



STEP ADVANCED APPLICATION

Outfitting You with Skills to Fulfill God's Calling in Life

International ALERT Academy • One Academy Blvd. • Big Sandy, TX 75755
Phone: 903.636.2000 • Fax: 903.636.2013 • www.alertacademy.com

VISION STATEMENT

International ALERT Academy

One Academy Blvd. • Big Sandy, TX 75755
Phone: 903-636-2000 • Fax: 903-636-2013
www.alertacademy.com • info@alertacademy.com

Dear STEP Alumni,

Are you ready to move deeper in your relationship with Christ? Have you wanted to take your skills to the next level? Do you yearn to apply principles of discipleship while expanding your vision for ministry?

Our prayer for each of you is that STEP Advanced will “Outfit you with skills to fulfill God’s calling in life.” It may be through learning new skills or building your confidence as you learn to trust God in a more personal way.

It is our goal that you will leave STEP Advanced equipped for missions, ministry, and leadership wherever God takes you, whether that is in your backyard or in another country. For we are His workmanship created in Christ Jesus for good works which He prepared beforehand, that we should walk in them. (Ephesians 2:10)

The heart of STEP Advanced will be centered around the concept of loving the Lord with all your heart, with all your soul, with all your might, and loving your neighbor as yourself.

Preparing for Emergency Situations

Crisis Counseling
Emergency Survival Skills
Emergency Childbirth
Wilderness Care and Survival

Preparing for Life

Evangelism
Learning to Teach
In-Depth Biblical Studies
Leadership Training
Public Speaking

Preparing for Adventure

Rappelling
Rock Climbing
Rustic Camping
Missions Trip (Optional)

This course will be taking place simultaneously with STEP. Opportunities for application of ministry skills will abound as you interact with the ladies attending the first program this summer. There will also be opportunity to put into practice the training learned through STEP Advanced to those in need through service projects. Don’t miss this opportunity to exemplify Christ to those around you.

Strengthened in His Service,

Emma Kordik
STEP Advanced Coordinator
International ALERT Academy

ELIGIBILITY & APPLICATION

Eligibility

- Young women must be STEP Alumni.

Application Process

1. Begin the following preparations at home:
 - Start memorizing the Scripture passages.
 - Start a physical fitness program at home (see page 7).
2. Complete an Application, which must include all of the following:
 - Application Package
 - \$25 non-refundable application fee
3. Mail completed application package to:

International ALERT Academy - STEP
Attn: STEP Advanced Application—Confidential
One Academy Blvd #483 • Big Sandy, TX 75755
Phone: 903-636-2000 • Fax: 903-636-2013

Note: If pressed for time, and you are faxing your application, please call the office to ensure receipt. The original application will still need to be mailed for filing purposes.

4. Written confirmation of your acceptance for the upcoming STEP Advanced Program will be sent along with final instructions for preparation. **Important: Please refrain from making travel arrangements until you receive confirmation.**

Completing the STEP Advanced Application Package

Complete the questionnaire in detail, in your own handwriting, and with your parent's guidance. You may use additional paper when needed.

All answers will be kept strictly confidential. We suggest that you make a copy of your application, not only to serve as a back-up copy, but also for future personal reference.

We hope you sense our sincere desire to help you in your personal growth. If you have any questions, you may call ALERT and request to speak with a STEP staff member.

Note: If you received your STEP Advanced application package more than four months prior to program date, please contact us to verify that it is still the most up-to-date version, or visit our website, at www.alertacademy.com/step, and download the latest application.

STEP ADVANCED GUIDELINES

Each woman that participates in training will receive a Guidelines Manual (in their notebook), which describes the principles and guidelines upon which STEP Advanced operates. We realize that we are all at different stages in our walk with Christ and that there are varying levels of understanding and commitment among ourselves.

By initialing the following bullet items on the space provided after each one, and signing the completed application (pg. 10), you are stating your agreement to willingly submit to these guidelines while actively associated with STEP.

Encouragement

1. Focus on God's leading. _____
2. Apply disciplines to your personal life. _____
3. Free time is minimal. You are encouraged to use it wisely. _____
4. Communication with your family is vital. Letter writing is highly encouraged, as phone time is very limited. For maximum benefit during your time here, we discourage communication with young men outside your immediate family. _____

Guidelines

Cellular Phones may be used while traveling and then turned in upon arrival. Phone calls home will be permitted at designated times each week. Students will be allowed to use their cell phones for these calls.

Please do not bring:

1. Books (other than what is designated on the packing list) _____
2. Magazines _____
3. Music, music players of any type _____
4. Radios (including alarm clock radios) _____
5. Computers _____

On a cautionary note:

Please do not bring excessive cash or anything of great value. The International ALERT Academy cannot be held responsible for lost or stolen items.

