



## Dream Team Application

### Dream Team Mission Statement:

*The Dream Team is a leadership/mentorship program to provide students with an outlet to grow in their leadership skills, creativity, and faith, equipping them to share hope, inspiration, purpose and peace with others.*

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Can we text you? YES or NO

Email \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Instagram Username \_\_\_\_\_ Facebook? YES or NO

Interests/hobbies (what do you like to do in your free time?): \_\_\_\_\_

\_\_\_\_\_

What other extracurricular activities are you involved in? (sports, clubs, music) \_\_\_\_\_

What church do you attend? \_\_\_\_\_

Name of youth leader/pastor? \_\_\_\_\_

Are you a follower of Christ? \_\_\_\_\_ For how long? \_\_\_\_\_

What does it mean to be a follower of Christ? \_\_\_\_\_

\_\_\_\_\_

How are you currently strengthening your walk with Christ? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you were asked why you should be allowed into Heaven, what would you say? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In your own words, describe what the Dream Team does: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why do you want to be on the Dream Team?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What can you contribute to the Dream Team (skills, strengths, etc)? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you hear about the Dream Team? \_\_\_\_\_



# Parent Information

*We are so excited that your teen is applying to serve with us on the Dream Team! We trust this will be a time of growth and new experiences for them. It is important to us to have good communication with you regarding meeting times, BAY Rallies, and other special events. Meeting dates will be announced at least 2 weeks in advance through text messaging and social media.*

If you have any questions or concerns, please feel free to contact us.

Brainerd YFC Office	218-825-9149
Dale's Cell	218-821-0864
Ben's Cell	218-821-8893

Parent name(s) \_\_\_\_\_

Phone number (dad) \_\_\_\_\_ (mom) \_\_\_\_\_

Can we text you? YES or NO

Email \_\_\_\_\_

## **Dream Team Medical Release**

### Parental Permission and Insurance Information

Students name \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_ Birthday \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Address \_\_\_\_\_

City, State, & Zip code \_\_\_\_\_

### **Medical Release Form and Insurance Information**

I give permission for my child to participate with Brainerd Area Youth for Christ's Dream Team. I fully expect that the adult leaders will encourage my child to only participate in safe activities, and to make good decisions. However, if for some reason my child should get injured, I authorize the adult leaders to seek emergency medical care for my child and notify me as as soon as possible.

**Signature of Parent or Guardian** \_\_\_\_\_

**Emergency Phone Number** \_\_\_\_\_

**Insurance Information: Company** \_\_\_\_\_

**Policy Number** \_\_\_\_\_



# Dream Team Code of Conduct & Expectations

## YFC's Statement of Faith:

1. We believe the Bible to be the inspired, the only infallible, authoritative Word of God.
2. We believe that there is one God, eternally existent in three persons: Father, Son and Holy Spirit.
3. We believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal return in power and glory.
4. We believe that for the salvation of lost and sinful people regeneration by the Holy Spirit is absolutely essential.
5. We believe in the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a godly life.
6. We believe in the resurrection of both the saved and the lost; they that are saved unto the resurrection of life and they that are lost unto the resurrection of damnation.
7. We believe in the spiritual unity of believers in Christ.

## Dream Team Expectations:

The dream team is a leadership/mentorship program. A significant part of such a program is accountability, as you will be entrusted with duties and responsibilities for the purpose of helping you grow and the furthering of this ministry. **Therefore:**

1. You will be expected to attend all Dream Team Meetings, Fundraisers, BAY Rallies (including setup and takedown) and other events. We are happy to work with you should unavoidable and unexpected circumstances arise, so long as you notify Dale or Ben as soon as possible prior to the event.
2. As an ambassador of YFC, both at a local and national level, you will be expected to act in a manner that reflects biblical values. This includes work, school, relationships, friendships, and your online presence.

**By signing here, you are agreeing to carry out everything stated above to the best of your ability.**

**Student Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Name** \_\_\_\_\_ **Date:** \_\_\_\_\_



**Brainerd Area Youth for Christ Dream Team**

**Youth Leader Reference Form**

(PLEASE MAIL TO US DIRECTLY ONCE COMPLETED)

**Your Information**

Name \_\_\_\_\_

Church name \_\_\_\_\_

Phone (Office) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email \_\_\_\_\_

**Student Information:**

Name \_\_\_\_\_

How long have you known DT applicant? \_\_\_\_\_

What are some of their strengths? \_\_\_\_\_

\_\_\_\_\_

What are some of their weaknesses? \_\_\_\_\_

\_\_\_\_\_

When is a time you've seen them demonstrate leadership qualities? \_\_\_\_\_

\_\_\_\_\_

Explain how close of a relationship this student has with the Lord based on your contact with them: \_\_\_\_\_

\_\_\_\_\_

Anything else we should know? \_\_\_\_\_

\_\_\_\_\_

I would strongly recommend (\_\_\_\_), recommended (\_\_\_\_), or not recommend (\_\_\_\_) this student to be part of the Dream Team.

**PLEASE MAIL REFERENCE FORM TO:**

**P.O. Box 1131  
Brainerd, MN 56401**