

# KING'S KIDS South Island APPLICATION FORM

To be filled out by applicant

Attach  
recent photo  
here

Name: \_\_\_\_\_  
Last Name First Name Middle Name

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell#: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: M/F Birth date: \_\_\_\_\_

Email: \_\_\_\_\_ Reading age          Below age At age Above age  
(circle one)

Applying for Outreach to: \_\_\_\_\_ Uniform Tee Shirt size: \_\_\_\_\_  
Destination child 8-14, adult S/M/L/XL/XXL

Outreach dates: \_\_\_\_\_ Registration Fee Enclosed - \$20.00:   
Start/Finish Dates

Church: \_\_\_\_\_ Pastor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dear Applicant: Thank you for wanting to join us on outreach. However, filling this form out doesn't mean that you are coming. We look carefully at each application and pray about them before accepting anyone. Please be very honest when you are answering the questions. Use extra paper if required.

1. Describe how you get on with the Lord. Do you pray, read the Bible, enjoy learning about Him, and hear Him speak to you? \_\_\_\_\_
2. Why do you want to join this King's Kids Outreach Team? \_\_\_\_\_
3. We believe God is interested in you. What do you think He might like to do in your life by you being involved in the outreach? \_\_\_\_\_
4. Tell us the things that you like about yourself. \_\_\_\_\_
5. What don't you like about yourself that you want God to help you change? \_\_\_\_\_
6. Have you been involved in any teams like this before? If so, when and where? \_\_\_\_\_

## Interests:

What are your special interests? \_\_\_\_\_

What sport do you play or what regular exercise are you involved in? \_\_\_\_\_

Medical conditions \_\_\_\_\_

Special dietary requirements \_\_\_\_\_

If I am accepted on this outreach, I promise to try to serve and be thoughtful and kind to others. I realise that there will be a lot of hard work in the training camp and even on outreach, and I promise to do my best and happily do what I am told. I know that my Heavenly Father will help me in all this if I will just ask Him, and if I really want to do it.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

We know that God has good plans for you. We are committed to those plans. They may or may not include this outreach. Please pray that the Lord leads us as we pray over your application.

Dear Mum, Dad and or Guardian

Children 9 years old and younger are required to be accompanied by a parent, those aged 10 - 12 years require a parent or guardian (max three children per guardian) who knows them well. Youth 13 years and over can come alone, although you are very welcome. We need you to fill out this form below as part of the application process.

We would like to encourage you as parents to consider participating in this outreach as an entire family. Our heart intention for these outreaches is to provide a means through which the whole family can grow in God together.

**Guardians/Parent's names:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home Ph:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Names and ages of any other children you will be bringing:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Do you have any Medical conditions?** \_\_\_\_\_

**Do you have any special Dietary requirements?** \_\_\_\_\_

It is important to realise that to join a King's Kids outreach as a parent or guardian is not just a commitment to the child or children in your care, but also to the outreach team as a whole.

In which areas can you see yourself being involved during the outreach, please number in order of preference (1-10, 1 being first preference) where you can assist the team

- |   |  |                                   |
|---|--|-----------------------------------|
| <input type="checkbox"/> Administration, secretarial, | <input type="checkbox"/> Cooking                   | <input type="checkbox"/> Uniforms |
| <input type="checkbox"/> Sound gear                   | <input type="checkbox"/> Photographer              | <input type="checkbox"/> Video    |
| <input type="checkbox"/> Worship/Play an instrument   | <input type="checkbox"/> 1 <sup>st</sup> Aid/nurse | <input type="checkbox"/> Laundry  |
| <input type="checkbox"/> Other                        |  |                                   |

Please describe any other area's you feel that you could offer to the team.

\_\_\_\_\_  
\_\_\_\_\_

We look forward to having you on the team.

