



Spirit West Coast (SWC) Short-term Missions Program 2012 Application Packet Instructions

1. Please complete the 2-page Navigator application and other forms enclosed.
If you are *not* familiar with the general requirements of this program and have not visited our website, you may want to get the details at www.navigators.org/swc
2. Ask your ministry leader to complete the *Ministry Leader Reference Form*.
This could be done by your Bible study leader, discipler/spiritual mentor, chaplain, pastor, or Navigator staff.
3. Mail the following items to the appropriate address (see *address* and *due dates* below)
 - The \$100 deposit or full payment of \$250
The deposit will be applied toward your total program cost. It will be refunded if you are not accepted to the program. Make check payable to: THE NAVIGATORS
 - Completed Navigator SWC Short Term Missions Program Application
 - The Navigators Acknowledgment & Release of Liability Form
 - Volunteer Release of Liability Spirit West Coast 2012 Form
 - Spirit West Coast 'Volunteer Staff Application'
 - Ministry Leader Reference Form
The person who completes this should mail it separately. The address is on the form.

ALL OF THE ABOVE SHOULD BE FAXED/MAILED/SCANNED and EMAILED TO THE APPROPRIATE ADDRESS:

Spirit West Coast-Del Mar **** due by May 1****

Gene and Marilyn Smith
The Navigators SWC Del Mar Registrars
12754 Mengibar Ave
San Diego, CA 92129

Ph/fax: 858-780-8772 (call first)
Email: SWCDelMar2012@gmail.com

Spirit West Coast-Monterey **** due by June 1th ****

Bonnie Rosen
The Navigators SWC Monterey Registrar
1584 Devonshire Lane
Salinas, CA 93906

Ph/fax: 831-444-7121 (call first)
Email: SWCMPMonterey@gmail.com

Important Notes: Your application will be considered once the \$100 deposit and *Ministry Leader Reference Form* are received. *The program's total cost is \$250. But, the cost goes up to \$300 per the due dates SWC MP Del Mar May 1st and SWC MP Monterey June 1st.* The cost of the program does *not* cover ground or air transportation to and from the SWC location. Your application does not guarantee acceptance. If accepted, we will send confirmation, along with a letter giving further details on the program, including what to bring, directions, etc.

Arrival and Departure Times: It is important that no one arrives late or departs the program early.

Del Mar: your participation will be required from 2:00pm Monday, May 21st through 12:00pm Monday, May 28th.

Monterey: your participation will be required from 2:00pm Saturday, June 16th through 11:00am Sunday, June 24th.

If there are any questions, please call or email one of the Nav Registrars using the contact info listed above.

Thank you for your desire to be a part of this God-sized event!

SPIRIT WEST COAST

Short Term Missions Program

SWC 2012 Navigator Application

Please check the program you wish to attend

SWC MP Del Mar – May 21-28

SWC MP Monterey – June 16- 24

Name _____ Email _____

Nametag name (if different than above) _____ Age _____ Date of Birth ____/____/____

Military Base and Branch or School or Occupation _____

Current Street Address _____

City _____ State _____ Zip _____

Phone and or Cell Phone _____

T shirt size (circle one) S M L XL XXL Version for memorizing (circle one) NIV NKJV NASB

HEALTH INFORMATION: Do you have any health conditions that would restrict you from a job with considerable walking, lifting, standing, etc? Yes or No Do you have any dietary limitations or restrictions? Yes or No

EXPLAIN: _____

BIOGRAPHICAL INFORMATON:

1. Describe when and how you came to have faith in Christ. Include how your life has changed since meeting Jesus. (Use the back of this page or a separate page for your testimony.) (NOTE: SWC alumni may omit!)

