



## Membership Application Please Print Clearly

Gender: M ( ) F ( )			Birth Date: (include year)					Date Submitted	Date Submitted:		
Last Name:											
First Name:											
Name as you wish it to appear on your Name Tag:											
Mailing Address:											
City, State, Zip Code											
Cell/Text:					Email	Address:					
Membership:	Youth	n – 14 t	to 17 ( ) Young Adult 18 – 24 ( ) Adult – 25 and older (				)				
Are other members of your famil				nembers in	ACT No	w! Youth Fe	Yes ( )	No ( )			
Are your parents interested in he				ng with AC	T Now! t	rips and act	Yes ( )	No ( )			
Which Church are you presently attending.  Have you ever participated in a Mission Trip before? If so, please describe  Hobbies/Interests/School Activities											
Are you:	Outgoi	ng (	)	Quiet (	)	Leader (	)	Follower ( )	I'm not sur	re ( )	
(Please check all that apply)										-	
Do you have any physical disability, chronic illness or other condition that may have an impact on your participation in any ACT Now! Activities? (If yes, please let us know privately)											
Dietary Requirements and restrictions:											
Emergency Contact Name:				:							
Addre				ess:							
Phone:											

All information requested is considered confidential and is used only to enhance your participation during activities.

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## **Candidate Application – Continued**

		in a brief, frank statement: why do you want to participate ct to gain from it? <i>Please be honest!</i>	e in ACT	Now's mission,						
(please feel free to attach a separate piece of paper)										
ACT Now! Youth Fellowship and all of the organizations it supports are Christ centered and require ful participation by all members. We strive to provide a full experience to all who participate and all who receive during our mission work. This includes our "families", fellow members, fellow Christians and our Churches. It can be physically and emotionally tiring. It requires full participation and cooperation from all. We have explicit rules and regulations that require your complete attention and obedience. By signing below you agree to all of these above statements and requirements. If you choose to not participate fully or decide the rules are too hard to follow, we request that you not join ACT Now! Youth Fellowship. If you choose not to follow our guidelines and principles while away from home, you will be removed immediately from all activities and your parents will be called and you will be picked up at their expense.										
ACT Now! does not charge for membership or its mission trips. We ask that all members participate fully in our fund raising efforts. In addition to the above you agree to help with our fundraising events. Conversely, financially contributing to ACT Now! does not guarantee that you will participate on our trip(s) or "reserve" you a spot.										
Applicant's Signat	ure:									
Parent's Signature	)									
(required for Youth and Young Adults)										
Sponsor's Name:										
(required for all)										
		applicant intends to join ACT Now! Youth Fellowship and any questions, I will contact a Member of the ACT Now! boa								
Name:			Date:							
Signature:										
Church:										
Telephone:										
	er of	at you may not currently attend a church. If this the case, the al the community (ie: Scout Master, Guidance Counselor, May anization).								
Interviewed By: (ACT Now! Board Member): Date:										

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