

CONFIDENTIAL

WestShore DeColores Ministries

CANDIDATE APPLICATION

OFFICE USE ONLY Acknowledged
Date rec'd _____ Fee Pd _____ Check # _____
1st Mailing _____ Response _____
2nd Mailing _____ Response _____
3rd Mailing _____ Response _____

WestShore DeColores Ministries is open to all. Those planning to attend should be 18 years or older. Husbands should attend before wives.

PLEASE RESPOND TO ALL QUESTIONS (please print clearly)

Name: _____ Prefer to be called: _____ Sex: male _____ female _____

Address: _____ Home phone: _____ Work phone: _____

City, State, & Zip: _____ E-mail: _____

Age: _____ Birth date: _____ Married to: _____ (or Single/Widowed/ Separated/Divorced- circle one) _____ yrs.

Church: _____ Are you baptized? _____

Church and community organizations: _____ Are you a Veteran _____ Hobbies: _____

Do you have any physical, health or dietary limitations/needs that might necessitate our assistance on the DeColores weekend? If so, please explain: _____

Are there any emotional or personal stresses which you are presently resolving? _____ Explain briefly: _____

Please give a brief, frank idea of why you wish to attend a DeColores weekend: _____

Would you be able to attend a DeColores weekend on standby basis or short notice? Yes _____ No _____ Do you know of any

time periods that you would NOT be available to attend a weekend? _____ If so, when? _____

Pastor's signature (requested but not required) _____ Applicant's signature _____

SPONSOR'S RECOMMENDATION

Do you know this candidate well enough to be able to fulfill your responsibilities as sponsor? _____

What are your reasons for recommending this candidate? _____

To your knowledge, does this candidate have any physical or emotional problems, or special requirements such as dietary, which would affect participation on a DeColores weekend, or of which we should be aware? If yes, please explain. _____

Check the qualities that best describe your candidate: shy _____ outgoing _____ quiet _____ talkative _____ leader _____

follower _____ independent _____ other (specify) _____

I am familiar with the qualifications and responsibilities of a sponsor and I am prepared to accept these obligations.

Sponsor's Signature _____ Date: _____

Sponsor's name (print clearly) _____ Home phone _____

Address _____ Work phone _____

City, Zip _____ Email _____

Note: There is a total fee of \$45 per candidate, consisting of a \$10 application processing fee, plus a \$35 balance due at check-in Thursday evening. It is the sponsor's responsibility to see that the balance is paid, by him/herself or by the candidate. If the candidate should turn down three invitations to make a weekend, it will be necessary to submit a new application and application fee, if he/she wishes to be put back on the waiting list for a future weekend.

Send completed application and \$10 application fee to: WestShore DeColores Ministries

Men:

c/o Tom & Anna Vanderheide
252 Blue Oak Dr
Coopersville, MI 49404
616-299-2986

Women:

c/o Ruth McCaleb
13041 120th Ave
Grand Haven, MI 49417
616-638-5603