



2010 APPLICATION

PERSONAL

First Name:	Last Name:
Preferred (Nick) Name:	Birthdate: Age:
Address:	City: State: Zip:
Home Phone:	Mobile Phone:
Email:	Height: Weight:
Can you swim? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EDUCATION

Are you currently a student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Classification:
School you attend:	HS Graduation Year: College Graduation Year:
High School GPA: College GPA:	
Extra-curricular Activities:	

EMPLOYMENT

Current Employed? <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> No	Place of Employment:
Position:	How long have you worked there?
What other employment experiences have you had?	

FAMILY

Parents' Names:	
Briefly describe your family environment:	

QUESTIONS

<p>What do you expect from your participation in Leadership Expedition?</p> 	
<p>What are the three most important qualities of a leader and why?</p> 	
<p>What are your most important long-term goals?</p> 	

QUESTIONS

<p>What are your strongest characteristics as a leader?</p>	<p>What are your weakest characteristics as a leader?</p>
<p>Describe your personal journey of faith and your current relationship with Jesus Christ.</p>	
<p>Pick one person you consider to be a great leader. Describe what characteristics make them a great leader and how you are incorporating those characteristics into your own life.</p>	
<p>Is there anything else you would like us to know about you?</p>	

SIGNATURE

<p>By signing this application, I agree to submit to the authority of the leaders of Leadership Expedition during my training and to participate in all activities to the full extent of my abilities.</p>	
<p>Signature:</p>	<p>Date:</p>

INSTRUCTIONS

<p>Please include the following:</p> <ol style="list-style-type: none"> 1. A Recent Photo of Yourself 2. \$50 application deposit 3. Completed Medical Information Form 4. Signed Release of Liability 	<p>Mail your completed Application with the items listed to:</p> <p style="text-align: center;">Leadership Expedition PO Box 101 Euless, TX 76039</p>
<p>If you have any questions, please contact us by e-mail (david@sclm.org) or phone (817-267-9224)</p>	

MEDICAL INFORMATION FORM

Full Name:			
Address:		City:	State: Zip:
Home Phone:		Mobile Phone:	
Birthdate:	Age:	Social Security Number:	
Emergency Contact:		Relationship:	Phone:
Insurance Company		Policy Number:	
Please list any health concerns of which we should be aware:			
Are you currently under the care of a health professional or physician? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, for what condition?			
What prescription drugs are you currently taking?			

MEDICAL HISTORY

Do you have, or have you ever had any of the following?

YES	NO		YES	NO		YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Skin condition	<input type="checkbox"/>	<input type="checkbox"/>	Hay Fever, Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Ulcer
<input type="checkbox"/>	<input type="checkbox"/>	Eye trouble	<input type="checkbox"/>	<input type="checkbox"/>	Allergies	<input type="checkbox"/>	<input type="checkbox"/>	Gall bladder problems
<input type="checkbox"/>	<input type="checkbox"/>	Ear trouble	<input type="checkbox"/>	<input type="checkbox"/>	Headaches	<input type="checkbox"/>	<input type="checkbox"/>	Surgery
<input type="checkbox"/>	<input type="checkbox"/>	Head injury	<input type="checkbox"/>	<input type="checkbox"/>	Heart trouble	<input type="checkbox"/>	<input type="checkbox"/>	Appendectomy
<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	Tonsillectomy
<input type="checkbox"/>	<input type="checkbox"/>	Fainting spells	<input type="checkbox"/>	<input type="checkbox"/>	Low blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	Hernia Repair
<input type="checkbox"/>	<input type="checkbox"/>	Nervous disorder	<input type="checkbox"/>	<input type="checkbox"/>	Arthritis/Rheumatism	<input type="checkbox"/>	<input type="checkbox"/>	Jaundice
<input type="checkbox"/>	<input type="checkbox"/>	Weakness	<input type="checkbox"/>	<input type="checkbox"/>	Back problems	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis
<input type="checkbox"/>	<input type="checkbox"/>	Paralysis	<input type="checkbox"/>	<input type="checkbox"/>	Broken bones	<input type="checkbox"/>	<input type="checkbox"/>	Intestinal troubles
<input type="checkbox"/>	<input type="checkbox"/>	Insomnia	<input type="checkbox"/>	<input type="checkbox"/>	Stomach disorder	<input type="checkbox"/>	<input type="checkbox"/>	Kidney disease
<input type="checkbox"/>	<input type="checkbox"/>	Anemia	<input type="checkbox"/>	<input type="checkbox"/>	Tumor/Cancer	<input type="checkbox"/>	<input type="checkbox"/>	Venereal Disease

