

CONFIDENTIAL

WestShore DeColores Ministries CANDIDATE APPLICATION

OFFICE USE ONLY: Acknowledged _____	
Date rec'd _____	Fee pd _____
1 st mailing _____	Response _____
2 nd mailing _____	Response _____
3 rd 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

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: _____ 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.

Date: _____

Sponsor's signature

Sponsor's name (printed) _____ Home phone _____

Address _____ Work phone _____

City, state & zip _____ E-mail _____

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 (or fax men's app's) to:
WestShore DeColores Ministries

Men:

c/o Neal & Mary Anne Miller

10856 Stump Street

Grand Haven, MI 49417

616-846-0276 **Fax:** 616-847-4432

Women:

c/o Sheryl Smith

14762 Indian Trail

Grand Haven, MI 49417

616-846-9775