

# NYC 2011 District Sponsor Application



## What's the Purpose of NYC 2011?

1. To experience the transformational power of God
2. To understand the brokenness in the world
3. To discover effective ways to respond to this brokenness
4. To engage in the work of God to bring hope and healing

## APPLICATION REQUIREMENTS FOR SPONSORS:

- Must have made a commitment to follow Jesus
- Must be a participating member of NYI
- Must be approved by District NYI Council
- Must undergo a background check
- Must meet minimum age requirement of 21

## RETURN THIS APPLICATION AND MEDICAL/LIABILITY RELEASE TO YOUR DISTRICT NYC COORDINATOR.

Annie Croft - NYC Coordinator  
 7520 East U Ave.  
 Vicksburg, MI 49097  
 269-568-2424  
 acroft.graphicsmirk@gmail.com

## PERSONAL INFORMATION

First Name: _____	Last Name: _____
Street Address: _____	
City: _____	State/Province: _____
Zip/Postal: _____	Country: _____
Home Phone: _____	Cell Phone: _____
<input type="checkbox"/> Male <input type="checkbox"/> Female   Birth Date:   /   /   (mm/dd/yy)	
District: _____	Email: _____

## COMMUNITY

*\*For additional space, use back of page for answers*

Describe activities, organizations, or special interests you are currently involved with in your community.
Please state why you desire to be an adult sponsor at this event.
Personal Testimony:
Please list 3 personal references:
Name: _____ Phone: _____
Name: _____ Phone: _____
Name: _____ Phone: _____

## AGREEMENT

If accepted as a district sponsor for NYC 2011:

- I will study all materials sent to me in preparation for NYC 2011.
- I agree to participate in all activities scheduled for NYC 2011 and fully support the above stated purpose and requirements.
- I will supervise *responsibly* all those placed within my care.
- I will perform all assigned duties as outlined by my district.
- I will, upon return from this event, report to my local church about my experience at NYC 2011.

Signed \_\_\_\_\_ Date \_\_\_\_\_



For District Office Use Only (Do not write in this space):

- Application Rec'd Date: \_\_\_\_\_
- Med/Liab Rec'd Date: \_\_\_\_\_
- District Approved Date: \_\_\_\_\_
- Medical/Liability copy to NYC Office Date: \_\_\_\_\_
- Bkground Check Date: \_\_\_\_\_
- Online Reg C'd Date: \_\_\_\_\_

Notes: