



ALABAMA ACTEENS ACTIVATORS

*Demanding. . . Challenging. . . Thrilling. . . Exciting. . . Exhausting. . .
Life-Changing. . .*

- Acteens Activators is a short-term volunteer missions program with life changing results.
- Through Activators, Acteens and their leaders are given hands-on missions experience.
- Acteens Activators is coordinated by Alabama WMU, WMU, SBC and the North American Mission Board.
- Activators must be at least age 15 or have completed grade 9 at the time of their trip.

**Alabama Acteens Activators
Required Training
February 3-4, 2012
WorldSong Missions Place
Cook Springs, AL**

Deadline for 2012 Applications is December 1, 2011

Contact the Alabama WMU office for additional information
about Activators and other mission opportunities for youth.

Alabama Woman's Missionary Union
P.O. Box 11870 Montgomery, AL 36111-0870 * 1-800-264-1225
Erin Bishop (224) ebishop@alsbom.org



APPLICATION FOR ACTEENS ACTIVATORS TEAM ASSIGNMENT

1. Name of church, association, or state represented _____
Address _____
City _____ State _____ ZIP Code _____
Telephone _____ Email _____

2. Person in charge of group _____
Address _____
City _____ State _____ ZIP Code _____
Home Telephone _____ Work Telephone _____
Email _____

3. Age of Acteens: Youngest (minimum age 15) [] Oldest [] Majority []

4. Group size: Acteens [] Adults [] Total []

5. Area preference: (1st) _____ (2nd) _____ (3rd) _____

6. Date preference: (1st) _____ (2nd) _____ (3rd) _____

7. Type of work preferred:
New church work, Resort, Inner city, Survey, Mobile home parks/Apartments, Migrants, Senior adults, Visitation, Baptist center, Repair/Clean/Paint, Other

8. Activities for which group can be prepared:
VBS (adult, youth, children), Camp (day or resident), Recreation (all ages), Backyard Bible Club, Music, Puppets, Clowning, Sign language

9. Have members of this group participated in summer missions projects? _____
If so, where? _____

10. Remarks _____

11. We agree to complete the training program. We also understand the urgency of the need to fulfill our assignment. Enclosed are copies of individual Acteens information forms, medical release forms, and reference forms.

Date _____

Group Leader's Signature _____

Pastor's Signature (if local church) _____

State WMU Youth Consultant's Signature _____

DATE RECEIVED AT WMU, SBC _____
TYPE OF GROUP
LOCAL CHURCH
ASSOCIATION
STATE

ASSIGNMENT MADE
LETTERS MAILED



INDIVIDUAL INFORMATION FORM FOR ACTEENS ACTIVATORS PROGRAM

Accurate information about each applicant for the Acteens Activators program is needed to enable the state WMU to recommend qualified Acteens for summer missions assignments. A copy of this form will be sent to the national WMU office.

Carefully answer each of the following questions. Additional information may be included on separate pages and returned with your application.

PLEASE PRINT OR TYPE.

PERSONAL INFORMATION

Name:	First	Middle	Last	Name by which you are called	Age	Date of Birth
Address			City		State	
Telephone		Email			Grade in School	
School-related activities:						
Limitations on activities or activities in which you are physically unable to participate:						

CHRISTIAN EXPERIENCE

Are you a Christian? <input type="checkbox"/> Yes <input type="checkbox"/> No	Southern Baptist? <input type="checkbox"/> Yes <input type="checkbox"/> No	Active in Acteens? <input type="checkbox"/> Yes <input type="checkbox"/> No
How long a member of Acteens?	Do you participate in Acteens on an associational level?	
Other church-related activities:		

PERSONAL TESTIMONY (PLEASE USE BACK OF FORM TO WRITE YOUR PERSONAL TESTIMONY.)

BRIEFLY DESCRIBE YOUR CHRISTIAN EXPERIENCE. INCLUDE A DESCRIPTION OF YOUR LIFE BEFORE YOU BECAME A CHRISTIAN, WHAT MADE YOU WANT TO BECOME A CHRISTIAN, HOW YOU BECAME A CHRISTIAN, AND WHAT BEING A CHRISTIAN MEANS TO YOU. RELATE YOUR TESTIMONY IN A WAY THAT A NON-CHRISTIAN WOULD KNOW HOW SHE, TOO, CAN ACCEPT CHRIST AS HER PERSONAL SAVIOR.

EMERGENCY CONTACT INFORMATION AND CONSENT

Name of Parent or Guardian _____	
Address _____	
Telephone: Work: _____	Home: _____ Email: _____
I give my consent for _____ to participate in this Acteens Activators trip.	
_____	_____
Date	Signature of Parent or Guardian

NOTE: Notarized medical authorization and release form must accompany this application.

REFERENCES

Please list the names, addresses, telephone numbers, and email addresses of persons who are qualified and willing to provide information about you. *PLEASE DO NOT USE RELATIVES AS REFERENCES.*

Pastor: Name	Address	Telephone: Email:
Acteens Advisor: Name	Address	Telephone: Email:
Other: Name	Address	Telephone: Email:

WMU STATE OFFICE: PLEASE SEND COPIES OF INDIVIDUAL INFORMATION FORMS ALONG WITH TEAM APPLICATION.



