

SOULED OUT CONFERENCES

500 RIVER KNOLL WAY · COLUMBUS, GA 31904

Dear Souled Out Disciple Leader Applicant,

We are pleased you would consider applying for a position as a Disciple Leader for Souled Out Conferences. The following 5 pages are required for a complete Application Packet:

- Disciple Leader Application (3 pages)
- Disciple Leader Medical Release Form (1 page)
- Authorization and Request for Criminal Records Check (1 page)

This will be the only Application Packet required when applying for D-Leader positions for any of our conferences or events this year:

- Souled Out O.N.E. – January 2011 – TBA
- Souled Out Summer - Session 1: June 3-7
- Souled Out Summer - Session 2: June 7-11
- Souled Out Summer - Session 3: June 13-17
- Soul Harvest Banquet – October/November (Dates TBA)
- Souled Out Winter – December 29th – January 1st

If you are applying for a Souled Out Summer session position, please make sure that you are able to commit to the mandatory meeting on June 2 in Columbus, GA.

Questions? Please contact **Blake Kirkland** at **334-614-3324** or **dleaders@souledoutconferences.com**.

If there is a reason you will not know your schedule right away, please email us now and let us know that, and why.

All completed Application Packets should be mailed to:

Souled Out Conferences
500 River Knoll Way
Columbus, GA 31904

Thank you for your willingness to give of yourself in such a beautiful way. We are thrilled at the possibility of you coming to lead at Souled Out this year!

God bless you,

Jonathan & Lisa Moore and the Souled Out Board

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2011 Disciple Leader Application

Check session(s) in which you are willing to serve:

- Souled Out O.N.E. – January 2011 – TBA
- Souled Out Summer - Session 1: June 3-7 *
- Souled Out Summer - Session 2: June 7-11 *
- Souled Out Summer - Session 3: June 13-17 *
- Soul Harvest Banquet – October/November (Dates TBA)
- Souled Out Winter – December 29th – January 1st

Please attach a recent photo here!

Please send application by **March 08, 2011**. Please PRINT neatly or type.

| | | |
|------------------------------|---|--|
| Last Name | First Name | Middle Name |
| Home Phone | Cell Phone | Email Address |
| Permanent Street Address | | |
| City | State | Zip |
| College/University Attending | | Status as of Jan 2011 (Freshman, Sophomore, etc) |
| College Address | | |
| City | State | Zip |
| Date of Birth | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | T-Shirt Size |

1. Are you a born again Christian? YES / NO
2. Are you a church member? YES / NO
3. If so, of what church? _____
4. Do you attend regularly? YES / NO
5. If so, at what church? _____
6. What experience/training (if any) have you had in the following areas:
 Working in a leadership position with students or adults, Leading group discussions, speaking, etc, in front of a group, Giving your testimony, Discipling someone, Other: _____
7. Could you confidently lead a group of about 10 students in spiritual discussions? YES / NO
8. Would you feel comfortable praying with someone for him or her to receive Christ? YES / NO
9. Please list any special skills you have that we might be able to make extra use of (Are you organized, CPR certified, good at drama, writing skits, photography, (do you own a high quality camera?), music crafts, sports, etc...)? _____

** There is a mandatory D-Leader meeting on June 2, 2011 in COLUMBUS, GA. Exceptions must be discussed at the time of application*

10. Briefly describe your feelings about the Bible: _____

11. What do you believe it takes to get to heaven? (you may use scripture) _____

12. Each D-Leader will have a few shifts of Kitchen Patrol: Serving food and cleaning up after meals.
Are you willing to serve in this way in addition to leading your groups? YES / NO

13. Do spend consistent time alone with God? YES / NO

14. Do you have a criminal record? YES / NO

15. How does your relationship with God affect your decisions in the following areas (please print)

MODESTY (dress and actions):

WHO TO OR NOT TO DATE:

PURITY:

DRINKING ALCOHOL IN PUBLIC:

16. REFERENCES (3): (No family members, please)

| Name | Phone | Occupation | Relationship |
|------|-------|------------|--------------|
| | | | |
| | | | |
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Souled Out Disciple Group Leader Medical Release Form

I hereby release Jonathan and Lisa Moore, Wynnbrook Baptist church and the Souled Out board from any responsibility for any injury or death that may occur during or on the way to or from their conference, Souled Out, on the dates of **June 3-17, 2011** and on the preparation date of **June 2, 2011**. I also realize that lifeguards will not be provided at the conference, so I will be responsible for my own safety regarding swim time. I realize that Souled Out asks that I not swim alone at any time. I also state that any medical attention needed may be provided for me if an accident occurs.

Disciple Group Leader's Full Name

____/____/____ _____ _____
Date of Birth Social Security Number Emergency Phone Number

Disciple Group Leader's Signature

Date Signed

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Authorization and Request for Criminal Records Check

I, _____, hereby authorize *Souled Out Conferences* to request _____ police/sheriff's department, or another company, to release information regarding any record of charges or convictions contained in its files, or in any criminal file maintained on me, whether said file is a local, state, or national file, and including but not limited to accusations and convictions for crimes committed against minors, to the fullest extent permitted by state and federal law. I do release said police/sheriff's department, or other company, from all liability that may result from any such disclosure made in response to this request.

Signature

Date

Print full name: _____

Print all other names that have been used (if any): _____

Date of birth: _____ Place of birth: _____

Social Security number: _____

Driver's license number: _____ State issuing license: _____

License expiration date: _____

Current address: _____

Current phone: _____

List each address at which you have resided in the last five years:

Address: _____

Address: _____

Address: _____