



**DRAMMinistry**  
**Fall2020 Session**

**General Application**

**:: General Info ::**

Name: \_\_\_\_\_ Home Phone # \_\_\_\_\_

Parents' Cell Phone # \_\_\_\_\_ Youth's Cell Phone # \_\_\_\_\_

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

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Youth's E-mail: \_\_\_\_\_

Parents' E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (Expected) Graduation Year: \_\_\_\_\_ T-shirt size: \_\_\_\_\_

Parents Name(s): \_\_\_\_\_

Church and Pastor's names: \_\_\_\_\_ Pastor: \_\_\_\_\_

Church Phone # \_\_\_\_\_ City (Church's): \_\_\_\_\_

Team applying for (please check one):  Alpha (Monday) |  Beta (Tuesday)

**:: Questions for Youth and Parent Together ::**

1. What is your current involvement in your church? \_\_\_\_\_

***On a separate piece of paper please fulfill the following:***

2. Working together, come up with 1 spiritual goal that you both would like to see accomplished in the youth's life during the session.

3. Come up with at least one task that will help accomplish the goal you picked above. For each task, please write how you will demonstrate that you completed the task. Lastly, tell us how we will know (evaluate) that the tasks you came up with helped accomplish the goal. Example: Goal- To Know God's Word More. Task- I will memorize one scripture passage. Demonstration-I will recite the scripture to my director. Evaluation-I will be able describe what I learned from the scripture I memorized.

4. Is there a day and time that works best for your child to meet with their accountability partner?

Is this very flexible? \_\_\_\_\_

**:: Questions for Parent ::**

1. If your child plans on carpooling to practice, please list with whom: \_\_\_\_\_

a. If the above person were on a different team than your child would that affect your ability to commit to the session?  Yes  No

2. What weeks would work for you (parents) to sit in on a practice at Ephrata/Lancaster:

- |  |                                    |                                    |
|--|------------------------------------|------------------------------------|
| <input type="checkbox"/> Sep 14/15     | <input type="checkbox"/> Oct 12/13 | <input type="checkbox"/> Nov 9/10  |
| <input type="checkbox"/> Sep 21/22     | <input type="checkbox"/> Oct 19/20 | <input type="checkbox"/> Nov 16/17 |
| <input type="checkbox"/> Sep 28/Sep 29 | <input type="checkbox"/> Oct 26/27 | <input type="checkbox"/> Nov 23/24 |
| <input type="checkbox"/> Oct 5/6       | <input type="checkbox"/> Nov 2/3   | <input type="checkbox"/> Dec 7/8   |

*Note: We will contact you to confirm which weeks you are scheduled for.*



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3. If you are able, what are some ways you would be willing to participate in DRAMA:

Host an event

Be part of a prayer group

Drive for an outreach

Other ideas: \_\_\_\_\_

4. What other "outside of the home" activities will the applicant be participating in?

**Event & Day of the week:**

Morning || Noon || Afternoon || Evening

	Morning	Noon	Afternoon	Evening
_____	{ }	{ }	{ }	{ }
_____	{ }	{ }	{ }	{ }
_____	{ }	{ }	{ }	{ }
_____	{ }	{ }	{ }	{ }
_____	{ }	{ }	{ }	{ }

*:-) If you need more space, write down the additional items on a separate sheet and evaluate which should be canceled until they all can fit. if that cannot be accomplished, perhaps this is not a good session for you to participate in. :-)*

4. Which of the above do you believe would be a priority over a DRAMA outreach? \_\_\_\_\_

**Pre-Booked Session Outreaches**

**Alpha:**

Oct. 3<sup>rd</sup> (Morning-Afternoon) Service Workday

Nov. 20<sup>th</sup> (Evening) Crossfire Youth Ministry

**Beta:**

Oct. 24<sup>th</sup> (Morning-Afternoon) Service Workday

Sept. 20<sup>th</sup> (Morning) Living Hope Community Church

**Both:**

Bible Study Workshops- Sept. 24<sup>th</sup> or Sept. 26<sup>th</sup> (9am-1pm) Each member must attend one.

Family & Friends Presentation- Nov. 12 (Evening)

*Please check*

I understand that my commitment to join this session includes all pre-booked outreaches for my team (any conflicts should be discussed with your team director prior to returning this application).

Signed: \_\_\_\_\_ Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_

*Please mail this application to the DRAMA office with your \$50 check (made out to "DRAMA ministry") for the session by August 26<sup>th</sup>. Mail to Phil Weaver at 95 Stobers Dam Rd Stevens, Pa. 17578.*

**::Office Use Only::**

{ } Paid Session Fee    { } Attended Parent's Meeting    { } Release of Liability Form is up to date