APPLICATION FOR ACTEENS ACTIVATORS ABROAD TEAM ASSIGNMENT

1. Name of church, association, or state represented _____
 Address _____
 City _____ State _____ ZIP Code _____
 Telephone _____ Email _____

2. Person in charge of group _____
 Address _____
 City _____ State _____ ZIP Code _____
 Home Telephone _____ Work Telephone _____
 Email _____

3. Age of Acteens: Youngest Oldest Majority
 (minimum age 16)

4. Group size: Acteens Adults Total

5. Area preference: (1st) _____ (2nd) _____ (3rd) _____

6. Date preference: (1st) _____ (2nd) _____ (3rd) _____

7. Type of work preferred:
- | | | |
|--|---|---|
| <input type="checkbox"/> New church work | <input type="checkbox"/> Mobile home | <input type="checkbox"/> Visitation |
| <input type="checkbox"/> Resort | <input type="checkbox"/> parks/Apartments | <input type="checkbox"/> Baptist center |
| <input type="checkbox"/> Inner city | <input type="checkbox"/> Migrants | <input type="checkbox"/> Repair/Clean/Paint |
| <input type="checkbox"/> Survey | <input type="checkbox"/> Senior adults | <input type="checkbox"/> Other _____ |

8. Activities for which group can be prepared:
- | | | |
|---|--|--|
| <input type="checkbox"/> VBS (adult, youth, children) | <input type="checkbox"/> Recreation (all ages) | <input type="checkbox"/> Puppets |
| <input type="checkbox"/> Camp (day or resident) | <input type="checkbox"/> Backyard Bible Club | <input type="checkbox"/> Clowning |
| | <input type="checkbox"/> Music | <input type="checkbox"/> Sign language |

9. Has every member of this group, including team leaders, previously participated in an Acteens Activators missions project? _____

If so, where? _____

10. Remarks _____

11. We agree to complete the training program. We also understand the urgency of the need to fulfill our assignment. Enclosed are copies of individual Acteens information forms, medical release forms, and reference forms.

Date

Group Leader's Signature

Pastor's Signature (if local church)

State WMU Youth Consultant's Signature

DATE RECEIVED AT WMU, SBC _____ TYPE OF GROUP <input type="checkbox"/> LOCAL CHURCH <input type="checkbox"/> ASSOCIATION <input type="checkbox"/> STATE

ASSIGNMENT MADE LETTERS MAILED



INDIVIDUAL INFORMATION FORM FOR ACTEENS ACTIVATORS ABROAD PROGRAM

Accurate information about each applicant for the Acteens Activators Abroad program is needed to enable the State WMU to recommend qualified Acteens for summer missions assignments. A copy of this form will be sent to the national WMU office.

Carefully answer each of the following questions. Additional information may be included on separate pages and returned with your application.

PLEASE PRINT OR TYPE.

PERSONAL INFORMATION

Name: First	Middle	Last	Name by which you are called	Age	Date of Birth
Address			City	State	ZIP Code
Telephone		Email			Grade in School
School-related activities:					
Limitations on activities or activities in which you are physically unable to participate:					

CHRISTIAN EXPERIENCE

Are you a Christian? <input type="checkbox"/> Yes <input type="checkbox"/> No	Southern Baptist? <input type="checkbox"/> Yes <input type="checkbox"/> No	Active in Acteens? <input type="checkbox"/> Yes <input type="checkbox"/> No
How long a member of Acteens?	Have you served as an Acteens Activator? If so, when?	
Other church-related activities:		

PERSONAL TESTIMONY (PLEASE USE BACK OF FORM TO WRITE YOUR PERSONAL TESTIMONY.)

BRIEFLY DESCRIBE YOUR CHRISTIAN EXPERIENCE. INCLUDE A DESCRIPTION OF YOUR LIFE BEFORE YOU BECAME A CHRISTIAN, WHAT MADE YOU WANT TO BECOME A CHRISTIAN, HOW YOU BECAME A CHRISTIAN, AND WHAT BEING A CHRISTIAN MEANS TO YOU. RELATE YOUR TESTIMONY IN A WAY THAT A NON-CHRISTIAN WOULD KNOW HOW SHE, TOO, CAN ACCEPT CHRIST AS HER PERSONAL SAVIOR.

EMERGENCY CONTACT INFORMATION AND CONSENT

Name of Parent or Guardian _____
Address _____
Telephone: Work: _____ Home: _____ Email: _____
I give my consent for _____ to participate in this Acteens Activators trip.
_____ Date
_____ Signature of Parent or Guardian

NOTE: Notarized medical authorization and release form must accompany this application.

REFERENCES

Please list the names, addresses, telephone numbers, and email addresses of persons who are qualified and willing to provide information about you. *PLEASE DO NOT USE RELATIVES AS REFERENCES.*

Pastor: Name	Address	Telephone: Email:
Acteens Advisor: Name	Address	Telephone: Email:
Other: Name	Address	Telephone: Email:

WMU STATE OFFICE: PLEASE SEND COPIES OF INDIVIDUAL INFORMATION FORMS ALONG WITH TEAM APPLICATION.