Statement of Nondiscrimination

The International ALERT Academy does not discriminate in its admissions or educational policies and programs on the basis of race, color, or national and ethnic origin.

STEP ADVANCED REGISTRATION & QUESTIONNAIRE

Student Information:

Program Date: _____

Last Name: _____ First Name: _____ Middle: _____

Date of Birth: _____ Age: _____ Birth order: _____ Personality/Spiritual Gift: _____

Address: _____ City: _____ State/Province: _____

Postal Code: _____ Country: _____ Citizenship: _____

E-mail (required): _____ Day Phone: (_____) _____

Work Phone: (_____) _____ Cell Phone: (_____) _____

Best time to call _____ Ethnic Origin (please check one): American Indian/Alaskan Native

Asian or Pacific Islander Black (Non-Hispanic) Hispanic Non-Residence Alien/Foreign National White (Non-Hispanic)

I plan to go on the STEP Advanced Missions Trip.

1. If yes: I have a passport. I am working on getting my passport.

Polo Shirt Size (please check one): XS S M L XL XXL | Bust measurement: _____ inches

Please check here if you give ALERT permission to share your mail/email address with other STEP ladies; desire to be sent STEP email updates periodically.

Family:

Parents' names: _____ Family e-mail: _____

Parents' address (if different): _____

Parents' home phone: (_____) _____ Parents' work phone: (_____) _____

Parents' cell phone: (_____) _____ Parent's fax (_____) _____

Siblings' names and birth dates: _____

Church Denomination: _____

Family Relationships:

Please take time to thoughtfully and honestly complete this questionnaire with one or both parents or guardians. Use additional paper when needed.

Marital Status/Family Relationships:

What is your parents' marital history?

Married Widowed Divorced Previously Married Never Married

1. Explain, if necessary: _____

2. Explain your relationship with your parents: _____

3. Briefly describe your relationship with each of your siblings: _____

STEP ADVANCED REGISTRATION & QUESTIONNAIRE

4. Are you adopted No Yes or a foster child? No Yes

5. Do you have a boyfriend or are you involved in a courtship? No Yes

5.1 Are you currently corresponding with any young men? No Yes

5.2 If yes, would you say your parents are "guiding" or "tolerating" this relationship? Explain (on additional paper).

6. Please list the languages you are most proficient in: _____

Mental Health

1. Which of the following have you or are you presently struggling with?

Past Present

- Day Dreaming
- Fantasy
- Thoughts of inadequacy
- Insecurity
- Lustful thoughts
- Worry
- Racing or rushing thoughts
- Blasphemous Thoughts

2. What books have you read in the past six months? _____

3. Have you ever been evaluated for a learning disability? No Yes Explain. _____

Emotional Health

1. Is there someone in your life with whom you could be emotionally honest right now (i.e., you could tell this person exactly how you feel about yourself, life, and other people)? No Yes Who? _____

1.1 Describe his/her relationship with God. _____

STEP ADVANCED REGISTRATION & QUESTIONNAIRE

2. Which of the following emotions have you had or are you presently struggling with?

Past Present

- Feelings of frustration
- Anger
- Anxiety attacks
- Loneliness
- Depression
- Guilt
- Bitterness/resentment

3. If you could change anything about yourself, would you? No Yes What would it be, and why?

4. What would you consider your greatest strength in life? _____

Spiritual Health

1. I John 5:11–12 says, “. . .God hath given to us eternal life, and this life is in His Son. He that hath the Son hath life: and he that hath not the Son of God hath not life.” Do you have the Son of God in your life? No Yes If yes, please explain how and when you became a believer and on what you base your hope of salvation. _____

2. Are you plagued with doubts concerning your salvation? No Yes

3. Do you have a regular prayer time and devotional time in the Bible? No Yes

4. What is your greatest struggle in your spiritual life and in your walk with the Lord? _____

History

1. Have you ever been involved in criminal activity? No Yes Explain. _____

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Personal Vision

1. What goals, ambitions, or dreams do you have for yourself to reach:

In the next 12 months? _____

In the next 5 years? _____

In your lifetime? _____

2. How does STEP Advanced fit into God's plan for your life? _____

3. Is it your choice to attend STEP Advanced? No Yes Explain. _____

STEP's Physical Fitness Program

Being physically disciplined is one way to maintain your body, the temple of the Holy Spirit.

Described below are some of the physical activities you will be participating in during STEP.

Daily Physical Training (PT) will be conducted on two levels: Standard and Intermediate. Activities will include, but are not limited to, the following elements: abdominal crunches, flutter-kicks, push-ups, and aerobic-style exercises.

