



A Ministry of Appalachian Bible College

Solid Rock Teen Application

Name _____ Gender ___ Age ___ Date of Birth _____ E-mail _____

Address _____ City _____ State _____ Zip _____

Parent/Guardian _____ Phone (_____) _____ - _____

T-shirt Size: S M L XL XXL Attending Camp Week: _____

CHURCH

Church Membership _____ How Long? _____

Church Address _____ City _____ State _____ Zip _____

Pastor's Name _____ Phone (_____) _____ - _____

Describe your church attendance in the past year. What is the reason for the majority of your absences?

EDUCATION

High School _____ Grade completed _____

What (if any) First Aid / CPR / Water Safety certificates or experience do you have?

How many years have you attended Alpine? _____

Check weeks attended: _____ Teen Camp _____ Junior Camp _____ Day Camp _____ Family Camp

MEDICAL INFORMATION

Date of last tetanus booster _____

Do you have any physical disabilities that might hinder your activity? _____ If yes, please describe: _____

IN CASE OF EMERGENCY PLEASE NOTIFY:

NAME _____ (_____) _____ - _____ RELATIONSHIP _____
PHONE

NAME _____ (_____) _____ - _____ RELATIONSHIP _____
PHONE

REFERENCES (please do not list relatives, person must have known you for at least 3 years)

Name _____ Name _____

Relationship _____ Relationship _____

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Phone (_____) _____ - _____ Phone (_____) _____ - _____

PARENTS SECTION (To be filled out by them) *If you need more space, please use a separate sheet of paper.*

Why do you think your child should be selected for this program?

What are three goals you would like to see happen if your child was selected for this program?

Parent/Guardian Signature _____ Date _____

YOUTH PASTOR/LEADER SECTION (To be filled out by them) *If you need more space, please use a separate sheet of paper.*

Why do you think your teen should be selected for this program?

What are three goals you would like to see happen if your teen was selected for this program?

Youth Pastor/Leader Signature _____ Date _____ Phone # _____

TEEN APPLICANT SECTION (To be filled out by applicant)
If you need more space, please use a separate sheet of paper.

Share your personal testimony describing your salvation experience.

How often do you have a personal devotion time? Daily 3-4 times a Week Weekly Monthly
Describe your devotional and prayer life.

State briefly any leadership opportunities or positions you have held in your school or church setting.

What does being a leader mean to you? What do you think it takes to make a good leader?

What leaders do you look up to in your life? What do you admire about them?

How could you make a positive contribution to Alpine Bible Camp?

In what area of your relationship with Jesus would you like to see personal growth?

Why do you wish to participate in the SRT program?

Applicant Signature _____ Date _____