

Dear Partners in Ministry,

Have you noticed that student in your church that is serious about his/her commitment to Jesus and desires to move into a deeper life of discipleship? If you have those students, iLead is the ministry for them! We want to partner with your church in forming young people into lifelong followers of Jesus. I am asking you to seriously consider who from your church might participate in iLead.

The students (14 to 19 years old) that apply need to be available for **ALL** of the events which take place in the Los Angeles area, have a commitment to follow Jesus Christ and have demonstrated a desire to grow deeper in their relationship with Christ. They need to **be fully endorsed by their church who will provide the adult mentor and financial support.**

During the retreats, we will work through the Discipleship Toolkit that was created by Urban Youth Workers Institute, learn spiritual disciplines, deepen our understanding of the Christian faith and participate in outreach to expand our awareness of how God can use us.

Every **iLead** participant will have an adult mentor from his/her church. This is an adult in the church who will meet with the **iLead** participant on a regular basis and will be an advocate for the student participant in the church. There will be an orientation before the program begins with the mentors.

**Please Consider Now** who from your church has the potential and time to participate in iLead. The iLead Application and reference form is due on October 1.

**iLead includes:**

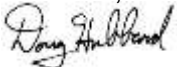
- **Five retreats: October 19-21, 2018; December 1-2, 2018; January 4-6, 2019; March 23-24, 2019; April 26-28, 2019.**
- **Turn Your Campus Event at BIOLA – February 2, 2019**
- **Serving at the Winter Youth Retreat – February 16-18, 2019**
- **iLead Graduation and Beach Day – June 1, 2019**

**Cost – iLead will cost a total of \$400 (\$60 per retreat to cover food, lodging and supplies plus a discounted rate of \$100 for the Winter Youth Retreat).** This is an investment of the church into forming disciples. The cost can be shared between the church and the family. There are payment options to help spread out the cost for the family and church.

Please consider young people in your church that may want to be a part of iLead! It will make a difference in their lives and the ministry of your church!

You can find the iLead application and forms on our website or by contacting our office at 818.839.6078 or [connect@abcoflash.org](mailto:connect@abcoflash.org)

In Christ,



Rev. Doug Hubbard

Regional Minister - American Baptist Churches of L.A., Southwest & Hawaii

# iLead Application

## Application CHECKLIST Due by October 1, 2018:

- Completed Application     Essay  
 Reference Form  
 Release form

Please mail, email or FAX, complete the online forms the application, essay and recommendations:

ABCOFLASH, iLead - P.O. 1868, Glendale, CA 91209  
FAX: 818.484.2079; connect@abcoflash.org;  
818.396.6070; [www.abcoflash.org](http://www.abcoflash.org)

iLead Participant: \_\_\_\_\_ Age \_\_\_\_\_  
Church \_\_\_\_\_

Cell: \_\_\_\_\_ Home Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address/City/Zip: \_\_\_\_\_

Parent Name(s): \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_

How can we communicate with parent(s) regarding iLead details? Please check all that apply

- E-Mail     Text Messages     Facebook     Snail Mail

## ESSAY QUESTIONS

Please attach an essay that includes a one-paragraph answer to each of these questions:

1. How would you describe yourself?
2. Why do you want to be a part of *iLead*?
3. Besides regular church attendance, how are you involved in your church?
4. What does it mean to you to be a follower of Jesus Christ?

I understand that *iLead* is about helping me grow as a follower of Jesus. I have already committed my life to Christ and want to deepen my walk with Jesus. My family, church and I understand that attendance at all of the events is required and will make sure my schedule is clear so I can participate. I also understand that I need to abide by the standards that are established at the first iLead retreat. If I cannot abide by those rules I understand that I'll be asked to leave the iLead program.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

*The Application needs to be submitted by October 1, 2018.  
Payments can be made online or by check.*

**This portion is to be completed by the ILEAD participant's Parent, Youth Pastor/Leader; Pastor and Mentor**  
We understand the financial commitment of the *iLead* program. **The total cost of iLead is \$400** (\$60 per retreat plus \$100 for the Winter Youth Retreat) which covers program costs and all of the retreats. Payments can be made online, or by check or cash.