Walking: You will be required to do extensive walking during STEP. These walks may vary up to 60 minutes or longer in duration. With the exception of PT, several miles of walking will be covered throughout the course of daily activity. We suggest you invest in a good pair of athletic shoes, and quality sport socks.

Running: Some running on road surfaces will be included in your training.

Hiking: The STEP Program includes hiking, some of which may be as long as 10 miles. The ladies will carry their day packs containing at least 2 quarts of water. Hiking shoes/boots are recommended.

Prepare at Home

We highly recommend that you begin a program at home that includes the above elements prior to attending STEP. You will be expected to participate in STEP's physical fitness program upon arrival.

Your Affirmation

Please re-read the application.

If you affirm this section to be true to the best of your knowledge, sign and date below.

x _____
Attendee's signature

Date

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General Information:

Last Name: _____ First Name: _____ Middle: _____

Date of Birth: _____ Age: _____

Home Address:

Address: _____ City: _____ State/Province: _____

Postal Code: _____ Country: _____

In case of emergency, notify:

Name: _____ Relationship to you: _____

Phone: (_____) _____ Daytime: (_____) _____

Insurance information: None

Company: _____ Policy number: _____

Street: _____ City: _____ State/Province: _____

ZIP: _____ Country: _____

Phone: (_____) _____ Fax: (_____) _____

Father's name: _____ Father's date of birth: _____

Mother's name: _____ Mother's date of birth: _____

Please attach a photocopy/picture of your insurance card.

Personal physician or health-care provider: None

Name: _____ Street: _____ City: _____

State/Province: _____ ZIP: _____ Country: _____

Phone: (_____) _____ Fax: (_____) _____

Conditions you have experienced:

Please check the box indicating the medical conditions you have experienced. Any one item of this information could prove to be a deciding factor in a medical situation.

Past Present

- Appendectomy
- Asthma (sudden, difficult breathing and wheezing)
- Blood transfusion(s) received (Date _____)
- Bronchitis (inflammation of the windpipe)
- Cancer
- Chicken Pox
- Cholecystectomy (removal of gall bladder)
- Chronic ear infections
- Diabetes

Past Present

- Glaucoma (increased inner-eye pressure)
- Heart problems
- Hepatitis (What kind? ____ Date _____)
- Hypertension (high blood pressure)
- Hypotension (low blood pressure)
- Measles
- Meningitis
- Multiple Sclerosis
- Mumps
- Penicillin allergies

MEDICAL HISTORY

Past Present

- Peptic ulcer disease (ulcers caused by acid)
- Pneumonia (inflammation of the lungs)
- Polio
- Rheumatic fever
- Rubella (German measles)
- Scarlet Fever
- Seizures
- Sexually transmitted disease
(Which one(s)? _____ Date(s) _____)
- Sterilization
- Stroke
- Sulfa drug allergies
- Thyroid problems
- Tuberculosis (infectious disease of respiratory system)
- Allergies (food, medicine, pollen, stinging insects):

- Surgeries (give dates):

- Serious injuries (give dates):

- Recurring injuries (give most recent date):

Immunizations:

- Date of last shot:
- Hepatitis A (Date: _____)
 - Hepatitis B (Date: _____)
 - Hib (Date: _____)
 - MMR (Date: _____)
 - Rubella (Date: _____)
 - Mumps (Date: _____)
 - Measles (Date: _____)
 - Polio (Date: _____)
 - Tetanus (Date: _____)
 - Chickenpox (Date: _____)
 - Other _____ (Date: _____)
 - No immunizations taken

Miscellaneous information:

Blood type (if known): _____

Body weight: _____ Height: _____

Present Medications/Supplements/Vitamins:

Dietary restrictions:

Physical Examination:

Explain "Yes" answers in "notes" section below. Circle questions to which you do not know the answer.

Yes No

- Have you had a medical illness or injury since your last checkup or sports physical?
- Do you have an ongoing or chronic illness?
- Have you ever been hospitalized overnight?
- Have you ever taken any supplements or vitamins to help you gain or lose weight or to improve your performance?
- Have you ever had a rash or hives develop during or after exercise?

Yes No

- Have you ever passed out/become dizzy during or after exercise?
- Have you ever had chest pain during or after exercise?
- Do you get tired more quickly than your friends do during exercise?
- Have you ever had racing of your heart or skipped heartbeats?
- Have you had high blood pressure or high cholesterol?

