

## ACTEENS ACTIVATOR APPLICANT INFORMATION

Last Name		First		School Grade		
Street Address				Birth Date:		
City		State		ZIP		
Phone			E-mail Address			
Are you a Christian?	YES	NO	Are you active in Acteens?	YES	NO	How long?
Are you a member of Southern Baptist church?	YES	NO	Church name?			

## SCHOOL AND INTEREST

School		City	
Clubs		Activities	
Other		Hobbies	

## REFERENCES

Please list three references who are qualified and willing to provide information about you. **Please do not use relatives as references.**

Pastor:		Email address:	
Address:		Phone	
Acteens Leader:		Email address:	
Address:		Phone	
Other:		Email address:	
Address:		Phone	

## EMERGENCY CONTACT INFORMATION

Parent or Guardian		Cell Phone:		
Spouse (if Acteens leader)		Email:		

## ACTIVATOR COVENANT AND SIGNATURE

I covenant with my Activators leader and team to serve as an Acteens Activator for one week this summer. I will complete all assigned training, pay my own expenses, maintain a good attitude, and pray regularly in preparation for this trip. I commit this week of my life to God's service.

Acteens Signature:

Date

## PARENTAL PERMISSION

I give permission for my daughter, \_\_\_\_\_, to participate in the Acteens Activators program.

Parent's Signature:

Date