Juddy and Rachel Taylor  
South Island Co-ordinators  
King's Kids NZ

**Please complete and return to: King's Kids, PO Box 22, Oxford 7430  
by 10<sup>th</sup> November 2010**

# PARENT REFERENCE FORM

To be filled out by Applicant's parents

Child's Name: \_\_\_\_\_ Mother : \_\_\_\_\_  
 Address: \_\_\_\_\_ Father: \_\_\_\_\_  
 \_\_\_\_\_ Phone : \_\_\_\_\_  
 Applying for: \_\_\_\_\_ Date: \_\_\_\_\_

**Please note:** Children 9 years old and younger are required to be accompanied by a parent, those aged 10 - 12 yrs require a parent or a guardian. Teenagers 13 years or older are able to come on their own, with their parents permission.

## Dear Parent,

We are pleased that your child has expressed a desire to be part of this outreach. We are happy to seek God with you to determine if this is His plan for his/her life at this time. We too are committed to seeing God's best achieved for your child. King's Kids outreaches are designed primarily for those who **ALREADY** have a hunger for God and are looking for a spiritual challenge that they can take hold of. We know from experience that this outreach will only bring frustration to those who do not come with a heart to learn and grow in God. Your child's walk with God to us is more important than their ability to perform. We appreciate your frankness in supplying the information requested here.

## Spiritual maturity

- How would you describe the applicant's knowledge of and friendship with the Lord?  
 Lacks depth       Inconsistent       Genuine & Growing       Mature  
 Comments: \_\_\_\_\_
- Does he/she spend time alone with the Lord without prompting?  
 Daily       Irregularly       Once in a great while       Not at all  
 Comments: \_\_\_\_\_
- Has the applicant seen the Lord answer his/her prayers? \_\_\_\_\_

## Emotional maturity

- Is the applicant able to express good and bad feelings appropriately?  
 With difficulty       Sometimes       Usually       Without inhibition  
 Comments : \_\_\_\_\_
- How does he/she respond to correction?  
 Feels rejected       Rebels openly       Rejects but learns       Accepts with thanks  
 Comments: \_\_\_\_\_
- General temperament?  
 Quiet & thoughtful       Friendly but reserved       Friendly & outgoing       Bold & outspoken  
 Comments: \_\_\_\_\_
- How co-operative is he/she?  
 Helpful       Follows willingly       Independent       Strong willed  
 Comments: \_\_\_\_\_
- How punctual is he/she?  
 Always on time       Always late       Usually early       Usually late  
 Comments: \_\_\_\_\_

**Physical Fitness & Health**

1. Please comment on his/her eating habits: \_\_\_\_\_

Particular dietary needs? \_\_\_\_\_

2. Level of activity : \_\_\_\_\_ (Please indicate severity)

Lacks interest       Tires easily       Active       Athletic       Hyperactive

3. Please specify any medical/health problems including allergies and note any medication he/she is on : (e.g. asthma, eczema, bedwetting, requires more sleep than normal.)

Any physical limitations? \_\_\_\_\_

4. Is he/she presently in good health? \_\_\_\_\_

5. Do you have a Community Service Card Number? \_\_\_\_\_ Exp date: \_\_\_\_\_

**Performance Skills**

1. Singing ability:       Below average       Average       Above average

2. Co-ordination:       Has difficulty       Good       Excellent

**Practical Skills**

1. Areas of practical skills or abilities: \_\_\_\_\_

**Parents response**

1. Why do you feel your son/daughter should participate in this outreach? \_\_\_\_\_

2. We believe God wants whole families involved in ministry.

Are you committed as a family to giving your child emotional and prayer support while he/she is away? \_\_\_\_\_

Are you committed as a family to seeing the necessary finances raised? \_\_\_\_\_

**Emergency Data :**

In case of emergency, notify:

1<sup>st</sup> choice: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address : \_\_\_\_\_ Phone: \_\_\_\_\_

2<sup>nd</sup> choice: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

I/We give permission for \_\_\_\_\_

to apply for participation in the King's Kids Outreach to \_\_\_\_\_

Signature: \_\_\_\_\_ Date : \_\_\_\_\_

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by 10<sup>th</sup> November 2010