Dear Souled Out Disciple Leader Applicant,

We are pleased you would consider applying for a position as a Disciple Leader for Souled Out Conferences. Please submit the following items by **April 15th** to complete your Application Packet:

* Disciple Leader Application (5 pages)
* Authorization and Request for Criminal Records Check (1 page)
* A current picture of yourself (either attach to email or print and include with application)

Dates and requirements for the conference are as follows:

* Souled Out Summer – **June 7-11**, 2021, Laguna Beach, FL
* MANDATORY D-Leader Training Meeting – **June 6**, 2021, Columbus, GA
* Cost of **$200** to cover food/lodging

To submit your application, use one of the following methods:

1. Mail your application to

Souled Out Conferences

6700 Bridge Way

Columbus, GA. 31904

1. Email your application to [jmoore@stlukeum.com](mailto:lisawilliams6125@gmail.com)
   1. You may either print the application, fill it out, and scan it to include as an attachment
   2. Or download the Word document, fill it out on your computer, and include it as an attachment

**Questions?** Please contact **Jonathan Moore at (706) 718-6552**

Thank you for your willingness to give of yourself in such a beautiful way. We are thrilled at the possibility of you coming to lead at Souled Out this year!

God bless you,

***Jonathan & Lisa Moore, Camp Founders & Directors***

**Disciple Leader Application**

**1. Personal Information**

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| **Name (First, Last):** | |
| **Email:** | **Phone Number:** |
| **Address:** | |
| **City, State, Zip:** | |
| **College You Are Attending:** | |
| **Current Grade Status** (Freshman, Sophomore, etc.): | |
| **Birthdate** (MM/DD/YY): | **Gender:** Male Female |
| **T-Shirt Size:** | **How did you hear about Souled Out?** |

**2. Church Background**

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| **Are you a church member?**  Yes No | **If yes, which church?** |
| **Do you attend church regularly?** Yes No | **If yes, and different from the church  you are a member of, please list here:** |

**3. Application Questions**

**What experience/training (if any) have you had in the following areas?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | None | Little | Moderate | Advanced |
| Working with students |  |  |  |  |
| Leading small groups |  |  |  |  |
| Giving my testimony |  |  |  |  |
| Discipling someone |  |  |  |  |
| Other: |  |  |  |  |

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| **Could you confidently lead a group of 10-12 students in spiritual discussions?** Yes No Unsure |
| **Would you feel comfortable praying with a student to receive Christ?** Yes No Unsure |
| **Do you spend consistent time alone with God?** Yes No Sometimes |

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| **What do you believe about the Bible, and how does it affect your life?** |
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| **What to you believe it takes to get to heaven?** |
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**How does your relationship with God and your belief in the Bible affect your decisions regarding the following areas:**

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| Modesty |
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| Dating Relationships |
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| Purity |
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| Drinking Alcohol |
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| Homosexuality |
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| Social Media |
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**List any skills you have that might be useful at camp (For example: Sports/rec, Photography/Videography, Propresenter, Organization, etc.):**

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**4. Testimony**

**Please briefly give your testimony - when you came to know Christ, and the difference He has made in your life:**

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*If this is your* ***first time*** *applying to be a D-Leader, answer the following question:*

**Why do you want to be a D-Leader at Souled Out?**

*If you have* ***served*** *as a D-Leader before, answer the following question:*

**How have you grown in your relationship with Christ since the last time you were a D-Leader?**

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**5. References -** Please list three references below (No Family Members, please)

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| --- | --- | --- | --- | --- |
| Name | Phone number | Email | Occupation | Relationship to applicant |
|  |  |  |  |  |
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**Authorization and Request for Criminal Records Check**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Name), hereby authorize *Souled Out Conferences* to request \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(County) police/sheriff’s department, or another company, to release information regarding any record of charges or convictions contained in its files, or in any criminal file maintained on me, whether said file is a local, state, or national file, and including but not limited to accusations and convictions for crimes committed against minors, to he fullest extent permitted by state and federal law. I do release said police/sheriff’s department, or other company, from all liability that may result from any such disclosure made in response to this request.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

Print full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print all other names that have been used (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver’s license number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State issuing license: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

License expiration date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List each address at which you have resided in the last five years:

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_