

2012

Dear Disciple,

Thank you for your interest in Eagles' Wings Summer Discipleship Program! We are looking forward to welcoming another group of world-changers this summer; June 23-July 14 (dates subject to change). We have seen such amazing fruit in people's lives through participating in the SDP and we know this year will be better than ever. **We're looking for teens from all over the U.S. with one thing in common: a desire to live with whole-hearted passion for Jesus and take the Presence of God with them everywhere they go.**

This summer, we will look at the issues facing the youth of today from a biblical perspective and discover how to shine like stars in the midst of this generation.

I want to let you know right from the start: The SDP is *intense* and not for the faint of heart. Our desire is to see you launched into your calling through hands-on service projects and leadership opportunities. These include leading prayer watches, sharing the gospel and being stretched (way) beyond your comfort zone.

**Are you hungry to see God move in your generation? Are you willing to be the answer to your own prayer?** Pray about whether the Summer Discipleship is what God has for you this year. Take some time to fill out the enclosed application and let us hear your heart.

Feel free to call me at the EW office if you have any questions. I can also give you some pointers in fundraising for this discipleship experience.

Please return the application as quickly as possible and ask your References to mail back their sheets as soon as they can, as the program fills up quickly. We look forward to hearing from you!

In His Service and yours,



Mark Passarella  
Director, Summer Discipleship Program  
Eagles' Wings Ministries

## Application Process

### SDP Application Process:

1. Download the application, request it by email, or call us if you would prefer to receive it by mail. Be sure to give us your address, phone #, and email address.
2. Read over the application and cover letter, and ask God if this program is for you.
3. Fill out the application, making sure to thoroughly answer all questions. Mail it to us along with a current photo of yourself. Give the Reference forms to the appropriate parties and ask them to mail them to EWM as soon as they can.
4. We will review your application. Note: Many factors are involved in the process of selection, such as how many slots are available, recommendations, a possible phone interview, and a general sense of whether we feel this program would suit you at this time.
5. We will get in touch within a few weeks from receiving your application and let you know the status of your application.
  - If we want to proceed, then we will set up a phone interview with a member(s) of the SDP Team to speak with you.
  - If we do not feel that this internship program is right for you or us in this particular time, then we will inform you at this point of contact.
6. If you are accepted into the program, we will send you an acceptance packet with more details including information on how to fundraise.
7. To confirm your acceptance and secure your spot, you will need to make a non-refundable deposit of \$125 to "EWM" with the participant's name in the memo line of the check. (The \$125. will count toward your tuition if you participate in the program.)



# EAGLES' WINGS



## 2012 summer discipleship program

**June 23 – July 14**

*(Dates subject to slight change)*

Summer Discipleship Program - PO Box 450 - Clarence, NY 14031

Office: (716) 759-1058 or: 1 (800) 51-WINGS

[internship@eagleswings.to](mailto:internship@eagleswings.to)

ATTACH  
PHOTO  
HERE!

# Eagles' Wings

## Summer Discipleship Program Application

***Please print or type - Use the back or a separate sheet if necessary***

The application packet must be completed in full including signing all guidelines, answering all questions, and returned with a current photograph of yourself. Reference forms can be mailed back by References separately at a later date.

**\*Please mail back your Application ASAP for review by SDP Team.\***

### PERSONAL INFORMATION:

Name:

Birthdate:

Age:

Gender:

Address:

City/State:

Zip:

Home Phone:

1 Parent's  
Work Ph:

Best Time to Call:

Mobile Phone:

Your email address:

1 Parent's email  
address:

Is the cell ph yours? Y/N

T-shirt Size - M/F - XS,  
S, M, L, XL, XXL

### Name of HOME CHURCH:

Pastor's Name:

Church Address:

City/State:

Zip:

Phone:

Work:

Best Time to Call:

## Family Information:

**Father's Name:**

**Mother's Name:**

**Marital Status:**

**Married   Divorced**

**Address:**

**City/State:**

**Zip:**

**Phone:**

**Work:**

**Best Time to Call:**

**Mobile Phone:**

**Number & age of  
siblings:**

**Other Address:**

**Are your parents walking with the Lord?**

## Important Health Information:

**Do you have medical insurance?**

**Insurance Company:**

**Policy Number:**

**Expiration Date:**

**Doctor's Name:**

**Doctor's Phone:**

**Do you have Allergies?**

**Describe:**

**Do you use alcohol or  
tobacco?**

**Have you ever had any life  
controlling issues with  
alcohol, drugs or self-  
destruction?**

**Have you/do you now have any  
kind of eating disorder?**

**What is the condition of your health?**

**Any Special Medical Needs?**

**Please list any hospitalizations, surgeries, diseases, etc... you have had and the dates that you had them:**

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# Internship Fees:

If accepted, I, \_\_\_\_\_ will be paying the total Summer Discipleship Program fee of \$1,425.00 by

CASH / CREDIT / CHECK (circle one)

In: FULL / PART (circle one)

Summer Discipleship Program fee: \$1,425.00

Signature of Applicant: Date:

Signature of Parent or guardian (If Applicable): Date:

Signature of EW Administrator: Date:

*Please make a note of the following information for your records ~ thanks!*

## **Summer Discipleship Program Payment Schedule:**

Upon acceptance into the program, we ask you immediately mail a **\$125 deposit** to secure and hold your spot. (This amount counts toward the \$1,425 total program fees, but is non-refundable if you for any reason do not participate in the program.)

Make ENVELOPE out to Summer Discipleship Program / PO Box 450 / Clarence, NY / 14031

Make CHECKS out to **EWM** (for Eagles' Wings Ministries) (DO NOT make checks out to SDP)  
IMPORTANT: Write student's name in MEMO LINE of each check! **Without doing so, we cannot guarantee monies will be directed into the proper account.**

**Payment schedule for remaining monies after acceptance into program:**

**\$433. Due by April 1**

**\$433. Due by May 1**

**\$434. Due by June 1**

## **ABOUT YOUR COMMITMENT...**

**Will you make the commitment to fully participate in the Summer Discipleship Program for its duration?**

**Do you understand the kind of commitment required by this discipleship program? If not, do you have any questions regarding your commitment?**

**If yes, what questions do you have?**

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### **Background Information:**

**Explain a challenge you have faced and how you overcame or persevered through it.**

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**What did you learn from that experience?**

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Give an example of how you later used or applied that learning:

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List your three greatest strengths:

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List your three greatest weaknesses:

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Describe your interests & skills... Do you play an instrument? Love hiking? Do you speak another language or have any hobbies?

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## ***4 Short Answer Questions***

About 1 paragraph each

1. Please share how you came to know Jesus personally
2. Choose 3 words that best describe who you know God to be and share why.
3. Describe what you feel to be your “identity in Christ”
4. Describe what you consider to be your calling in Christ.

(use more paper if necessary)

Describe your current walk with the Lord:

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Describe something new about yourself that you have learned in the last year:

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Who are your favorite writers and what have they written?

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Tell about the person you most admire and why:

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If there was one thing you could change about your life what would that be?

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What are some of the Spiritual questions that you are seeking answers to?

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What is your understanding of spiritual gifts and how would you like to grow in this area?

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What do you think your spiritual gifts may be and do you feel you have ever been able to use them?

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Have you received the gift of tongues?

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Describe your background in the Church and one positive way it has influenced your spiritual walk.

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Why is the Eagles' Wings "Summer Discipleship Program" something you would like to commit to? What do you hope to gain from the SDP?

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The following are not requirements for entrance:

Have you ever been on a mission's trip?

Have you been baptized in water?

Are you a member of a congregation?

# References

**There are Four recommendations required for acceptance into this program. Please have your pastor (or youth pastor) fill out the appropriate recommendation form, have a present or past employer (if unemployed, a teacher) fill out the appropriate form, along with a personal recommendation from a teacher/family friend, etc. (these may not be family members), and a parental guardian recommendation form. Ask them to then mail them back to Eagles' Wings.**

I understand that there is limited space in this program and I may or may not be selected to participate in it. I understand that I will be contacted if I am accepted into the program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please fill out the appropriate names and addresses for the following references.

