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

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

* After opening this document, 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: [projectimpactsocal@gmail.com](mailto:projectimpactsocal@gmail.com)
* **Applications must be received by the following deadline.**  Space is limited, so please send in your application as soon as possible.
  + **April 8, 2022 by 11:59 pm**

**If at any time, you decide that you no longer want to be considered for acceptance, please notify us via e-mail at projectimpactsocal@gmail.com or via phone at (626) 573-5090.**

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

Sincerely,

USC Summer Training Program Staff

**PARTICIPANT APPLICATION**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **General Contact Information** | | | | | | | | | | | |
| **Last Name** | | **First Name** | | | | | **Middle Name** | | | | **☐ Male**  **☐ Female** |
|  | |  | | | | |  | | | |
| **Year in school for**  **2022-2023?** | **Major** | | | | **Birth Date** | | | | | **Age** | |
|  |  | | | |  | | | | |  | |
| **Current / School Mailing Address** | | | | **City** | | **State** | | **ZIP Code** | **Cell Phone Number** | | |
|  | | | |  | |  | |  |  | | |
| **E-Mail Address** | | |  | | | | | | | | |
|  | | |  | | | | | | | | |
| **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:** | | **Zip Code:** | | | **Country:** | | | | | **Home Phone:** | **Cell Phone:** | | **Work Phone:** | | **Email Address:** | | | | | | | | | | | | | | | |

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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. Thanks in advance for your honesty!** |
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| **Experience** |
|  |
| **Have you served in any leadership/discipleship positions previously? If so, please explain when and what they were?** |
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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.** |
|  |
| **Tell us why you want to participate in the USC Summer Training Program this summer. What are your expectations? What do you hope to get from participating in it?** |
|  |
| **What is your biggest fear (or hindrance) about participating 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?** |
|  |
| **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(es) and how you perceive it will affect your group or the Project as a whole.** |
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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 had a voluntary sexual relationship/encounter with a member of the opposite sex?** |
|  |
| **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 the USC Summer Training Program?** |
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| INSURANCE |

Do you have health insurance? If so 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 |