOU BECAME A CHRISTIAN, WHAT MADE YOU WANT TO BECOME A CHRISTIAN, HOW YOU BECAME A CHRISTIAN, AND WHAT BEING A CHRISTIAN MEANS TO YOU. RELATE YOUR TESTIMONY IN A WAY THAT A NON-CHRISTIAN WOULD KNOW HOW SHE, TOO, CAN ACCEPT CHRIST AS HER PERSONAL SAVIOR.

EMERGENCY CONTACT INFORMATION AND CONSENT

Name of Parent or Guardian _____
Address _____
Telephone: Work: _____ Home: _____ Email: _____
I give my consent for _____ to participate in this Acteens Activators trip.
_____ Date _____ Signature of Parent or Guardian
NOTE: Notarized medical authorization and release form must accompany this application.

REFERENCES

Please list the names, addresses, telephone numbers, and email addresses of persons who are qualified and willing to provide information about you. *PLEASE DO NOT USE RELATIVES AS REFERENCES.*

Pastor: Name	Address	Telephone: Email:
Acteens Advisor: Name	Address	Telephone: Email:
Other: Name	Address	Telephone: Email:

WMU STATE OFFICE: PLEASE SEND COPIES OF INDIVIDUAL INFORMATION FORMS ALONG WITH TEAM APPLICATION.



APPLICATION FOR ACTEENS ACTIVATORS ABROAD TEAM ASSIGNMENT

1. Name of church, association, or state represented _____
Address _____
City _____ State _____ ZIP Code _____
Telephone _____ Email _____

2. Person in charge of group _____
Address _____
City _____ State _____ ZIP Code _____
Home Telephone _____ Work Telephone _____
Email _____

3. Age of Acteens: Youngest Oldest Majority
(minimum age 16)

4. Group size: Acteens Adults Total

5. Area preference: (1st) _____ (2nd) _____ (3rd) _____

6. Date preference: (1st) _____ (2nd) _____ (3rd) _____

7. Type of work preferred:
- New church work
 - Resort
 - Inner city
 - Survey
 - Mobile home parks/Apartments
 - Migrants
 - Senior adults
 - Visitation
 - Baptist center
 - Repair/Clean/Paint
 - Other _____

8. Activities for which group can be prepared:
- VBS (adult, youth, children)
 - Camp (day or resident)
 - Recreation (all ages)
 - Backyard Bible Club
 - Music
 - Puppets
 - Clowning
 - Sign language

9. Has every member of this group, including team leaders, previously participated in an Acteens Activators missions project? _____

If so, where? _____

10. Remarks _____

11. We agree to complete the training program. We also understand the urgency of the need to fulfill our assignment. Enclosed are copies of individual Acteens information forms, medical release forms, and reference forms.

Date

Group Leader's Signature

Pastor's Signature (if local church)

State WMU Youth Consultant's Signature

DATE RECEIVED AT WMU, SBC _____
TYPE OF GROUP
<input type="checkbox"/> LOCAL CHURCH
<input type="checkbox"/> ASSOCIATION
<input type="checkbox"/> STATE

ASSIGNMENT MADE
LETTERS MAILED



INDIVIDUAL INFORMATION FORM FOR ACTEENS ACTIVATORS ABROAD PROGRAM

Accurate information about each applicant for the Acteens Activators Abroad program is needed to enable the State WMU to recommend qualified Acteens for summer missions assignments. A copy of this form will be sent to the national WMU office.

Carefully answer each of the following questions. Additional information may be included on separate pages and returned with your application.

PLEASE PRINT OR TYPE.