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Yes No

- Have you ever been told you have a heart murmur?
- Have you had a severe heart infection (e.g. myocarditis or pericarditis)?
- Is there a family history of heart problems in close relatives younger than age 50 (e.g., enlarged heart, cardiomyopathy, long QT, abnormal EKG, abnormal heart rhythm)?
- Is there a family history of Marfan's Syndrome (corrective tissue disorder)?
- Has a physician ever denied or restricted your participation in sports for any heart problem?
- Have you ever had a severe viral infection (e.g., mononucleosis)?
- Do you have any current skin problems (e.g., itching, rashes, acne, warts, fungus, or blisters)?
- Have you ever had a head injury or concussion?
- Have you ever been knocked out, become unconscious, or lost your memory?
- Do you have frequent or severe headaches?
- Have you ever had numbness or tingling in your arms, hands, legs, or feet?
- Have you ever had a stinger, burner, or pinched nerve?
- Have you ever become ill from exercising in the heat?
- Do you cough, wheeze, or have trouble breathing during or after activity?
- Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (e.g., knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?
- Have you had any problems with your eyes or vision?

Yes No

- Do you wear glasses, contacts, or protective eyewear?
 - Have you ever had a sprain, strain or swelling after injury?
 - Have you broken or fractured any bones or dislocated any joints?
 - Have you had any other problems with pain or swelling in muscles, tendons, bones or joints? (If yes, check the appropriate box, and explain in the following area.)
- | | | |
|-----------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Head | <input type="checkbox"/> Elbow | <input type="checkbox"/> Thigh |
| <input type="checkbox"/> Neck | <input type="checkbox"/> Forearm | <input type="checkbox"/> Knee |
| <input type="checkbox"/> Back | <input type="checkbox"/> Hip | <input type="checkbox"/> Upper Arm |
| <input type="checkbox"/> Chest | <input type="checkbox"/> Hand | <input type="checkbox"/> Ankle |
| <input type="checkbox"/> Shoulder | <input type="checkbox"/> Finger | <input type="checkbox"/> Foot |
| <input type="checkbox"/> Wrist | <input type="checkbox"/> Shin/calf | |

Explain: _____

- Are you content with your present weight?
- Do you lose weight regularly to meet weight requirements for your sport?
- Have you ever been involved with or taken illegal drugs?
- Have you ever drunk alcohol?
- Have you smoked in the past?
- Do you feel stressed out?

Notes: _____

PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK

In consideration of the services of International Alert Academy, their agents, owners, officers, volunteers, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "IAA"), I hereby agree to release, indemnify, and discharge IAA, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that my participation in Guided Watersport Activities, Hiking, Camping, Backpacking, Outdoor Climbing & Rappelling Tower, Swimming, Scuba Diving, Canoeing, Kayaking, Chain Saw, Fire Training, First Responder, Law Enforcement, Tech Rescue, High Angle Rescue, EMT, Paramedics training and instructions entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

The risks include, among other things: slips and falls; falling objects; the hazards of walking on uneven or rough terrain; collision with fixed or movable objects or people; accidents involving other bicycles or vehicles; pinches, scrapes, twists and jolts that could result in scratches, bruises, sprains, lacerations, fractures; musculoskeletal injuries including head, neck, and back injuries; exhaustion; exposure to temperature and weather extremes which could cause: hypothermia, hyperthermia (heat related illnesses), heat exhaustion, sunburn, dehydration, frostbite, frostnip; avalanches; exposure to potentially dangerous wild animals, insect bites, and hazardous plant life; rope burns; the use of climbing ropes and equipment; equipment failure and/or operator error; exposure to weather, poisonous and/or carnivorous marine life, undersea wrecks, natural and artificial reefs, caves, caverns, boats and their equipment, water hazards; whitewater; boat capsize; accidental drowning; exposure to cold water can result in cold shock, hypothermia and in extreme cases death; accidents or illness can occur in remote places without medical facilities and emergency treatment or other services rendered; consumption of food or drink; the negligence of other climbers, visitors, participants, or other persons who may be present; and improper lifting or carrying; my own physical condition, and the physical exertion associated with this activity.

Furthermore, IAA personnel have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather or other environmental conditions. They may give incomplete warnings or instructions, and the equipment being used might malfunction or fail.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless IAA from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of IAA's equipment or facilities, **including any such claims which allege negligent acts or omissions of IAA.**
4. Should IAA or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.
6. In the event that I file a lawsuit against IAA, I agree to do so solely in the state of Texas, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against IAA on the basis of any claim from which I have released them herein. I also agree that this document is valid for subsequent visits and participation at IAA. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Print Name _____ Phone Number _____

Address _____ City _____

State _____ Zip _____ Email _____

Participant Signature _____ Date _____

PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION (Must be completed for participants under the age of 18)

In consideration of _____ (print minor's name) ("Minor") being permitted by IAA to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless IAA from any and all claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent or Guardian: _____ Print Name: _____ Date: _____