Impact 2017 STAFF Registration Form

Thanks for serving as a leader at IMPACT.

This form is for IMPACT STAFF only.

Please fill out all required information and complete your medical release form (linked at the bottom of this registration form.)

Name *

First Name

Last Name

Name to be printed on name tag:

Gender *

☐ Male

☐ Female

I am a: *

○ NEW IMPACT Staff

○ Returning IMPACT Staff

Birthdate (mm/dd/yyyy) *

Church Name and City? *

Pastor's Name and Email *

Your primary position/ministry at church: *

Tshirt Size *

☐ Small

☐ Medium

☐ Large

☐ X Large

☐ 2XLarge

☐ 3XLarge

☐ 4XLarge

Address

City

State

ZIP Code

Phone

Email *

STAFF EXPECTATIONS

1. A Christ follower - the inward expression of salvation in Jesus.
2. Be baptized - the outward expression of obedience to Jesus.
3. Be active member of a Southern Baptist Church.
4. Be recommended by his/her pastor.
5. Be a spiritually mature person who is currently experiencing a quiet time at least 4 times/week.
6. Be intentionally sharing your faith on a regular basis.
7. Be 18 years old or older and out of high school for at least one year.
8. Be in good health - able to assist in sports program at IMPACT.
9. Do not promote social drinking while at IMPACT.
10. Remain on campus from check in Sunday until check out on Saturday.
11. Have a positive, happy and motivated personality.
12. Teachable.
13. Observe all IMPACT guidelines.

14. Attend training weekend beginning Sunday of IMPACT.
15. Complete registration and medical release form.

By signing below I agree that I meet all of the expectations as listed above. I acknowledge that all travel and incidental expenses will be my responsibility. I commit to be a Christ-like role model for everyone involved with IMPACT. I also grant permission for my photo/likeness to be used for promotional purposes. *

[clear]

Use your mouse or finger to draw your signature above

Position/Role Descriptions

Family Leader: responsible for leading 3-5 students during the week, lead talkback sessions

Resident Assistant: check in and out of rooms at registration/departure; help maintain proper conduct and reasonable neatness in dorms; check rooms at lights out and report to Resident Director; check rooms for damage at end of week

Resident Director: assist RA in maintaining proper conduct and reasonable neatness in dorms; report to security each night at lights out

Ministry Class Leader: Teach five (1 hour) sessions during the week. Purpose of ministry classes is to teach and engage students in a specific ministry area that can be used not only at Impact, but in the local church.

OTHER ROLES????????

Indicate all positions for which you are applying: *

- ☐ Family Leader
- ☐ Resident Assistant
- ☐ Resident Director
- ☐ Ministry Class Leader
- ☐ Administration Team

Please indicate your area of interest for a ministry class:

Age group of students you would like to serve: *

	1st Choice	2nd Choice	3rd Choice
Red School (7th/8th Grade)	○	○	○
Blue School (9th/10th Grade)	○	○	○
Orange School (11th/12th Grade)	○	○	○
Black School (select 12th and Grads)	○	○	○
Purple School (administration)	○	○	○

First Time Staff must complete a supplemental questionnaire.
A new window will open, you can complete the form, and then return to this window to complete registration.

First Time Staff Questions

Registration Deposit * $ 50.00
Save your spot for IMPACT with a $50 deposit PER Staff towards total fee of $275.

Quantity: -- ▲▼

Total Registration Fee $ 275.00
Pay in full NOW for IMPACT. Cost per staff is $275.

Quantity: --

Credit Card

VISA MasterCard AMERICAN EXPRESS DISCOVER

Card Verification Code

Expiration Date

Do you have dietary restrictions? *

○ Yes

○ No

This information will be collected in more detail on your medical release form.

A Medical Release Form MUST be on file for every IMPACT staff.

Please complete the form online now. The link opens a new window with the Medical Release Form. Complete and submit that form, then close that window and you can return to this form and submit the registration after completion.

https://bciowa.formstack.com/forms/medicalrelease

I completed and submitted the Medical Release Form online. *

☐ Yes

- ☐ No.

Submit Form