Pastoral Reference:	Church:	Home Phone:
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Address:	City/State:	Zip:
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Employer/Teacher Reference:	Business:	Phone:
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Address:	City/State:	Zip:
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Personal Reference:	Relationship to Applicant:	Home Phone:
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Address:	City/State:	Zip:
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# Pastoral Recommendation Form

Eagles' Wings Summer Discipleship Program

**Name of Applicant:**

**Pastor's Name:**

**Title/Position:**

**Church Name:**

**Church Address:**

**City/State:**

**Zip:**

**Phone: (    )**

**Other Contact Info:**

**1. How Long have you known the Applicant?**

**2. What are the greatest strengths of the Applicant?**

**3. What are the greatest weaknesses of the Applicant?**

**With 1 Representing "very poor" and 5 representing "excellent", please circle the number that best describes how the applicant reflects each character trait. Please use the space provided for comments.**

<b>Spiritual Maturity</b> _____	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Personal Integrity</b> _____	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Intellectual Ability</b> _____	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Communication Skills</b> _____	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Physical Health</b> _____	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

<b>Ability to work with others</b> _____	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Devotion to Christ</b> _____	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Self-Discipline</b> _____	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Willingness to Serve</b> _____	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Consistent Responsibility</b> _____	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Family Life</b> _____	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Positive Attitude</b> _____	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Ability to express feelings</b> _____	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

**Comments on any of the above:**

**How would you like to see the Applicant grow?**

**I recommend this applicant for admission to the Summer Discipleship Program**

<b>Highly Recommend</b>	Recommend	Recommend with reservation	<b>Do not recommend</b>
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**Signature:**

**Date:**

Mail to: summer discipleship program  
 PO Box 450, Clarence, NY 14031

# Teacher or Employer Recommendation Form

Eagle's Wings Summer Discipleship Program

**Name of Applicant:**

**Name:**

**Title/Position:**

**Organization's  
Name:**

**Organization's Address:**

**City/State:**

**Zip:**

**Phone: (    )**

**Other Contact Info:**

**1. How Long have you known the Applicant?**

**2. What are the greatest strengths of the Applicant?**

**3. What are the greatest weaknesses of the Applicant?**

**With 1 Representing "very poor" and 5 representing "excellent", please circle the number that best describes how the applicant reflects each character trait. Please use the space provided for comments.**

<b>Maturity</b> _____	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Personal Integrity</b> _____	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Intellectual Ability</b> _____	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Communication Skills</b> _____	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Physical Health</b> _____	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

Ability to work with others _____	1	2	3	4	5
Self-Discipline _____	1	2	3	4	5
Willingness to Serve _____	1	2	3	4	5
Consistent Responsibility _____	1	2	3	4	5
Family Life _____	1	2	3	4	5
Positive Attitude _____	1	2	3	4	5
Ability to express feelings _____	1	2	3	4	5

**Comments on any of the above:**

**How would you like to see this applicant grow?**

**I recommend this applicant for admission to the Summer Discipleship Program:**

**Highly Recommend**

Recommend

Recommend with  
reservation

**Do not  
recommend**

**Signature:**

**Date:**

Mail to: summer Discipleship program  
PO Box 450, Clarence, NY 14031

# Personal Recommendation Form

Eagle's Wings Summer Discipleship Program

Name of Applicant:

Your Name:

Relationship to Applicant::

Address:

City/State/Zip:

Phone: (    )

Other Contact Info:

1. How Long have you known the Applicant?

2. What are the greatest strengths of the applicant?

3. What are the greatest weaknesses of the applicant?

With 1 Representing "very poor" and 5 representing "excellent", please circle the number that best describes how the applicant reflects each character trait. Please use the space provided for comments.