2. Have you participated in a missions program or Navigator Summer Program before?

Yes – when and where? _____ No

3. Briefly describe your current involvement with The Navigators or other Christian organization/church.

(Give the name of the Navigator representative and/or the name of the organization, and/or name and denomination of church)

4. Have you ever sensed a leading from God to possibly go into full-time ministry? _____

5. On a scale of 1-5 (with 1 being not so good and 5 being great) rate your

_____ Personal Devotional Life

_____ Small Group Bible Study

_____ Scripture Memory

_____ Leading a person to Christ

_____ Following up a new believer

_____ Sharing the Gospel (which methods do you know?)

_____ Preparing and sharing your personal testimony

6. Can you tell us your personality temperament? Myers Briggs _____ Lahaye Temperament(s) _____

_____ Not Known _____

SPIRITUAL REFERENCE: (included with this application is a Reference Form – please have that person complete on your behalf and return to the address listed)

Name _____ Email _____

THE PROGRAM:

1. How did you find out about the Navigators' SWC Missions Program? (check all that apply)
____ Friend ____ Relative ____ Navigator Staff ____ Website ____ Brochure Other _____

2. Briefly state why you desire to be part of this program. What do you hope to gain from being involved? What, if any, expectations do you have?

3. An emphasis on the program is teamwork. This involves following program policies and submitting to the direction of a team leader, even though you might not totally agree in every situation. Are you willing to be part of a team and work together with a team?

4. Is there anything that would keep you from attending the entire program?

*SWC MP Del Mar participation will be required from 2:00 Monday, May 21th through 12:00 Monday, May 28th
SWC MP Monterey participation will be required from 2:00 Saturday, June 16th through 11:00 Sunday, June 24th.*

If this might be a problem, please explain. _____

5. Please know that it is not our intention to find people who have lived perfect lives to attend the SWC Summer Missions Program. We all have things in our past, and have on-going struggles. However, we feel it is necessary to ask the next questions. Your answer will not necessarily disqualify you from acceptance. The information will be treated confidentially. Answer the following questions honestly.

Are there issues of which we should be aware (such as family situations, mental, relational, or academic stress, eating disorders, physical or sexual abuse, homosexual behavior, struggles with pornography, or drug/alcohol abuse history, etc)? _____

I understand that this program is designed to help me grow in my relationship with Christ, and that if I am accepted, a slot will be held open for me. I understand that I am responsible to send in the \$100 deposit, and that I am responsible for making sure the Ministry Leader Reference form is sent in by the deadline date.

Signed _____ Date _____

A check for the deposit of \$100 or full payment of \$250 should be made payable to THE NAVIGATORS

Return this application and other forms as listed on the cover sheet by the due date to the appropriate address.

Spirit West Coast Del Mar (by May 1)

Gene and Marilyn Smith
The Navigators SWC Del Mar Registrars
12754 Mengibar Ave
Ph/fax: 858-780-8772 (Call First)
Email: SWCDeIMar2012@gmail.com

Spirit West Coast Monterey (by June 1)

Bonnie Rosen
The Navigators SWC Monterey Registrar
1585 Devonshire Lane
Ph/fax: 831-444-7121 (Call first)
Email: SWCMPMonterey@gmail.com

RELEASE OF LIABILITY AGREEMENT

THIS RELEASE OF LIABILITY AGREEMENT (the "Agreement") INCLUDES A WAIVER AND RELEASE OF LIABILITY AND, BY SIGNING THIS DOCUMENT, I AM AGREEING FOR MYSELF AND FOR EACH MINOR CHILD IDENTIFIED BELOW TO RELEASE OTHERS FROM LIABILITY.

The Navigators, a Colorado nonprofit religious corporation (the "Organization"), sponsors the SWC Mission Program Del Mar or SWC Mission Program Monterey (the "Event") to encourage personal development and group fellowship. During the Event, the Adult Participant or Minor Participant(s) (identified below) may have the opportunity to participate in certain activities during free time, including, but not limited to, the following: basketball, volleyball, soccer, touch football, tennis, and other team sports; games; horseback riding; swimming, beach activities, and other water sports; hiking/walking; ropes courses, rappelling, or rock climbing; winter sports including skiing sledding and tobogganing; and other strenuous athletic, recreational or leisure activities requiring physical exertion. All Activities in which the Adult Participant or Minor Participant(s) engages during the Event, whether authorized or permitted or not, and whether subject to supervision by the Organization or not, are referred to herein collectively as the "Activities."

Participation in the Event and the Activities is a privilege, and this Agreement, signed by the Adult Participant or the parent(s) and/or legal guardian(s) having authority to sign this document (each such person shall be referred to herein as an "Undersigned Person"), is a condition to participation by the Participants. By signing below, the Undersigned Person authorize(s) himself/herself and/or the Minor Participant(s) to participate in the Event and the Activities and consents to the terms and conditions of this Agreement, and agrees with all of the provisions set forth in this Agreement.

- 1. Activities; Assumption of Risk:** Each Undersigned Person understands and agrees that the Adult Participant's or Minor Participant's participation in the Event and the Activities, and the transportation to and from the Activities, are voluntary activities entered into by the Undersigned Person and/or the Minor Participant(s) for the purpose of personal development. Although not desiring to discourage participation, the Organization intends to make each of the Undersigned Persons aware that participation in the Event and the Activities may expose the Undersigned Person and/or the Minor Participant(s) to certain risks, including, by way of example, risks arising from slips, trips, and falls due to facility and landscape design or terrain conditions, high altitude, riptides, exposure to adverse weather conditions and wildlife, fire, landslides, errors in supervision, and defects in facilities, equipment, roadways, and trails, without immediate availability of medical attention; in addition, the Event and Activities may take place in mountains and remote wilderness areas in which rescue may take several hours or even days, depending on the weather, terrain, and other circumstances. Each Undersigned Person recognizes that each of the Undersigned Person's or each Minor Participant's participation in the Event, the Activities, and related transportation involves risk of an accident and serious personal injury and illness, paralysis and permanent disability, and even possibly death of the Undersigned Person or the Minor Participant(s). Each Undersigned Person understands that the Event and the Activities include certain inherent risks. Inherent risks are those which cannot be eliminated without destroying unique characteristics of the Event and the Activities. Each Undersigned Person expressly assumes, for such Undersigned Person and for the Minor Participant(s), all risks of participating in the Event and the Activities, whether such participation in the Activities is authorized or permitted or not, or is supervised or unsupervised, and whether those risks are inherent or otherwise, now known or unknown, or are predictable or unpredictable, by the Undersigned Persons or the Minor Participant(s).
- 2. Release and Indemnification of Claims of Minor Participant and Undersigned Person(s):** In consideration for the privilege granted to the Participant(s) to participate in the Event and Activities, each Undersigned Person, for such Undersigned Person, and on behalf of the Minor Participant(s), and for such Undersigned Person's and each Minor Participant's heirs, family and estate, executors, administrators, assigns, and personal representatives, hereby releases and agrees to indemnify and hold harmless the Organization, and the Organization's and its related organizations' affiliates, directors, officers, employees, volunteers, contractors, agents, representatives and successors and assigns (the "Released Parties") of and from, and do discharge and waive, any and all claims, demands, losses, damages, and liabilities made against or incurred by the Released Parties or any of them with respect to any and all property damage, economic loss, medical and other expense, disability, personal injury whether physical or mental in nature, and/or death, whether caused by negligence or otherwise, arising from the Undersigned Person's or each Minor Participant's participation in the Event and Activities, including all claims of each Minor Participant and all claims of the Undersigned Person. This Release and Indemnification is intended to have only the scope and effect permitted by applicable law.

CONSENT TO MEDICAL CARE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

1. Consent to Medical Care. In the event that I am injured or become ill, and am unable to give consent to medical care, I hereby authorize The Navigators and its employees, volunteers, agents and representatives (collectively, the "Organization"), to obtain or consent to, on my behalf, medical care (including, by way of example, first-responders medical treatment; X-Ray examinations; anesthetic, dental, medical or diagnosis and treatment; and hospital care) deemed necessary or advisable by the Organization. I agree to fully pay all costs of medical or dental care incurred on my behalf by the Organization.

2. Consent to Disclosure of Protected Health Information. I authorize any medical provider that provides treatment on my behalf to provide protected health information to the Organization concerning my condition and treatment for the purposes of facilitating their consent to treatment as authorized herein, release from medical care and follow-up care and treatment as necessary, to communicate with the Organization in order to assist in response to a medical emergency, and to provide information regarding my status that the Organization can communicate to my emergency contact(s). This Consent is intended to authorize the disclosure of protected health information concerning me under the Health Insurance Portability and Accountability Act of 1996, 45 C.F.R. Part 164, subpart A, for the purposes stated herein.

By signing this Consent, I release the Organization, and its directors, faculty, staff, nurses, agents, employees and volunteers, and successors and assigns, of and from any and all claims, suits, losses, damages, causes of action or other liabilities related to obtaining or consenting to medical care on my behalf and obtaining protected health information pursuant to this Consent.

This Consent is effective until *SWC Mission Program Del May 28, 2012 or SWC Mission Program Monterey June 24, 2012*, unless sooner revoked in writing by the Undersigned and delivered to the Organization. Each Undersigned agrees that: this Consent is entered into voluntarily; this Consent can be revoked in writing at any time, except to the extent that action has already been taken to comply with it; revocation is not effective unless a copy is provided by the Undersigned to the Organization; the Consent may be used and reused to obtain records for as long as this Consent remains valid; no payment, treatment, or eligibility for medical or insurance benefits were conditioned on signing this Consent; and a copy or facsimile of this Consent can be used with the same effectiveness as the original.

In consideration for allowing my participation in activities sponsored by The Navigators, I hereby agree to be bound by the terms of this Consent. If any portion of this Consent is deemed to be invalid or unenforceable, the remaining provisions shall be legally effective as if this Consent was entered into with the invalid provisions eliminated.

By signing page 2 below, I acknowledge that I have carefully read this consent in its entirety, understand it, and sign it voluntarily. I attest that I am over eighteen (18) years of age, am not a minor in my state of residence, and am legally authorized to enter into this Consent. If the participant is under the age of eighteen (18) years of age, the parents/legal guardian of the Minor participant must complete the General Medical Consent for Minors.

Participant Signatures:

Signature: _____ Signature: _____

Date: _____ Date: _____

Printed Name: _____ Printed Name: _____

Medical Insurance Information:

Name of Insurance Carrier Policy Number Group #/ID # Preferred Provider (Local)

Note: This information is provided to assist in obtaining emergency medical attention for the Participant listed above. Participants assume all costs arising from medical services provided by the medical provider, regardless of whether or not the facility is part of the participant's medical insurance plan.

Emergency Contact: _____

Address: _____ Home Phone: (____) _____ - _____

_____ Work Phone: (____) _____ - _____

_____ Cell Phone: (____) _____ - _____

VOLUNTEER RELEASE OF LIABILITY - Spirit West Coast 2012

RELEASOR (Volunteer) understands the Spirit West Coast Festival is operated by Christian Music Today. RELEASOR has been given permission to enter the premises for the express purpose of volunteering time and effort towards the construction and operations of the festival. RELEASOR recognizes and understands that many of said activities can be extremely dangerous in nature and can cause significant injury to person or property.

RELEASOR desires to attend activities at Spirit West Coast Festival and, in exchange for the use of the spirit West Coast Festival premises, RELEASOR hereby voluntarily releases and waives any claim of liability against Spirit West Coast Festival and its owners, operators, employees, representatives, agents and volunteers for any and all personal injury or property damage sustained by RELEASOR while on the premises of Spirit West Coast Festival.

In consideration of being permitted to use the facilities of Spirit West Coast Festival during the construction and operations of the festival, RELEASOR on behalf of Releasor and the personal representatives, heirs, and next of kin of RELEASOR, releases, waives, discharges and covenants not to sue Spirit West Coast Festival, its owners, operators, employees, representatives, agents and volunteers (hereinafter referred to as RELEASEES) from any and all liability to RELEASOR and Releasor's personal representatives, assignees, heirs, and next of kin, for any and all loss or damage, and any claims or damage therefore, on account of injury or property of RELEASOR, while RELEASOR is at Spirit West Coast Festival or using its property, equipment or facilities.

RELEASOR assumes full responsibility for any risk of bodily injury, death or property damage to RELEASOR while in or at the Spirit West Coast Festival and/or while engaging in any activities at the Spirit West Coast Festival. RELEASOR understands that Spirit West Coast Festival is not required to, and does not provide Workman's Compensation for Volunteers.

RELEASOR expressly agrees this release is intended to be as broad and inclusive as permitted by the laws of the State of California and that, if any portion of this agreement is held to be invalid, it is agreed that the balance shall, not withstanding, continue in full force and effect.

This release contains the entire agreement between the parties and this agreement, and the terms of this release, are contractual and not mere recitals. This release will be construed in accordance with the laws of the State of California.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY, WAIVER OF CLAIMS AND A CONTRACT BETWEEN ME AND SPIRIT WEST COAST FESTIVAL AND ITS OWNERS AND OPERATORS AND I HAVE SIGNED IT OF MY OWN FREE WILL.

VOLUNTEER POLICY

I understand that I have made a commitment to SWC to serve as a volunteer. I also understand that if I am unable to fulfill my commitment for any reason, I will be charged and pay the full cost of the 3-day wristband, and that I am responsible for returning any SWC items used by me during my service, i.e. vests, flashlights, etc.

Signed: _____

Printed name: _____

Date: _____

SWC 2012

Volunteer Staff Application

(One per person)

Please indicate the location for which you want to volunteer:

SWC Del Mar (May 21-28)

SWC Monterey (June 16-24)

Last Name: _____ First Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Night Phone: _____

Email: _____

Check best time to reach you: day or night

Male
Female Married

Single

Age (by week of festival) _____

T-shirt size: M L XL XXL

If you have volunteered at SWC before, in what year(s) & location(s)? _____

Area(s) worked (optional) _____



*Participant in Navigator Missions Program
Work assignment will be coordinated by The Navigators*



MINISTRY LEADER REFERENCE FORM

APPLICANT'S NAME: _____ is interested in attending:

SWC Mission Program-Del Mar (May 21-28)

SWC Mission Program-Monterey (June 16-24)

We need your help. The above applicant desires to attend a **Navigator Short-Term Missions Program** at one of the **SPIRIT WEST COAST** Christian music festivals this summer, as described at www.navigators.org/swc. The following information will help us personalize our spiritual development with him/her. Please take a few minutes to answer these questions and return this to us as soon as possible. The application process cannot be completed without this form. **Thank you!**

1. In what capacity and how long have you known this person? Do you know him/her well?
2. How would you describe the applicant's relationship with Christ?
3. How is he/she doing in the area of spiritual disciplines? What is this person's overall strength?
4. Has the applicant actively shared his/her faith, and how often? Has he/she helped anyone else in his/her walk with Christ?
5. Has this person received regular one-on-one discipleship and from whom?
6. Briefly describe the applicant's spiritual maturity and ministry/leadership experience, if any.
7. In what areas would you like to see him/her benefit from this program? (walk with God, character issues, time in the Word, ministry/leadership skills, etc.)
8. Participants are required to live in a close setting and work in teams. How does this person relate to others? Do you foresee any problems with submission to the authority of a team leader?
9. Is there anything we should know or be aware of regarding this person's character or life style? (Dating situations, family discord, sexual issues, extreme shyness, hates evangelism, etc.)

FILLED OUT BY -- Name _____ Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Please mail, scan/email or fax this form to the appropriate registrar's address:

Spirit West Coast Del Mar

Gene and Marilyn Smith
The Navigators SWC Del Mar Registrars
12754 Mengibar Ave
Ph/fax: 858-780-8772 (Call first)
Email: SWCDelMar2012@gmail.com

Spirit West Coast Monterey

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