PERSONAL INFORMATION

Name: First	Middle	Last	Name by which you are called	Age	Date of Birth
Address			City	State	ZIP Code
Telephone		Email			Grade in School
School-related activities:					
Limitations on activities or activities in which you are physically unable to participate:					

CHRISTIAN EXPERIENCE

Are you a Christian? <input type="checkbox"/> Yes <input type="checkbox"/> No	Southern Baptist? <input type="checkbox"/> Yes <input type="checkbox"/> No	Active in Acteens? <input type="checkbox"/> Yes <input type="checkbox"/> No
How long a member of Acteens?	Have you served as an Acteens Activator? If so, when?	
Other church-related activities:		

PERSONAL TESTIMONY (PLEASE USE BACK OF FORM TO WRITE YOUR PERSONAL TESTIMONY.)

BRIEFLY DESCRIBE YOUR CHRISTIAN EXPERIENCE. INCLUDE A DESCRIPTION OF YOUR LIFE BEFORE YOU BECAME A CHRISTIAN, WHAT MADE YOU WANT TO BECOME A CHRISTIAN, HOW YOU BECAME A CHRISTIAN, AND WHAT BEING A CHRISTIAN MEANS TO YOU. RELATE YOUR TESTIMONY IN A WAY THAT A NON-CHRISTIAN WOULD KNOW HOW SHE, TOO, CAN ACCEPT CHRIST AS HER PERSONAL SAVIOR.

EMERGENCY CONTACT INFORMATION AND CONSENT

Name of Parent or Guardian _____	
Address _____	
Telephone: Work: _____	Home: _____ Email: _____
I give my consent for _____ to participate in this Acteens Activators trip.	
_____	_____
Date	Signature of Parent or Guardian

NOTE: Notarized medical authorization and release form must accompany this application.

REFERENCES

Please list the names, addresses, telephone numbers, and email addresses of persons who are qualified and willing to provide information about you. *PLEASE DO NOT USE RELATIVES AS REFERENCES.*

Pastor: Name	Address	Telephone: Email:
Acteens Advisor: Name	Address	Telephone: Email:
Other: Name	Address	Telephone: Email:

WMU STATE OFFICE: PLEASE SEND COPIES OF INDIVIDUAL INFORMATION FORMS ALONG WITH TEAM APPLICATION.



**REFERENCE FORM
ACTEENS ACTIVATORS PROGRAM**

_____ is making application to serve as an Acteens Activator with Woman's Missionary Union, SBC. Your response and comments will be helpful to the state office in evaluating her application. Please feel free to make additional comments on the back of this form.

Your relationship to the applicant:

- Pastor
- Acteens leader
- Other _____

How long have you known the applicant? _____

Please indicate the qualities which most accurately describe the applicant:

Appearance:

- Well-groomed and attractively dressed
- Acceptably groomed and dressed
- Careless in appearance

Personality:

- Pleasant, friendly
- Agreeable
- Noticeably unpleasant mannerisms

General Attitude:

- Positive
- Unpredictable
- Pessimistic and usually negative

Spiritual Life:

- Growing and healthy
- Immature
- Superficial

Please check the appropriate response to each statement:

	Yes	No	Unsure
Gets along well with others.	_____	_____	_____
Is cooperative; accepts authority.	_____	_____	_____
Is willing to accept responsibility.	_____	_____	_____
Works hard to complete a task.	_____	_____	_____
Shares Christian faith naturally.	_____	_____	_____
Easily adapts to new situations.	_____	_____	_____
Participates regularly in church activities.	_____	_____	_____
Is a team player; can relate to peers.	_____	_____	_____
Tends to be shy, retiring.	_____	_____	_____
Often needs reassurance, emotional support.	_____	_____	_____
Is sensitive to the needs of others.	_____	_____	_____
Can be counted on once a commitment is made.	_____	_____	_____
Has good sense of humor.	_____	_____	_____
Gains satisfaction from helping others.	_____	_____	_____
Is easily irritated, intolerant.	_____	_____	_____
Demonstrates leadership abilities.	_____	_____	_____

Do you recommend this applicant for service as an Activator? [] Yes [] No

Signed _____ Date _____



REFERENCE FORM
ACTEENS ACTIVATORS ABROAD PROGRAM

_____ is making application to serve as an Acteens Activator Abroad with Woman's Missionary Union, SBC. Your response and comments will be helpful to the state office in evaluating her application. Please feel free to make additional comments on the back of this form.

Your relationship to the applicant:

- Pastor
- Acteens leader
- Other _____

How long have you known the applicant? _____

Please indicate the qualities which most accurately describe the applicant:

Appearance:

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Spiritual Life:

- Growing and healthy
- Immature
- Superficial

Please check the appropriate response to each statement:

	Yes	No	Unsure
Gets along well with others.	_____	_____	_____
Is cooperative; accepts authority.	_____	_____	_____
Is willing to accept responsibility.	_____	_____	_____
Works hard to complete a task.	_____	_____	_____
Shares Christian faith naturally.	_____	_____	_____
Easily adapts to new situations.	_____	_____	_____
Participates regularly in church activities.	_____	_____	_____
Is a team player; can relate to peers.	_____	_____	_____
Tends to be shy, retiring.	_____	_____	_____
Often needs reassurance, emotional support.	_____	_____	_____
Is sensitive to the needs of others.	_____	_____	_____
Can be counted on once a commitment is made.	_____	_____	_____
Has good sense of humor.	_____	_____	_____
Gains satisfaction from helping others.	_____	_____	_____
Is easily irritated, intolerant.	_____	_____	_____
Demonstrates leadership abilities.	_____	_____	_____

Do you recommend this applicant for service as an Activator Abroad? [] Yes [] No

Signed _____ **Date** _____



**ACTEENS ACTIVATORS
MEDICAL AUTHORIZATION AND RELEASE**

Name: _____ Birth Date: _____ Age: _____

Social Security No.: ____ - ____ - ____ Phone: Home (____) ____ - ____ Work: (____) ____ - ____

Activators Team Assignment

Date

Physician Information:

Name: _____
Address: _____
City, State: _____
ZIP Code: _____
Phone: _____

Emergency Contact:

Name: _____
Address: _____
City, State: _____
ZIP Code: _____
Phone: Day: _____ Night: _____

Last date of tetanus or booster shot: _____

List current medical conditions for which you are currently being treated: _____

List medications currently being taken (Please included concise directions including dosage and frequency): _____

List Allergies: _____

We, the parents/guardians of _____, hereby give our permission for treatment by a licensed physician if medical treatment is deemed necessary by the physician. In case of surgical emergency, we also give our consent to medical procedures diagnosed and prescribed by the attending licensed physician.

By affixing my signature below, I do hereby agree to hold harmless and indemnify the Woman's Missionary Union ("WMU") and all agents and representatives thereof (the "Releasees") from all claims of losses, injuries, damages, and or death that may result in me or my child participating in the missions program of the WMU. I further agree to waive any rights of legal action against the Releasees.

Custodial Parent's or Guardian's Signature

Date

Major Medical Insurance Company Policy No.: _____

Before me the undersigned authority, a Notary Public in and for said County and State, on the day personally appeared the person whose name is subscribed to the following instrument and declared that the foregoing instrument is true and correct.

Given under my hand and seal of office this _____ day of _____, 200_____.

_____, Notary Public in and for _____,
(county) (state)

My commission expires _____



**ACTEENS ACTIVATORS ABROAD
MEDICAL AUTHORIZATION AND RELEASE**

Name: _____ Birth Date: _____ Age: _____

Social Security No.: ____ - ____ - ____ Phone: Home (____) ____ - ____ Work: (____) ____ - ____

Activators Team Assignment

Date

Physician Information:

Name: _____
Address: _____
City, State: _____
ZIP Code: _____
Phone: _____

Emergency Contact:

Name: _____
Address: _____
City, State: _____
ZIP Code: _____
Phone: Day: _____ Night: _____

Last date of tetanus or booster shot: _____

List current medical conditions for which you are currently being treated: _____

List medications currently being taken (Please included concise directions including dosage and frequency): _____

List allergies: _____

We, the parents/guardians of _____, hereby give our permission for treatment by a licensed physician if medical treatment is deemed necessary by the physician. In case of surgical emergency, we also give our consent to medical procedures diagnosed and prescribed by the attending licensed physician.