Spiritual Maturity _____	1	2	3	4	5
Personal Integrity _____	1	2	3	4	5
Intellectual Ability _____	1	2	3	4	5
Communication Skills _____	1	2	3	4	5
Physical Health _____	1	2	3	4	5

<b>Ability to work with others</b> _____	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Devotion to Christ</b> _____	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Self-Discipline</b> _____	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Willingness to Serve</b> _____	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Consistent Responsibility</b> _____	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Family Life</b> _____	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Positive Attitude</b> _____	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Ability to express feelings</b> _____	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

**Comments on any of the above:**

**How would you like to see the Applicant grow?**

**I recommend this applicant for admission to the Summer Discipleship Program:**

**Highly Recommend**

Recommend

Recommend with  
reservation

**Do not  
recommend**

**Signature:**

**Date:**

Mail to: Summer Discipleship Program  
PO Box 450, Clarence, NY 14031

# Parental Guardian Recommendation Form

Eagle's Wings Summer Discipleship Program

Name of Applicant:

Parent's Names:

Marital Status:

Address:

City/State:

Zip:

Phone: (    )

Other Contact Info:

1. How long have you known the Applicant?

2. What are the greatest strengths of the Applicant?

3. What are the greatest weaknesses of the Applicant?

With 1 Representing "very poor" and 5 representing "excellent", please circle the number that best describes how the applicant reflects each character trait. Please use the space provided for comments.

Spiritual Maturity _____	1	2	3	4	5
Personal Integrity _____	1	2	3	4	5
Intellectual Ability _____	1	2	3	4	5
Communication Skills _____	1	2	3	4	5
Physical Health _____	1	2	3	4	5
Ability to work with others _____	1	2	3	4	5

<b>Devotion to Christ</b> _____	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Self-Discipline</b> _____	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Willingness to Serve</b> _____	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Consistent Responsibility</b> _____	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Family Life</b> _____	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Positive Attitude</b> _____	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Ability to express feelings</b> _____	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

**Comments on any of the above:**

**How would you like to see the Applicant grow?**

**I recommend this applicant for admission to the Summer Discipleship Program:**

**Highly Recommend**

Recommend

Recommend with  
reservation

**Do not  
recommend**

**Signature:**

**Date:**

Mail to: Summer Discipleship Program  
PO Box 450, Clarence, NY 14031

**PLEASE COMPLETE THE SECTION BELOW IF  
YOU ARE 18 YEARS OF AGE OR OLDER:**

**In the event of an emergency requiring medical treatment I give permission for the leaders of Eagles' Wings Summer Internship Program to administer needed treatment as deemed necessary. The doctor or hospital has my permission to treat \_\_\_\_\_ as deemed necessary.**  
*(your name)*

**Your Signature (IF 18 YRS. OR OLDER): \_\_\_\_\_**

**Date: \_\_\_\_\_**

In consideration of Eagles' Wings organizing, arranging, and permitting me to attend and participate in the Summer Discipleship Program June 26-July 17, 2010, I hereby waive all rights which I may now have or which may accrue to me in the future against Eagles' Wings, its respective chapters, directors, officers, employees, and members (collectively the Eagles' Wings Representatives), and I hereby release and discharge Eagles' Wings and the Eagles' Wings Representatives from, and agree to indemnify and hold Eagles' Wings and the Eagles' Wings Representatives harmless from and against all liability for any and all actions, damages, causes of action, suites, costs, losses, expenses, claims, demands, damages and judgments (collectively the "Losses and Claims"), which I, my spouse, family members, children, invitees, heirs, executors, administrators, successors and assignees ever had, now have or hereafter can, shall or may have resulting from or arising in connection with my travel to, attendance at, or participation in Eagles' Wings events.

I acknowledge that certain legal rights against Eagles' Wings or the Eagles' Wings Representatives may be available to me now or in the future as a result of any Losses and Claims, and that by executing this waiver and release liability, my spouse and I are forever relinquishing those rights against Eagles' Wings or the Eagles' Wings Representatives. I acknowledge that no promises, representation, or affirmations of fact were made to me by Eagles' Wings or Eagles' Wings Representatives concerning the safety of this event, the security precautions taken in sponsoring the event, the relative safety or danger associated with traveling to the event or participation in any activity, academy, event, or outing related to, associated with or connected in any way to the event and affirm that I have read and understand the foregoing provisions of this waiver and release of liability as a condition to my attendance at this event.

**Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_**

**Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_**

# TO BE FILLED OUT BY PARENTS IF APPLICANT IS UNDER 18 YRS OLD:

(ALL MINORS MUST HAVE THEIR PARENTS AND/OR GUARDIANS COMPLETE THIS FORM. ATTENTION: PARENTS/GUARDIANS –PLEASE READ THIS FORM CAREFULLY, SIGN AND DATE: THIS FORM MUST BE SIGNED BY BOTH PARENTS/GUARDIANS, THIS INCLUDES SEPARATED OR DIVORCED PARENTS/GUARDIANS)

**In the event of an emergency requiring medical treatment I give permission for the leaders of this event to administer needed treatment as deemed necessary. The doctor or hospital has my permission to treat \_\_\_\_\_ as deemed necessary.**  
*(child's name)*

**Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

Yes, I agree that my child can go with Eagles' Wings in their Summer Discipleship Program for the dates of June 26-July 17, 2010. In consideration of Eagles' Wings organizing, arranging, and permitting me to attend and participate in the Summer Discipleship Program, I hereby waive all rights which I may now have or which may accrue to me in the future against Eagles' Wings, its respective chapters, directors, officers, employees, and members (collectively the Eagles' Wings Representatives), and I hereby release and discharge Eagles' Wings and the Eagles' Wings Representatives from, and agree to indemnify and hold Eagles' Wings and the Eagles' Wings Representatives harmless from and against all liability for any and all actions, damages, causes of action, suites, costs, losses, expenses, claims, demands, damages and judgments (collectively the "Losses and Claims"), which I, my spouse, family members, children, invitees, heirs, executors, administrators, successors and assignees ever had, now have or hereafter can, shall or may have resulting from or arising in connection with my travel to, attendance at, or participation in Eagles' Wings events.

I acknowledge that certain legal rights against Eagles' Wings or the Eagles' Wings Representatives may be available to me now or in the future as a result of any Losses and Claims, and that by executing this waiver and release liability, my spouse and I are forever relinquishing those rights against Eagles' Wings or the Eagles' Wings Representatives. I acknowledge that no promises, representation, or affirmations or fact were made to me by Eagles' Wings or Eagles' Wings Representatives concerning the safety of this event, the security precautions taken in sponsoring the event, the relative safety or danger associated with traveling to the event or participation in any activity, academy, event, or outing related to, associated with or connected in any way to the event and affirm that I have read and understand the forgoing provisions of this waiver and release of liability as a condition to my attendance at this event.

**Parent or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_**

**Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_**

**Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_**

**Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_**

THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY TO BE VALID

*Signature of Notary Public*

\_\_\_\_\_  
**Date**

## **Publicity Consent and Release Agreement**

Individuals/students/minors are occasionally asked to be a part of Eagles' Wings (EW) testimonial/promotional advertisement, publications and/or public relations activities.

In order to guarantee their privacy and ensure their agreement for participation, EW asks that this form be signed. In particular this form applies to programs, projects Related to The Summer Discipleship Program (SDP) @ EW.

The form referenced below indicates approval for their names, portraits (video or still) and words written or spoken, to appear in EW publications, videos or on EW websites, facebook, and/or twitter. These pictures and articles may or may not personally identify the individuals/students/minors.

The pictures, videos and/or words may be used by EW in subsequent years.

### **Agreement**

I release to Eagles' Wings my, or the minor's child name, portraits (video or still) and/or words and consent to their use by EW.

Eagles' Wings agrees that the name, portraits (video or still) and/or words shall only be used for any public relations, public information, publicity, Web sites and instructional purposes.

Effective Date of Agreement: \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_

*If you wish to rescind this agreement you may do so at any time with written notice.*

Name: \_\_\_\_\_ *(Print Name as you wish it used)*

Youth Group/Church participating in EW activities, if any: \_\_\_\_\_

Name of Parent or Legal Guardian: \_\_\_\_\_

Written Signature: \_\_\_\_\_

Status: \_\_\_\_\_ *(Parent or legal guardian sign for minor)* *(Father, Mother, Guardian, etc.)*

\_\_\_\_\_  
*EW Representative*