

Application for Admission

PO Box 683255, Orlando, FL 32868
Office 888-MAT 28:19 Fax 352-557-4554
Info@ComeExperienceLIFE.com



www.ComeExperienceLife.com

Personal Information

First Name _____ Last Name _____

Mailing Address _____

City _____ State _____ Zipcode _____

Phone _____ E-mail _____

Birthdate _____ Circle One: Male Female Occupation _____

Have you every been convicted of a felony: Yes No If Yes, please explain (Use back of application if necessary.)

List any foreign languages you speak:

Are you a baptized member of the Seventh-Day Adventist Church: Yes No

Name of Pastor _____ Phone # _____

Education

Name of School	Program Type	Degree/Certificate	Year

Emergency Contact Information

Name _____ Relation to You _____

Address _____ Phone # _____

Do you have current Medical/Health Insurance? Yes No (Having Medical/Health insurance is not required by LIFE, but strongly suggested. LIFE **does not** provide Medical/Health Insurance. It is the responsibility of the applicant to provide Medical/Health insurance for himself/herself.)

About You

List your favorite authors and tell why they are your favorite:

Briefly share your testimony

What is your goal in attending The Lay Institute for Evangelism?

How did you find out about LIFE?

Application Procedures:

- Select the program that you are applying for (Please select the dates as well):
 - ___ Operation Mission LIFE - **4 month** \$4850 (4,500 without macbook)
 - Jan. 24 - May 16, 2010 Aug. 22 - Dec. 12, 2010
 - ___ LIFE on the Edge - **2 week** \$750
 - Jan 31-Feb 14, 2010 July 11 - 25, 2010 Aug. 29 - Sept 12, 2010
 - ___ Cycle of Evangelism and LIFE on the Edge - **3 week** \$1000
 - Jan 24 - Feb 14, 2010 July 4 - 25, 2010 Aug 22-Sept 12, 2010
 - ___ Cycle of Evangelism/LIFE on the Edge/Multi-Media Course- **4 week** \$1275
 - Jan 24 - Feb 21, 2010 Aug 22 - Sept 19, 2010
 - ___ Spanish Evangelism Training - **5 week** \$1,500
 - Aug 22 - Sept 26, 2010
- Read and sign program guidelines
- Complete **three** (3) reference forms
- Include \$35.00 Non-Refundable Application Fee (check/money order payable to **LIFE**)
- Include a recent picture of yourself
- Mail completed Application Package to:

**Lay Institute for Evangelism
PO Box 683255
Orlando, FL 32868-3255**

Program Guidelines Sign-off Form

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NOTE: Please return this page with your application. Your application cannot be processed without this page being signed.

I have read and understand the program guidelines.

It is my desire to attend LIFE and I will abide by all policies listed herein and all policies that may not be listed herein, yet are shared with me once I am at LIFE.

I desire to be a soul-winner for the Kingdom of God and am excited about the opportunity to Come Experience Life.

Name of Student _____

Signature of Student _____

Name of Parent/Legal guardian if student is under 18 years of age:

Signature of Parent/Legal guardian if student is under 18 years of age:

Student Reference Form

Mail: PO Box 683255, Orlando, FL 32868

OR Fax: 352-557-4554

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Name of Student Applying _____

Person of person filling out form (please, no family members): _____

What is or has been your relationship with the applicant? _____

Phone Number _____ - _____ - _____

May we contact you concerning this applicant's reference form? Yes No

How long have you known the applicant? _____

Please tell us why you feel that the LIFE program will be a blessing to this applicant:

On a scale of 1-10 (1 being not recommendable and 10 being highly recommendable) please rate the applicant:

Spirituality	1	2	3	4	5	6	7	8	9	10
Motivation	1	2	3	4	5	6	7	8	9	10
Verbal Skills	1	2	3	4	5	6	7	8	9	10
Commitment	1	2	3	4	5	6	7	8	9	10
Integrity	1	2	3	4	5	6	7	8	9	10
Emotional Stability	1	2	3	4	5	6	7	8	9	10
Attitude	1	2	3	4	5	6	7	8	9	10
Devotion	1	2	3	4	5	6	7	8	9	10

Signature (Person filling out the referral form) _____

Date _____

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Signature (Person filling out the referral form) _____

Date _____

Weekend Leave Request Form

PO Box 683255, Orlando, FL 32868
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Name of Student _____ Date Request was made _____

Dates requesting to be off Campus: _____ - _____ (mm/dd - mm/dd)

Where will you be going?

