## SUMMIT TEAM APPLICATION

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| Applicant Information | | | | | | | | | | |
| Full Name: | | |  | | | |  | | |  |
| Last | | | | | | | First | | | M.I. |
| Address: |  | | | | | | | | |  |
|  | | Street Address | | | | | | | | Apartment/Unit # |
|  |  | | | | | | | |  |  |
|  | | City | | | | | | | State | ZIP Code |
| Home Phone: | | | |  | | Cell Phone: | |  | | |
|  | | | | | Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
|  | | | | | | | | | | |
| Eligibility | | | | | | | | | | |
| Are you a Member of Westminster Presbyterian Church? \_\_\_ Y \_\_\_ N  Are / Were you an active member of the Sr. High Youth Group? \_\_\_\_ Y \_\_\_N  Will you be attending an academic institution following the SUMMIT Program? \_\_\_\_ Y \_\_\_N  Name of Institution \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID ­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Are there other commitments you have that will impact your ability to successfully complete the SUMMIT Program? *(To be eligible, you must be able to complete 175 service hours between May 19th and August 31, 2018.)* Please explain. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |  | | --- | | References | | | | | | | | | | | |
| List 3 people, not related to you, that we may contact. Please include at least one member of Westminster PC.  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  How do you know this person?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  How do you know this person?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  How do you know this person?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |  | | --- | | Experience | | | | | | | | | | | |
| Do you have any job or work experience? If yes, please explain.  Do you have any volunteer or service experience? If yes, please explain.   |  |  | | --- | --- | | Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |  | | --- | | Reflection | |   Why would you like to be part of the 2018 SUMMIT Team?  What qualities, gifts, skills, talents, and/or abilities do you bring to the Team?  What do you hope for, or expect from, your experience as a SUMMIT Team member? | | | | | | | | | | |

Thank you for your application! Completed forms are due March 1, 2018 to the Church Office. You will also need to complete the information necessary for a background check prior to March 1, 2018. If you have any questions, you can contact Lisa Anderson at [landerson@westpres.org](mailto:landerson@westpres.org) or Beth Roy at [tmbroy@gmail.com](mailto:tmbroy@gmail.com)