Have you ever had any of the following COMMUNICABLE DISEASES?

YES	NO		YES	NO		YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Chicken Pox	<input type="checkbox"/>	<input type="checkbox"/>	Mumps	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis
<input type="checkbox"/>	<input type="checkbox"/>	Measles (Rubella)	<input type="checkbox"/>	<input type="checkbox"/>	Pertussis	<input type="checkbox"/>	<input type="checkbox"/>	Other _____
<input type="checkbox"/>	<input type="checkbox"/>	Measles (Rubeola)	<input type="checkbox"/>	<input type="checkbox"/>	Scarlet Fever			

Have any of your relatives ever had any of the following?

YES	NO		YES	NO		YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	Heart disease	<input type="checkbox"/>	<input type="checkbox"/>	Stomach Disease
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	Asthma, Hay Fever
<input type="checkbox"/>	<input type="checkbox"/>	Kidney disease	<input type="checkbox"/>	<input type="checkbox"/>	Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy
<input type="checkbox"/>	<input type="checkbox"/>	Cancer						

IMMUNIZATIONS

	Year		Year
Diphtheria	___	Rubella	___
Tetanus	___	Rubeola	___
Pertussis	___	Mumps	___
Polio	___	Hepatitis	___

CONSENT FOR TREATMENT

I hereby agree to the performance of such emergency treatment, anesthetics and operations as in the opinion of the attending physician or health care professional is deemed necessary:

Printed Name:	
Signature:	Date:
Signature of Parent or Guardian (if under 18 years of age):	

PRIVACY NOTE

We recognize the privacy concerns regarding the information requested on this page. This information page is not requested for the purpose of determining eligibility for participation in Leadership Expedition. In the event that health or medical issues arise during your participation in Leadership Expedition, this information will be used to assist health professionals in assessing your condition and making recommendations. All information on this page will be treated confidentially and will not be provided to anyone other than SCLM/Leadership Expedition staff or health professionals treating you.

RELEASE OF LIABILITY

Limitation of Liability and Indemnity Agreement

In exchange for my participation in the Leadership Expedition and the use of the Tesoro Escondido Ranch properties in Palo Pinto County, Texas (hereinafter referred to as the "premises"), and other valuable consideration, I, _____, agree that my participation in the Leadership Expedition and use of the premises and any facilities or equipment in connection with the Leadership Expedition or the premises is at my own risk. Leadership Expedition, Successful Christian Living Ministries, owners of the premises, their officers, directors, employees, and agents shall not be liable for any claims arising from any personal injury or property damage that, I may sustain in connection with my participation in the Leadership Expedition or use of the premises.

I further agree to indemnify and hold harmless Leadership Expedition, Successful Christian Living Ministries, owners of the premises, their officers, directors, employees, and agents from all suits, actions or claims of any type arising from my participation in the Leadership Expedition or use of the premises whether or not such claims result from the negligent acts of Leadership Expedition, Successful Christian Living Ministries, owners of the premises, their officers, directors, employees, and agents.

I understand that pictures and videos are taken during the Leadership Expedition, and I hereby give permission for the use of such pictures and videos for the promotion of the Leadership Expedition, Tesoro Escondido Ranch and Successful Christian Living Ministries.

I know and understand that there are dangers and risks associated with my participation in the Leadership Expedition and use of the premises, and I have read this agreement and fully understand its contents.

Signature:	Date:
Printed Name:	
Signature of Parent or Guardian: (if under 18):	Date:
Printed Name of Parent of Guardian:	