Address _____

Phone Number: _____ Contact Person: _____

With Whom? _____

Method of Transportation _____

Signature of Administrator _____

Signature of Director/Outreach Coordinator _____

Signature of Student _____

Signature of Parent (if under 18 years of age) _____

(Use this form to fax to LIFE if you are the parent of a student under the age of 18 years old.)

You must have all three signatures for this request to be approved (four if you are under 18 years of age). If you are under the age of 18 you may not leave campus for the weekend without a faxed permission slip from your parents. This fax must include their signature and the location to which you will be going and the method of transportation. Fax number: 352-557-4554.

Student must return by 12:00 pm Sunday afternoon. There will be no Weekend Leaves approved during the Evangelistic Meeting. All students expecting to leave during the Thursday/Friday of Thanksgiving must fill out a Weekend Leave request form and must return by 12:00 pm the Sunday following Thanksgiving.

Consent Form

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Students Under the Age of 18 Must Include this Form with Application

Name of Student: _____

() Parents' () Legal Guardians' Name(s) _____

Home () _____ - _____ Cell () _____ - _____ Work () _____ - _____

Does the student have coverage by accident or hospitalization policy? () Yes () No

List all Health Insurance numbers (including dependent # in B.C.) and name of insurer:

Medical coverage: _____

Hospital coverage: _____

Other coverage: _____

Past illnesses: (Please check all that apply)

() Measles () Scarlet Fever () Heart Disease () Asthma () Whooping Cough () Diphtheria () Cholera
() Polio () Chicken Pox () Epilepsy () Rheumatic Fever () Diabetes () Hay Fever

List any other serious illnesses, operations, or injuries and age when occurred:

Has the student ever had an allergic reaction to certain drugs (please specify)?

List any allergies the student may have

List any other items helpful in planning for the participant's health

If a physician feels it necessary, does he/she have permission to use antibiotics or other medication?

() Yes () No Comments:

Does the student have any physical condition that would limit them in participating of any of the activities of the LIFE program? () No () Yes If yes, what?

Does the student take any medicine regularly? () No () Yes If yes, what?

Indicate chronic complaints such as colds, headaches, allergies, weaknesses, anemia, back trouble, eczema, excessive fatigue, hypoglycemia, etc: _____

Does the student's health require a special diet? () Yes () No If yes, what? _____

Please initial the following statement(s):

_____ We (I) understand that should it be necessary for this participant to return home due to medical or any other reason, the undersigned shall assume all transportation costs.

_____ We (I) authorize our (my) child to ride in any vehicle designated by the adults in whose care he/she has been entrusted while at the ASI Youth For Jesus program.

_____ We (I), the undersigned, parent(s) of the participant name above, do hereby authorize any member of the ASI Youth For Jesus Staff as our agents in case of sudden illness and/or stroke or injury, to consent to any x-ray or other examination deemed advisable by a duly licensed medical professional to be rendered at office of said physician or elsewhere. Consent is hereby granted by the undersigned to ASI Youth for Jesus to release all pertinent medical histories and physical findings to the aforementioned physician. In case of sickness or accident where an emergency operation, surgery, or treatment is advised by the physician, we give our permission and will be financially responsible.

Signature of parent or legal guardian

Date

This form must be signed by a parent or legal guardian in the presence of a notary public.

.....
State of _____

County of _____

On _____, _____, before me _____

Notary Public for the above-named county and state, appeared _____ and _____ who is (are) known to me or whose identity was proved with satisfactory evidence to be the person(s) whose name(s) is (are) subscribed to this instrument.

(seal)

Signature _____

Notary Public

Commission Expires: _____