By affixing my signature below, I do hereby agree to hold harmless and indemnify the Woman's Missionary Union ("WMU") and all agents and representatives thereof (the "Releasees") from all claims of losses, injuries, damages, and or death that may result in me or my child participating in the missions program of the WMU. I further agree to waive any rights of legal action against the Releasees.

Custodial Parent's or Guardian's Signature

Date

Major Medical Insurance Company Policy No.: _____

Before me the undersigned authority, a Notary Public in and for said County and State, on the day personally appeared the person whose name is subscribed to the following instrument and declared that the foregoing instrument is true and correct.

Given under my hand and seal of office this _____ day of _____, 200 ____.

_____, Notary Public in and for _____, _____
(county) (state)

My commission expires _____

Activator Covenant

Team member covenant:

I covenant with my Activators leader and my Activators group to serve as an Acteens Activator for one week this summer. I will complete all assigned training, pay my own expenses, maintain a good attitude, and pray regularly in preparation for this trip. I commit this week of my life to God's service.

Acteen's signature

Date

Parent's covenant:

I give permission for my daughter, _____, to participate in the Acteens Activators program.

Parent's signature

Date

Activators Training Report

Please complete this training report within two weeks after your Acteens Activators project.
Mail the completed form to

Woman's Missionary Union
P. O. Box 830010
Birmingham, AL 35283-0010

Acteens Activators Leader: _____

Address: _____

Phone: _____ Church or association: _____

All Acteens and leaders on our Acteens Activators team have completed learning activities in each of the following areas:

Missions Vision

Dates	Activities

Self-Awareness

Dates	Activities

Cultural Awareness

Dates	Activities

Interpersonal Awareness

Dates	Activities

--	--

Personal Witnessing

Dates	Activities

Ministry Skills

Dates	Activities

Spiritual Readiness

Dates	Activities

Activators Leader Signature

Date

Activators Project Evaluation for Leaders

**Please complete this evaluation within two weeks after your Acteens Activators project.
Mail the completed form to**

**Woman's Missionary Union
P. O. Box 830010
Birmingham, AL 35283-0010**

Acteens Activators Leader: _____

Address: _____

Phone: _____

Location of Activators project: _____

Dates: _____

Number of Acteens: _____ Number of adults: _____

Field supervisor: _____

Address: _____

Briefly describe the project (activities conducted, number attending, response to Acteens, observable results):

Please rate the following items:

	Poor	Fair	Good	Excellent	Superior
Support of your church/sponsoring group as					

you prepared for your project					
Quality of your team's preparation					
Quality of training materials received from state and national WMUs					
Quality of preparation made by field supervisor					
Support of field supervisor during the project					
Performance of your Activators group during the project					
The overall Acteens Activators program					

Describe the strengths of your Acteens Activators team.

Would you like to lead another Acteens Activators team in the future? _____

If so, what changes would you make?

How can we improve the Acteens Activators program?

Additional comments:

Activators Project Evaluation for Acteens

**Please complete this evaluation within two weeks after your Acteens Activators project.
Mail the completed form to**

**Woman's Missionary Union
P. O. Box 830010
Birmingham, AL 35283-0010**

Acteens Activator: _____

Address: _____

Phone: _____

Location of Activators project: _____

Name of Activators leader: _____

What kinds of projects were you responsible for?

Please rate the following items:

	Poor	Fair	Good	Excellent	Superior
Support of your church/sponsoring group as you prepared for your project					
Quality of your team's preparation					
Quality of training materials received from state and national WMUs					
Quality of preparation made by field supervisor					
Support of field supervisor during the project					
Performance of your group during the project					
The overall Acteens Activators program					

Did you feel adequately prepared for your job as an Activator? Did you feel competent in what you were doing?

Would you like to be an Activator again? Why or why not?

How can we improve the Acteens Activators program?

Additional comments: