



Impact Leadership Development

Dear ILD Applicant:

Thank you for your interest in enrolling in the Impact Leadership Development program. We are honored that you have chosen to apply for this training. The ILD program and internship is an intensive 12-week distance learning program that will stretch you and ignite you to do more for Christ. We believe this is a God-ordained ministry for students who are serious about their relationship with God and their future. If you want to know Him and make Him known, if you want to impact journeys for Christ, if you want to be God's hands and feet, if you want Him to direct your paths, then this ministry is for you.

The program includes:

ILD curriculum materials, food & lodging at scheduled ILD outings/retreats, and an Intern polo for your summer internship.

Enclosed is the application checklist and instructions, application, and recommendation form.

All applications and tuition deposits are due by February 1st, 2010 with final tuition payments due by June 1st, 2010.

Checks may be made payable to Indiana District Youth Ministries.

Please complete the enclosed application and mail it, along with your tuition deposit of \$50 to:

Impact Leadership Development
Eddie & Carrie Underwood
30 Bridgewater Court #9
Lafayette, IN 47909
Or fax to: (765) 494-3544 Attn: Carrie Underwood

If you have any questions, please feel free to call us at (765) 490-0960 or email us at ImpactIndiana@IndianaPCG.org

We are looking forward to receiving your application!

Moving to Impact,

Eddie & Carrie Underwood
Indiana District Youth Directors
PCG Student Ministries
3916 Corinthian Street Lafayette, IN 47909 * (765) 490-0960 * ImpactIndiana@IndianaPCG.org
URL: www.indianapcg.org/youth.html



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ILD APPLICATION CHECKLIST

Application Instructions:

1. Fill out the application completely.
2. Send in a current picture of yourself (no larger than 4" x 6")
3. You must have two recommendations. Please use the forms provided. One recommendation must be from your pastor. Second recommendation may come from a teacher/ friend/employer.
4. Mail the application and your picture (along with your tuition deposit) to our office at:
Impact Leadership Development, 3916 Corinthian Street Lafayette, IN 47909
or fax to (765) 494-3544 Attn: Carrie Underwood
5. Once your application and your two recommendation forms are received in our office, you will be notified immediately if you have been accepted. Once accepted, you will receive an ILD packet with specific guidelines for the ILD program and summer internship.

ILD PROGRAM and INTERNSHIP DATES, COSTS AND DEADLINES

- 2010 ILD Intern Season: March 1, 2010 – September 1, 2010
- Total Cost for program and internship: \$120
- This includes: ILD curriculum materials, food & lodging at scheduled ILD outings/retreats, and an Intern polo.
- This does not include laundry, incidentals, gas money, personal spending money for souvenirs, snacks, or meals.
- Application and initial deposit for curriculum is due by February 1st, 2009.
 - (Applicants not accepted will have their deposit returned to them)
- Full payment must be received by June 1, 2010

INTERN REQUIREMENTS

- Must have a personal relationship with Christ
- Ages 15 to 30
- High School students must be completing their freshman year of high school by the end of the Spring 2010
- All other applicants must hold a high school diploma or equivalent and age 30 or under.
- Must be faithful to your local church
- Must commit to serve under your local church leadership for at least one year before, during or after the program



INTERN APPLICATION

GENERAL INFORMATION

Full Name _____

Address _____

City _____ State _____ Zip _____

Phone(_____) _____ Email address _____

Gender: . Male .Female Birth Date ____/____/____ Parents/Guardians _____

Church Affiliation _____ Pastor's Name _____

Do you have a myspace or facebook account? ____yes ____ no

EDUCATION

High School _____ Year Graduated _____

City _____ State _____

College _____ Year Graduated _____

Major/Minor _____ Degree earned _____

HEALTH

Do you have a physical handicap, or disability, or disease that might affect your ability to fully function as an intern? .Yes .No

If yes, please explain _____

Do you have a chronic illness? .Yes .No

If yes, please explain _____

Are you presently under medication prescribed by a doctor? .Yes .No

If yes, please explain _____

Do you have allergies or are you allergic to any food? _____

MEDICAL INFORMATION

Do you have medical insurance? .Yes .No

Name of Insurance Company _____

Address and Phone Number _____

Type of Plan & Policy Number _____

SELF-EVALUATION

Please rate yourself in the following areas on a scale of 1 to 10 (10 being the highest)

Relating to new people _____ Establishing relationships _____ Maintaining friendships _____

Conversations with strangers _____ Ability to finish what is started _____ Problem solving _____

Listening _____ Being an example _____ Encouragement _____

Sense of Humor _____ Cleanliness & Neatness _____

List your hobbies: _____

List your favorite food: _____



RECOMMENDATION FORM

Complete the following questions to the best of your ability.
Please know the information provided will be held in the strictest confidence. Mail the completed form to:
PCG Student Ministries: 3916 Corinthian Street, Lafayette IN 47909 Fax: 765-494-3544 Attn: Carrie Underwood

Intern applicant's name _____

Referral's name: _____ Referral's phone() _____

Recommendation from: .pastor .teacher .employer .friend

1. How long have you known the applicant? _____

2. How well do you know the applicant? __ acquaintance __ fairly well __ close

3. Rank the following questions on a scale of 1 to 5.

1 - poor 2-minimal 3-average 4-excellent 5-outstanding

Social skills	1 2 3 4 5	Positive attitude	1 2 3 4 5
Self Confidence	1 2 3 4 5	Ability to receive correction	1 2 3 4 5
Adaptability	1 2 3 4 5	Problem solver	1 2 3 4 5
Emotional Stability	1 2 3 4 5	Ability to submit to leadership	1 2 3 4 5
Servant attitude	1 2 3 4 5	Ability to deal with conflicts	1 2 3 4 5
Ability to Communicate clearly	1 2 3 4 5	Ability to handle stress	1 2 3 4 5

4. Please briefly describe the applicant's family background _____

5. What character traits do you appreciate about the applicant? _____

6. Describe how the applicant responds to authority. _____

7. Describe how the applicant responds to his/her peers. _____

Based on the above questions, I:

- strongly recommend the applicant
- recommend with confidence
- recommend with some reservation
- do not recommend

signature

date

If you have a concern regarding the applicant or would like to speak to us personally, please feel free to call (765) 490-0960 Indiana District Youth Directors, Eddie & Carrie Underwood