

# The Elevation Experience 2025

#### PARTICIPANT APPLICATION FORM

Welcome to The Elevation Experience! We are looking forward to receiving your application. Please note that you must fill out the application fully and honestly in order to be considered. You must be 16 years of age by December 31, 20243 in order to be eligible.

**Proposed trip dates:** July 19 - Aug 5th, 2025. Trip dates are determined by the Rwandan school calendar, which is not finalized until mid-January, 2025. Therefore, trip dates are approximate and won't be finalized until tickets are purchased. Please take a moment to consider whether you are available for this crucial time before you begin your application.

Application form PLUS \$250 deposit (cheque payable to Youth Unlimited) is due by January 23, 2025. Your deposit will be refunded if you are not accepted for the program.

APPLICANTINFORMATION		
Name		
Address		
Home Phone	Applicant Cell Phone	
Applicant email address		
Birthdate	Current Age	School Grade
Do you have a passport? Yes No		
If yes, what is the expiry date?		
Home Church (if applicable)		

## **FAMILY & EMERGENCY CONTACT INFO**

Parents/Legal Guardians Name(s) (If under 18)
Emergency Contact Name (If over 18)
Address (if different than applicant)
Home Phone
Email Address
Are your parents/guardians supportive of your desire to participate in this project? If not, please explain.
GENERAL INFORMATION
First time applicants, please complete only questions <b>1-9</b> , as well any explanatory notes. Returning applicants, please complete <b>ALL</b> questions, as well as any explanatory notes.
1. Why do you want to be a part of The Elevation Experience and what do you hope to learn through your participation? (Please attach a separate sheet if you need more room)
(Ficase actuell a separate sheet if you need more room)

We expect all participants and leaders to commit to the full term of The Elevation Experience, which begins February 2025 and ends December 2025. This includes all 6 mandatory training sessions (Feb 11, March 11, April 15, May 12, June 17, a BBQ near the beginning of July, and potentially a meeting before the trip; \*dates will be adjusted as per groups availability), active participation in fundraising activities, a 3-week trip, and 4 months of post-trip involvement. ie. social activities, support & awareness events, and mentorship.

First time applicants please skip down to MEDICAL section.
Returning applicants please complete the following additional questions.

## RETURNING APPLICANT INFORMATION

1. Are you willing to take on a position of greater responsibility? Yes	No	*
* If "No," please explain.		
2. What leadership experience do you have?		
2. What leadership experience do you have.		
3. How do you see yourself contributing to the team?		

#### **MEDICAL**

Please note that any information shared in this section will be kept in the strictest of confidentiality and that no information shared will automatically exclude you from consideration. As the Elevation Experience includes travel to a foreign country, this information is required for us to best select, prepare, and work with our team, as well as ensure that we have the necessary supports to accommodate for any special concerns. Please complete this section honestly and with as much information as you feel comfortable sharing. We will contact you if we need further details.

- **1.** Have you had any major illness in the past year? *ie. Has caused you to miss 5 or more consecutive days of school or work?* No Yes \* If yes, please explain below.
- 2. Have you experienced any traumatic events in the past year? *ie. Death of a loved one, parental divorce, etc.*No Yes \* If yes, please explain below.
- **3**. The Elevation Experience can be stressful and may trigger certain mental health conditions. Do you have now, or have you had in the past, any mental health issue that may interfere with your Experience? *ie. depression, anxiety, disordered eating, panic attacks, etc.*

No Yes \* If yes, please explain below.

**4.** Do you have any physical barrier that would hinder your activity on this trip? *ie. chronic disease, food issues, allergies, asthma, etc.* 

No Yes \* If yes, please explain below.

**5.** Are you currently involved with the use of drugs and/or alcohol?

No Yes \* If yes, please explain below.

<sup>\*</sup> If you answered yes to any of the above questions, please explain.

## **LEGAL**

- If you will be over 18 at the time of travel, are you willing to submit to a criminal record check?
   Yes No \* If no, please explain below.
- 2. Have you ever been found guilty of a sexual offence? No

  Yes \* If yes, please explain below.
- 3. Do you have a criminal record? No Yes \* If yes, please explain below.

<sup>\*</sup> Please use this space to explain any of your answers above.

REFERENCES (may or may not be contacted)	
YFC Staff Member(s) (if applicable)	
Name	Phone #
Name	Phone #
Please list two other personal references:	
1. Name	Relation to you
Phone #	Email Address
<b>2.</b> Name	Relation to you
Phone #	Email Address

## PERSONAL COMMITMENT

e fundraising, group prepara	nce that starts now and continues until May tions, post-trip involvement, standards and pelow is your commitment to put team and
	Date
cant is less than 18 years of age)	 Date
deposit can be handed in to Greater Vancouver YFC Christian Hege 115-12975 84 <sup>th</sup> Avenue	your YFC/Youth Unlimited staff worker or /Youth Unlimited Attn:
	e fundraising, group prepara e team first? Your signature be cant is less than 18 years of age) deposit can be handed in to Greater Vancouver YFC Christian Hege

Please remember that the signed applications & deposits are due in the Central Office by January 23rd.