



KING'S KIDS OUTREACH APPLICATION FORM

Under 9 years to be filled out by the applicant with parent

Name: _____			ATTACH YOUR PHOTO HERE!
First Name	Middle Name	Last Name	
Address: _____		Post Code: _____	
Phone: _____	Cell#: _____		
Age: _____	Birth date: _____	Email _____	
Uniform T-Shirt size: _____			
Applying for Outreach to: <u>King's Kids Auckland-NZ</u>		Outreach dates: <u>12-19 July 2021</u>	
<small>Destination</small>		<small>Start/Finish Dates</small>	
Church: _____ Pastor's Name: _____			

Dear Applicant: Thank you for wanting to join us on outreach.
However, filling this form out doesn't mean that you are coming.
We look carefully at each application and pray about them before accepting anyone.
Please be very honest when you are answering the questions. Use extra paper if required.

1. What does God mean to you? Do you pray, read the Bible, does He speak to you? _____ _____
2. Why do you want to join this King's Kids Outreach Team? _____ _____
3. We believe God is interested in you. What do you think He might like to do in your life by you being involved in the outreach? _____ _____
4. Tell us the things that you like about yourself. _____ _____
5. What don't you like about yourself that you want God to help you change? _____ _____
6. What are your special interests? _____ _____
7. Do you have any medical conditions? _____ _____
8. Do you have any special diet requirement? (Question also to be approached on the Parent-Guardian reference form down below) _____ _____

If I m accepted on this outreach, I promise to my do my best and be kind to others. I realise that there will be a lot of hard work in the training camp and even on outreach, and I promise to happily do what I am told. I know that my Heavenly Father will help me in all this if will just ask Him, and if I really want to do it.

Signature: _____ **Date:** _____
We know that God has a plan for you. Please pray that the Lord leads us as we pray over your application.

PARENT-GUARDIAN REFERENCE FORM

To be filled out by Applicant's parents or guardian

Applying for: **King's Kids Camp Auckland-NZ**

Please note: Children from 10 years or older are able to come on their own, with parental permission.

Dear Parents or Guardian,

Children 9 years older and younger are required to be accompanied by a parent or guardian who knows them well.

We would also like to encourage you, as parents, to consider participating in this outreach as an entire family. Our heart intention for these outreaches is to provide a means through which the whole family can grow in God together. If you wish to join us on outreach, please complete the rest of this page.

Child's Name: _____

Parent/Guardian's names: _____

Address (If different from address info above) _____

Home Ph: _____ Cell #: _____

Email Address: _____

Names and ages of any other children you will be bringing _____

Do you/children have any Medical conditions? _____

Do you/children have any special Dietary requirements? _____

It is important to realise that to join a King's Kids outreach as a parent or guardian is not just a commitment to the child or children in your care, but also to the outreach team as a whole.

In which areas can you see yourself being involved during the outreach? Please tick areas in the camp where you can assist the team or be involved with.

- | | | |
|---|--|-----------------------------------|
| <input type="checkbox"/> Administration, secretarial, | <input type="checkbox"/> Cooking | <input type="checkbox"/> Uniforms |
| <input type="checkbox"/> Sound gear | <input type="checkbox"/> Photographer | <input type="checkbox"/> Video |
| <input type="checkbox"/> Worship/Play an instrument | <input type="checkbox"/> 1st Aid/nurse | <input type="checkbox"/> Laundry |
| <input type="checkbox"/> Other _____ | | |

I look forward to have you in the team.

Cleide Araujo

Kings Kids Outreach leader

Auckland Outreach July/2021

Reference for your child who is applying:

Spiritual maturity

1. How would you describe the applicant's knowledge of and friendship with the Lord?

Lacks depth

Inconsistent

Genuine & Growing

Mature

Comments: _____

2. Does he/she spend time alone with the Lord without prompting?

Daily

Irregularly

Once in a great while

Not at all

Comments: _____

3. Has the applicant seen the Lord answer his/her prayers? _____

Emotional maturity

1. Is the applicant able to express good and bad feelings appropriately?

With difficulty Sometimes

Usually

Without inhibition

Comments: _____

2. How does he/she respond to correction?

Feels rejected

Rebels openly

Rejects but learns

Accepts with thanks

Comments: _____

3. General temperament?

Quiet & thoughtful

Friendly but reserved

Friendly & outgoing

Bold & outspoken

Comments: _____

4. How co-operative is he/she?

Helpful

Follows willingly

Independent

Strong willed

Comments: _____

5. How punctual is he/she?

Always on time

Always late

Usually early

Usually late

Comments: _____

Physical Fitness & Health

1. Please comment on his/her eating habits:
Particular dietary needs?

2. Level of activity: (Please indicate severity)

Lacks interest

Tires easily

Active

Athletic

Hyperactive

3. Please specify any medical/health problems including allergies and note any medication he/she is on : (e.g. asthma, eczema, bedwetting, requires more sleep than normal.)

Any physical limitations?

4. Is he/she presently in good health?

5. Do you have a Community Service Card Number? _____ Exp date: _____

Performance Skills

1. Singing ability: Below average Average Above average

2. Co-ordination: Has difficulty Good Excellent

Practical Skills

1. Areas of practical skills or abilities:

Parents response

1. Why do you feel your son/daughter should participate in this outreach?

2. We believe God wants whole families involved in ministry.

Are you committed as a family to giving your child emotional and prayer support while he/she is away?

Are you committed as a family to seeing the necessary finances raised?

Emergency information:

 In case of emergency, notify:

1st choice: Name: _____ Relationship: _____

Address: _____ Phone: _____

2nd choice: Name: _____ Relationship: _____

Address: _____ Phone: _____

I/We give permission for our child/ren to apply for participation in this King's Kids Outreach.

Signature: _____ **Date :** _____

Please complete it and return to: **King's Kids NZ, PO Box 13301, Onehunga Auckland 1643 or email www.kingskidsoutreachnz@gmail.com or drop into King's Kids Base, 18 Lenore Road, Mangere, Auckland 2024 by the 2nd of July 2021.**