



EAGLES-DC 2019 LEADERSHIP EXPERIENCE
July 1 - 5, 2019

Department of Youth & Discipleship

P.O. Box 2430, Cleveland, TN 37320-2430

423.478.7884

Randall Parris: rparris@churchofgod.org

Dear EAGLES-DC '19 Participant:

You have taken the first step towards becoming the leader God intended you to be. The EAGLES Leadership Initiative ministry of the Department of Youth & Discipleship is pleased that you have chosen to accept this Leadership experience to make a difference in your world.

Enclosed you will find **nine forms** that you will need to start you on this wonderful leadership journey. They are listed below:

- **EAGLES-DC Application Instructions**
- **EAGLES-DC Checklist / Regulations & Safety Guidelines**
- **Senior Pastor Recommendation Form**
- **Application Form**
- **Medical Release Agreement**
- **Medical History Form**
- **Consent to Travel**
- **Liability Release Form**
- **Acknowledgement of Housing Release**

On an attached sheet of paper, type a 1 page essay stating your reasons for participating

Complete pages 3 through 12 and return to Randall Parris at the International Department of Youth & Discipleship at the above address. Please use the phone number and email address above to communicate with Randall Parris. Be sure to include the participants Cell Phone number! Thanks!

EAGLES DC-'19

APPLICATION INSTRUCTIONS



1. Please type or print in ink. **Fill out all information.**
2. All applicants MUST have a reference form from their senior pastor.
3. Make sure to attach a recent photograph of yourself to the front of the application. (Do not send photographs larger than 3 ½" x 5".)
4. A deposit of \$150.00 MUST be enclosed with the application. This deposit is non-refundable and will be deducted from the total cost of your Leadership Experience. **Your deposit should be submitted with application before May 1, 2019** The balance of \$445.00 is due by June 15, 2019.
5. Fully complete and **notarize** the Consent to Travel Form (if under the age of 21).
6. Complete the Medical History form, and obtain the signature of your physician. Medical examinations are not required.
7. Complete and **notarize** the Liability Release, Medical Release, Disciplinary Agreement form and Housing Acknowledgement form. **Please note: there is a separate form for minors and adults.**
Only fill out the appropriate form.
8. Understand that, while on the EAGLES DC-'19 Trip, you are subject to the authority of the Team Leader(s) and others with designated responsibilities. Failure to comply with the regulations, itinerary and rules of conduct will jeopardize your standing, with the responsibility of being sent home immediately at additional personal expenses. Your signature on the application confirms your commitment to fully abide by the guidelines and additional instructions.
9. When all application materials are complete, **place them in a 9" x 12" envelope**, and mail them.
Please do not fold the application materials.
10. **The application deadline is May 1, 2019.** *Reservations for EAGLES DC-'19 are taken on a priority basis! Earlier entries receive priority. Therefore, act quickly to insure your reservation. Applications received after the deadline may or may not be accepted.*

EAGLES DC-'19

APPLICATION CHECKLIST



- _____ Read all the enclosed materials.
- _____ Complete and sign the EAGLES application.
- _____ Enclose the \$150.00 non-refundable deposit (or balance in full).
- _____ Attach a recent photograph.
- _____ Complete the Medical History Form.
- _____ Complete and notarize the Liability, Medical Release and Disciplinary Agreement forms.
- _____ Complete and notarize the Consent to Travel Form and Housing Acknowledgement Form
- _____ Send the Recommendation Form with a stamped and addressed envelope.
- _____ Type and submit your one-page essay stating your reasons for participating.

EAGLES DC-'19

REGULATION SAFETY GUIDELINES

As a precautionary measure, we are asking each participant to review the following information and abide by it at all times. It is the responsibility of the EAGLE coordinator to see that this trip operates in a safe and effective manner; therefore, your cooperation is necessary.

All participants will work under the leadership and supervision of their Team Leader(s) and hosts.

All participants must work as a team during their EAGLES experience, from departure to return. There is no room for individualism.

All participants must uphold the rules of dress and conduct denoted by the Team Leader.

All participants will uphold the Practical Commitments of the Church of God as stated in the Church of God Minutes and in the booklet "Our Statements of Faith." (This includes refraining from the use of profanity, tobacco, alcohol, or any non-prescription narcotics/drugs.)

No participant may independently separate from the group at any time.

Absolutely no dating within the team or with any individual from the host area is permitted. Inability to observe this rule will result in immediate travel home at the participant's added expense. (There will be no second warning with this rule.)

All EAGLE students will be expected to spend at least 15-30 minutes per day in personal prayer and devotions aside from the scheduled prayer, devotions, and Bible studies with the EAGLE Team.

All participants will maintain a Christian attitude, demonstrating the love, joy, peace, compassion, and understanding of Christ with the EAGLES Team and with all individuals encountered during the experience.

All participants should encourage one another and help one another through the experiences of this trip.

All participants should give spiritual and practical encouragement and support to their Team Leader(s), understanding the responsibilities that are involved in this position. Participants should seek to assist the Team Leader(s) every day, in any way possible, to facilitate the goals of the EAGLES Leadership Initiative.

Absolutely no mode of weaponry will be allowed.

**Inability to follow the rules and regulations will result in early travel home at the participant's added expense.*

I HAVE READ AND UNDERSTOOD THE ABOVE REGULATIONS AND SAFETY GUIDELINES.

Applicant's Signature

Date

Print Name

Senior Pastor Recommendation

Part I (to be completed by applicant, please print)

Name of applicant _____
Last First M.I.

Applying for (specify trip) _____ Date of Trip(s) _____

Part II (To be completed by Senior Pastor, please print. This recommendation is strictly confidential).

Name _____

Address _____

Phone _____ Cell _____

Church name and address _____

PERSONAL TRAITS

Based upon your association with the applicant, respond to the following statements below by checking the appropriate evaluation

	Excellent	Above Average	Average	Questionable	Unsure
Consideration of others	_____	_____	_____	_____	_____
Cooperation with leader's	_____	_____	_____	_____	_____
Conduct with the opposite sex	_____	_____	_____	_____	_____
Racial attitude	_____	_____	_____	_____	_____
Honesty	_____	_____	_____	_____	_____
Temperament	_____	_____	_____	_____	_____
Dependability	_____	_____	_____	_____	_____
Respect for Authority	_____	_____	_____	_____	_____
Open to new ideas	_____	_____	_____	_____	_____
Ability to resist compromise	_____	_____	_____	_____	_____
Resourceful	_____	_____	_____	_____	_____
Ability to interact in a group	_____	_____	_____	_____	_____

1. How long have you known the applicant? _____
2. In what relationship have you known and observed the applicant? _____
3. State briefly the opinion of the applicant's dedication to his/her faith. _____

4. Describe the applicant's leadership ability _____

5. What special talents has the applicant demonstrated? _____

6. Does he/she have any emotional, mental or physical handicaps? _____
7. Please state any other information you feel would be of value to the application review committee: _____

8. Overall, how would you rate the potential EAGLE applicant? _____ Good _____ Fair _____ Poor

 Senior Pastor Signature _____ / _____ / _____
 Mo. Day Yr.



EAGLES-DC'19
APPLICATION FORM

(Please print)

Name: _____

Name You Would Like Printed on Your Name Badge? _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Birth date: ____/____/____ Male Female Birthplace: _____

Social Security No.: ____/____/____ Marital Status: ____ Single ____ Married ____ Divorced

Church you attend: _____ Pastor's Name: _____

Do you plan to **drive** OR **fly** to Washington D.C. Reagan International Airport (circle one)?

EDUCATIONAL INFORMATION

Academic Status: ____ Part-time ____ Full-Time ____ Not Applicable

Educational Institution: _____

Program of Study: _____ Last yr. level of Study? ____ Degrees/Cert. _____

Anticipated graduation and degree? _____

Foreign language study and experience: _____

Cross Cultural Study/Experience: _____

Extra-Curricular Activities: _____

FAMILY INFORMATION (if under 21)

Father's Name: _____ Occupation: _____

Church Membership: _____

Mother's Name: _____ Occupation: _____

Church Membership: _____

Parent(s) Address: _____ City: _____ State: _____ Zip: _____

MEDICAL RELEASE AGREEMENT FOR MINORS

I / We _____ do further give my/our consent
Father/Legal Guardian (please print) Mother/ Legal Guardian

for the Director or properly appointed staff member of the Church of God to secure the administration of
medical treatment for my son/daughter _____ in case of an emergency.
Applicant's Name (please print)

I do further agree to the performance of such treatment, anesthetics, and operations as in the opinion of the
attending physician is deemed necessary for me.