**Please choose how payments will be made.**

\_\_\_\_\_ The Church and The Parents will be splitting the cost of the Program (please indicate dollar amount)

- The church is going to contribute this amount: \$ \_\_\_\_\_
  - How church payments will be made: \_\_\_ One-time payment; \_\_\_ Installments
- The Family will contribute this amount: \$ \_\_\_\_\_
  - How family payments will be made: \_\_\_ One-time payment; \_\_\_ Installments

**iLead Mentor** - this person is an adult who will meet with the student on a regular basis and will help connect the iLead experience to church life. There will be a mentor orientation before the program begins.

Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address/City/Zip: \_\_\_\_\_ E-Mail: \_\_\_\_\_

I am willing to serve as a mentor for the *iLead* participant: \_\_\_\_\_

Mentor Signature

**We support this person's participation in iLead.**

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Youth Pastor/Leader Signature

\_\_\_\_\_  
Pastor Signature

# Discipline, Liability & Medical Release Form



## iLead – October 2018 – June 2019 American Baptist Churches of Los Angeles, Southwest & Hawaii

*Make a copy for yourself and send the ORIGINAL to the Region Office.  
Please attach a copy of the participant's insurance card.*

Participant Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  Male  Female  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Participant email \_\_\_\_\_ Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
Church \_\_\_\_\_ City/State \_\_\_\_\_  
Health Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_  
Known Allergies and Reactions \_\_\_\_\_ Medications Currently Taking \_\_\_\_\_  
Other Concerns Related to the participant's physical condition:  
\_\_\_\_\_  
\_\_\_\_\_

### Emergency Contact Information

Parents/Legal Guardians Name (with whom you live) \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Parent(s) email \_\_\_\_\_  
Additional Emergency Contact (if a parent can not be reached)  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

.....  
I, the parent or legal guardian of the participant listed on this form, certify that he/she has my full approval to participate in the event(s) listed above with the American Baptist Churches of Los Angeles, Southwest, and Hawaii. The individual identified on this form understands that all participants are expected to abide by the Program rules and be directly responsible to the iLead leadership team. The iLead leadership team assumes responsibility for discipline at the Program and, if necessary, may, because of misconduct or disobedience, require a participant to leave. In such an instance, I will assume full responsibility for returning the participant home.

Further, I do release and hereby agree to hold blameless ABCOFLASH and its employees and agents from any and every claim arising, or which may be asserted by me or by any member of my family by reason of participating in any activities associated with ABCOFLASH. I also release the lessor/owner of properties on which the Program is held. **I agree to pay for any damages or property loss as determined by ABCOFLASH.**

Further, I do authorize the minister or sponsor of this activity or any ABCOFLASH staff member, in the event I cannot be reached by phone, to give consent to a physician and/or hospital for emergency medical or surgical treatment while on this trip. It is understood that I will assume any financial responsibility for any expense that may be incurred for said emergency treatment.

Further, I do certify that said participant is covered by adequate accident insurance. My consent and signature are given below. I have read and agree to the information given in this entire form.

Signature of Participant Named Above \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_  
(If under 18 parent or legal guardian must sign)

Signature of the Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

# 2018-19 iLead Reference Form – Pastor, Youth Leader/Pastor, or Church Leader

**This and other forms are due on October 1, 2018**

Please fill out this form, save it on your computer and attach it and email to [asanchez@abcoflash.org](mailto:asanchez@abcoflash.org) or give it to the iLead applicant to turn in with his/her application and release form.

Name of iLead Applicant: \_\_\_\_\_ Church: \_\_\_\_\_

## Information of Person filling out the Referecen Form:

First Name : \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please Check One:

Pastor     Youth Pastor     Youth Leader     Church Leader     Church Member

How long have you known the applicant?

In what context have you known the applicant:

Why do you believe this student should participate in iLead.

How has this person demonstrated his/her desire to grow in their Christian faith?

iLead is for young people(14-19) who have a desire to grow in their Christian faith. They must also be available to attend several weekend retreats. They must also have church and family support through prayer, finances, and transportation to and from events to be a part of iLead. Does the applicant fulfill these requirements? \_\_\_\_ Yes \_\_\_\_ No

