

Perkins Youth School of Theology
YOUTH APPLICATION

Please print or type.

Name _____ Preferred Name _____

Address _____
City State Zip

Phone _____ E-mail _____

What is the best way and time to contact you? _____

Gender _____ Date of Birth: _____

Ethnicity/Cultural Heritage _____

High School _____ Grade _____

Parent/Legal Guardian Name _____

Parent/Legal Guardian Address _____
City State Zip

Denomination/Faith Tradition _____

Local church or faith community _____

Church address _____

Pastor _____ Youth Minister/Leader _____

Contact numbers _____

Email _____

Community service/interests _____

*Applicant's signature _____ Date _____

I certify that all of the above information is correct to the best of my knowledge and the enclosed submissions are solely my work. If chosen to participate in the program I agree to and abide by the guidelines set forth by PYST. Perkins Youth School of Theology offers equal opportunity to all applicants regardless of race, color, national or ethnic origin, physical ability, gender, sexual orientation or age.

Recommendations: Please send two forms of recommendation with your application. Select persons (adults) who know you well and are not family members.

Choosing a Mentor: If you are chosen for the PYST program, you will need to select an adult mentor from your church or faith community to work with you. Adult mentors must be 21 years old and willing to serve for two years. Pastors, youth ministers and laypersons are eligible to serve as mentors. Family members and older siblings are not eligible to serve as mentors for you. Work with your parents and pastor to select your prospective mentor and complete the following requirements:

- Give your prospective mentor a **Mentor Application packet**.
- Have your parent/legal guardian sign a **Consent Form**.

Recommended Mentor _____

Address _____

Phone: _____

Email: _____

If you do not recommend a mentor, we will select a mentor for you from our volunteer base. Volunteer mentors are usually SMU or Perkins graduate students, staff, faculty or persons from our local community who have an interest in working with youth. All mentors must fill out an application and submit to a background check and mentor training.

PERSONAL NARRATIVE

We are interested in getting to know you. Tell us what intrigues you and shapes your development as a teenager. Below are a few questions that will help us get to know you. Your responses to these questions will serve as your personal narrative. There is no right or wrong response. ***Remember to separately attach this narrative to your application. Responses to each question should be at least 250 words, typed and double-spaced using 12-point font. Hand written personal narratives will not be accepted.**

You may also submit your narrative in the form of a video or DVD presentation. All media presentations of your personal narrative should be no longer than 15 minutes and labeled with your name.

(Please answer these questions to develop your personal narrative.)

1. Tell us about yourself. Who are you? What gifts would you bring to PYST?
2. What are you most passionate about? What is most important to you?
3. What questions about God, your faith, the church and the world are most pressing for you?
4. What interests you most about PYST? What do you hope to gain from this experience?

Mail all application materials to:

**Southern Methodist University
Perkins Youth School of Theology
ATTN: Program Director
P.O. Box 750133
Dallas, TX 75275-0133**

Parent/Guardian Consent Form

PARENT/GUARDIAN SIGNS IF PARTICIPANT IS UNDER 18 YEARS OF AGE
RELEASE OF LIABILITY FOR PERKINS YOUTH SCHOOL OF THEOLOGY MISSION IN MOTION
(PLEASE READ CAREFULLY BEFORE SIGNING)

I, _____, the Parent/Guardian of _____, enrolled at _____ (Name of High School) hereby acknowledge that I freely voluntarily wish my child to participate in Southern Methodist University's ("SMU") Perkins School of Theology in and around the Dallas/Fort Worth Metroplex or other locations in the Southwestern region from _____, through _____, at the following site _____ (the "Activity"). In consideration for SMU's arranging this opportunity for my child to participate in the Activity, I hereby execute this Release of Liability with the intent to bind myself, my spouse (if applicable), my heirs, assigns, and legal representatives. I further state that I am at least 18 years of age and competent to sign this affirmation and release.

I understand and agree that I must arrange my child's transportation to and from the Activity, and that such transportation will not be covered by any insurance policy owned by SMU. I further understand that if I provide my child's automobile transportation for the Activity, I must provide automobile collision and liability insurance, at my expense.

My child and I fully understand and agree that certain aspects of the Activity may be physically and emotionally demanding and that by my child's participation in the Activity, he/she faces the risk of accidental and/or other physical and/or emotional injuries. These risks include, but are not limited to, (1) loss or damage to personal property; (2) injury or fatality due to, and/or related to, (a) traveling to and from and/or during the Activity, (b) the condition of outdoor facilities, tools, equipment or other instruments my child may use for this Activity (c) exposure to inclement weather, outdoor terrain, and all the risks inherent therein, (d) slips and falls, and (e) any and all other aspects and stresses related to the Activity, including interaction with personnel, who may not be employees of SMU, among others. I understand and assume the risks of my child's participation in the Activity.

My child and I have fully investigated the nature of the Activity, including whether participants will be subjected to physical and/or emotional stresses, and my child and I understand and assume the risks of my child's participation in the Activity. My child agrees to advise the Activity Coordinators at any point when he/she questions his/her ability to participate in any part of the Activity.

I EXPRESSLY AGREE AND INTEND THAT MY CHILD'S PARTICIPATION IN THE ACTIVITY SHALL BE UNDERTAKEN BY MY CHILD AT HIS/HER OWN RISK AND THAT NEITHER SMU, ITS TRUSTEES, OFFICERS, EMPLOYEES, AGENTS NOR ASSIGNS SHALL BE LIABLE FOR ANY INJURIES, DAMAGES, CLAIMS, DEMANDS, ACTIONS OR CAUSES OF ACTION WHATSOEVER WHICH MAY ARISE OUT OF OR IN CONNECTION WITH MY CHILD'S PARTICIPATION IN THE ACTIVITY, WHETHER FROM ACTS OF ACTIVE OR PASSIVE NEGLIGENCE ON THE PART OF MY CHILD OR ON THE PART OF SMU, ITS TRUSTEES, OFFICERS, EMPLOYEES, AGENTS AND ASSIGNS, AND I DO HEREBY FOREVER RELEASE, DISCHARGE, INDEMNIFY, HOLD HARMLESS AND WILL DEFEND SMU, ITS TRUSTEES, OFFICERS, EMPLOYEES, AGENTS AND ASSIGNS FOR ANY SUCH INJURIES, DAMAGES, CLAIMS, DEMANDS, ACTIONS, OR CAUSES OF ACTION.

The terms of this Release of Liability are to be governed by and construed under the laws of the State of Texas. In the event any term or provision of this Release of Liability is found to be unenforceable or void, in whole or in part, the term or provision concerned shall be construed as valid and enforceable to the maximum extent permitted by law, and the balance of this Release of Liability shall remain in full force and effect. I agree that exclusive venue for any dispute arising between SMU and me and/or my child involving this Release of Liability in any way shall be in Dallas County, Texas.

Parent/Guardian Signature _____

Parent/Guardian Printed Name _____

Date _____