This section must be filled out and signed by parent(s) or guardian(s) if applicant is under 21.

We _____ and _____ as
Father/Legal Guardian Mother/Legal Guardian,
parents of _____, give our full approval and
consent as the medical release agreement as state on this form.

This form must be SIGNED and NOTARIZED

I (we) the Parent(s) or Legal Guardian(s)

Father/Legal Guardian Signature (please print) Mother/Legal Guardian Signature

of _____
Participants Name (please print)

have read and understood the above Medical Release.

This document signed in _____ County; in the state of _____

on this day of _____, 20_____

Notary Signature _____

My commission expires _____, 20_____

Send completed and notarized form to:

Randall Parris
Department of Youth and Discipleship
P O. Box 2430
Cleveland, TN 37320-2430
423.478.7884

MEDICAL RELEASE AGREEMENT FOR ADULTS (OVER 21)

I, _____, being 21 years of age or older, do further give
(please print applicant's name)

my consent for the Director or properly appointed staff member of the Church of God to secure the administration of medical treatment for myself in case of an emergency. I do further agree to the performance of such treatment, anesthetics, and operations as in the opinion of the attending physician is deemed necessary for me.

(Applicant's Signature)

This form must be SIGNED and NOTARIZED

I, _____,
Participant's Name (please print)

have read and understood the above Medical Release.

Participant's Signature

This document signed in _____ County; in the state of _____
on this day of _____, 20_____

Notary Signature _____

My commission expires _____, 20_____

Send completed and notarized form to:

*Randall Parris
Department of Youth and Discipleship
P O. Box 2430
Cleveland, TN 37320-2430
423.478.7884*

MEDICAL HISTORY FORM

(Please Print)

Name: _____ Date: _____

Birthdate: ____ / ____ / ____ Birthplace: _____

Family Physician: _____

Address: _____

Physician Phone Number: () _____ Fax: () _____

Provide the following information:

Please indicate any other medical conditions that we should know about (Use the back of this page if necessary):

Allergies	____ Yes	____ No	Epilepsy	____ Yes	____ No
Asthma	____ Yes	____ No	Heart Condition	____ Yes	____ No
Diabetic	____ Yes	____ No	Kidney Condition	____ Yes	____ No
Digestive Issues	____ Yes	____ No	Physical Handicap	____ Yes	____ No
Other	____ Yes	____ No			

If you have checked any of the above, please explain: _____

Are you personally receiving any other prescribed or over-the-counter medication? ____ Yes ____ No

Specify: _____

IN CASE OF EMERGENCY, NOTIFY:

Name: _____ Relationship: _____

Address: _____

Home Number: () _____ Work Number: () _____

I hereby certify that this information is an accurate representation of my medical history. Should any changes in this occur, I will notify the International Church of God, Youth & Discipleship office immediately.

Applicant's Signature

*If under 21 years of age, signature of parent(s) or guardian(s) is required.
If you are a college student, a signature from your health clinic will suffice.*

____ / ____ / ____
Mo Day Yr

Parent/Legal Guardian Signature

____ / ____ / ____
Mo Day Yr

Family Physician's Signature

____ / ____ / ____
Mo Day Yr

CONSENT TO TRAVEL (UNDER 21)

(Please print)

We _____ and _____
Father/Legal Guardian Name Mother/Legal Guardian Name

give our full approval and consent to _____
Applicant's Name

(our son/daughter) to travel in and around the Washington D.C. area with the Church of God Eagles DC-
'19.

Father/Legal Guardian Signature

____ / ____ / ____
Mo Day Yr

Mother/Legal Guardian Signature

____ / ____ / ____
Mo Day Yr

This form must be SIGNED and NOTARIZED

I (we) the Parent(s) or Legal Guardian(s)

Father/Legal Guardian Signature *(please print)* Mother/Legal Guardian Signature

of _____
Participants Name *(please print)*

have read and understood the above Consent to Travel.

This document signed in _____ County; in the state of _____

on this day of _____, 20_____

Notary Signature _____

My commission expires _____, 20_____

Send completed and notarized form to:

*Randall Parris
Department of Youth and Discipleship
P O. Box 2430
Cleveland, TN 37320-2430
423.478.7884*

LIABILITY RELEASE FORM FOR MINORS

Release of All Claims

We, for and on behalf of my child-participant, do hereby release, forever discharge and agree to hold harmless Church of God International offices and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while the said child is participating in the trip or activity.

Furthermore, we (I), on behalf of our (my) child-participant, hereby assume all risk of personal injury, sickness, death, damage and expense as a result of negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

The undersigned further hereby agree to hold harmless and indemnify said church, its directors, employees, and agents, for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

This form must be SIGNED and NOTARIZED

I (we) the Parent(s) or Legal Guardian(s)

Father/Legal Guardian Signature (please print) Mother/Legal Guardian Signature

of _____
Participants Name (please print)

have read and understood the above Liability Release.

This document signed in _____ County; in the state of _____

on this day of _____, 20_____

Notary Signature _____

My commission expires _____, 20_____

Send completed and notarized form to:

*Randall Parris
Department of Youth and Discipleship
P O. Box 2430
Cleveland, TN 37320-2430
423.478.7884*

LIABILITY RELEASE FORM FOR ADULTS (OVER 21)

Release of All Claims

I, being 21 years of age or older, do hereby release, forever discharge and agree to hold harmless Church of God International offices and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned that occur while participating in the trip or activity.

Furthermore, I hereby assume all risk of personal injury, sickness, death, damage and expense as a result of negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

The undersigned further hereby agree to hold harmless and indemnify said church, its directors, employees, and agents, for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

This form must be SIGNED and NOTARIZED

I, for myself,

Participant's Name (please print)

have read and understood the above Liability Release.

Participant's Signature

This document signed in _____ County; in the state of _____
on this day of _____, 20_____

Notary Signature _____

My commission expires _____, 20_____

Send completed and notarized form to:

*Randall Parris
Department of Youth and Discipleship
P O. Box 2430
Cleveland, TN 37320-2430
423.478.7884*

ACKNOWLEDGEMENT OF HOUSING RELEASE FOR MINORS

We (I), _____, on behalf of my child-participant do hereby
Parent/Guardian Name (please print)

release and agree that _____ is granted permission to
Participant's Name (please print)
share housing with designated adult leader for the EAGLES Leadership Training program with the Church of God Youth and Discipleship office being held at the 4-H Center at 7100 Connecticut Avenue, Chevy Chase, Maryland 20815.

Furthermore, we acknowledge and agree to abide by the regulations outlined in 4-H Center Code of Conduct. Assigned adult chaperones have permission to enforce these rules. Should these rules be broken, we (I) understand that violators may be asked to leave and be sent home at their own expense.

This form must be SIGNED and NOTARIZED

I (we) the Parent(s) or Legal Guardian(s)

Father/Legal Guardian Signature (please print) Mother/Legal Guardian Signature

of _____
Participants Name (please print)

have read and understood the above Housing Release.

This document signed in _____ County; in the state of _____

on this day of _____, 20_____

Notary Signature _____

My commission expires _____, 20_____

Send completed and notarized form to:

*Randall Parris
Department of Youth and Discipleship
P O. Box 2430
Cleveland, TN 37320-2430
423.478.7884*

ACKNOWLEDGEMENT OF HOUSING RELEASE FOR ADULTS (OVER 21)

I, _____, being 21 years of age or older, do for myself hereby
Participant Name (please print)

release and agree that I will be required to share housing with other participants, equivalent or similar in age, for the EAGLES Leadership Training program with the Church of God Youth and Discipleship office being held in Washington, D.C., July 1 – 5, 2019.

Furthermore, I acknowledge and agree to abide by the regulations outlined in the EAGLES Leadership Code of Conduct. Assigned adult chaperones have permission to enforce these rules. Should these rules be broken, I understand that violators may be asked to leave and be sent home at their own expense.

This form must be SIGNED and NOTARIZED

I, for myself,

Participant's Name (please print)

have read and understood the above Housing Release.

Participant's Signature

This document signed in _____ County; in the state of _____

on this day of _____, 20_____

Notary Signature _____

My commission expires _____, 20_____

Send completed and notarized form to:

*Randall Parris
Department of Youth and Discipleship
P O. Box 2430
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