



Application

The Ministry Academy is a nine month internship open to single-non married adults 18yrs or older.
Accelerate is a nine week internship open to 16yrs and older single-non married adults.

DATE _____

Required

Paste or staple a recent
photograph of yourself here

PERSONAL

FIRST NAME _____

LAST NAME _____

SOCIAL SECURITY # _____ BIRTHDATE ___/___/___ AGE ___

GENDER MALE FEMALE

MARITAL STATUS _____ (SINGLE, MARRIED, SEPARATED / DIVORCED)

COUNTRY OF BIRTH _____

COUNTRY OF CITIZENSHIP _____

CURRENT ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE (_____) _____ WORK PHONE (_____) _____

CELL (_____) _____ E-MAIL ADDRESS _____

IF YOU ARE NOT A CURRENT US OR CANADIAN CITIZEN

PASSPORT NUMBER _____ EXPIRATION DATE ___/___/___

I AM APPLYING FOR : **MINISTRY ACADEMY** **ACCELERATE**

EDUCATION

ARE YOU CURRENTLY A STUDENT? NO FULL TIME PART TIME SENIOR HIGH SCHOOL

FRESHMAN-COLLEGE SOPHMORE-COLLEGE JUNIOR-COLLEGE SENIOR-COLLEGE

PLEASE LIST SENIOR HIGH SCHOOL AND INSTITUTIONS OF HIGHER EDUCATION THAT YOU HAVE ATTENDED

NAME	CITY, STATE	DATES ATTENDED	DEGREES EARNED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Office Use

<input type="checkbox"/> Testimony	<input type="checkbox"/> Background Authorization	<input type="checkbox"/> Photo
<input type="checkbox"/> Application Fee \$50	<input type="checkbox"/> Adult Release	<input type="checkbox"/> Interviewed _____
<input type="checkbox"/> Personal Reference	<input type="checkbox"/> Minor Release (if applicable)	
<input type="checkbox"/> Pastoral Recommendation	<input type="checkbox"/> Copy of DL and SS card or Passport	

EMPLOYMENT

CURRENTLY EMPLOYED FULL TIME PART TIME

PLEASE LIST THREE PLACES OF EMPLOYMENT

Employed by _____ City, State _____ Dates of Employment _____

Employed by _____ City, State _____ Dates of Employment _____

Employed by _____ City, State _____ Dates of Employment _____

Please list any special skills in which you have been trained _____

PLEASE ASSESS YOUR SKILL IN THE FOLLOWING AREAS

	Inexperienced	Minimal	Intermediate	Advanced
Carpentry.....	[]	[]	[]	[]
Construction.....	[]	[]	[]	[]
Landscaping.....	[]	[]	[]	[]
Cooking/Food Prep.....	[]	[]	[]	[]
Kitchen Staff – Dishes.....	[]	[]	[]	[]
Janitorial/Cleaning.....	[]	[]	[]	[]
Childcare.....	[]	[]	[]	[]
Children’s Ministry.....	[]	[]	[]	[]
Youth Ministry.....	[]	[]	[]	[]
Administration.....	[]	[]	[]	[]
Transcription.....	[]	[]	[]	[]
Media	[]	[]	[]	[]

Comments on any of the above _____

List some of your hobbies and interests _____

MUSICAL BACKGROUND AND INTEREST

Vocal or instrumental experience YES NO

Instrument or vocal part. (Please be specific i.e. bass guitar, rhythm guitar, alto voice, etc.) _____

What experience have you had? (How long have you played/sang? What type of music?) _____

Have you had any experience playing or leading worship? _____

Are you interested in learning to play an instrument, if so what? _____

Do you have a gift for writing prose or poetry? YES NO

Have you written any songs? YES NO

What is worship to you? _____

FAMILY

FATHER OR GUARDIAN _____ [] LIVING [] DECEASED
ADDRESS _____ CITY _____ STATE _____ ZIP _____

MOTHER OR GUARDIAN _____ [] LIVING [] DECEASED
ADDRESS _____ CITY _____ STATE _____ ZIP _____

Briefly describe your family environment: _____

How does your family feel about you entering the Ministry Academy? _____

CHURCH

HOME CHURCH _____ DENOMINATION _____
SENIOR PASTOR _____ YOUTH PASTOR _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____

How long have you been attending this church? _____

If less than one year, what church were you involved in before? _____

How old were you when you accepted Jesus Christ as your personal Lord and Savior? _____

How old were you when you were baptized in water? _____

Have you ever received the baptism in the Holy Spirit (evident by the speaking of tongues)? _____

What ministry experiences have you had outside the church? _____

Is there any thing in your life that may come up as a questionable issue? YES NO

If yes please explain _____

PLEASE ASSESS YOURSELF IN THE FOLLOWING AREAS

	Uncertain	Weak	Fair	Good	Very Good	Outstanding
Spiritual Maturity_____	[]	[]	[]	[]	[]	[]
Devotion to Christ_____	[]	[]	[]	[]	[]	[]
Integrity and Honesty_____	[]	[]	[]	[]	[]	[]
Openness to correction_____	[]	[]	[]	[]	[]	[]
Self-discipline_____	[]	[]	[]	[]	[]	[]
Willingness to serve_____	[]	[]	[]	[]	[]	[]
Ability to work with others_____	[]	[]	[]	[]	[]	[]
Communication skills_____	[]	[]	[]	[]	[]	[]
Courtesy_____	[]	[]	[]	[]	[]	[]
Leadership skills_____	[]	[]	[]	[]	[]	[]
Reliability_____	[]	[]	[]	[]	[]	[]
Teachable_____	[]	[]	[]	[]	[]	[]
Emotional stability_____	[]	[]	[]	[]	[]	[]
Physical health_____	[]	[]	[]	[]	[]	[]
Family life_____	[]	[]	[]	[]	[]	[]

HEALTH

RATE YOUR CURRENT HEALTH EXCELLENT GOOD FAIR POOR

Explain _____

Please list any allergy _____

Do you have any physical limitations? YES, please explain: _____

Are you currently taking any medication? YES, please list all medications: _____

The internship consists of a 50-60 hour weekly schedule. Do you foresee any difficulties with this type of schedule? _____

PLEASE CHECK IF YOU HAVE HAD ANY OCCURRENCES (FROM MILD TO SEVERE) OF THE FOLLOWING

- ADD Alcohol Abuse
- Mild Depression Drug Abuse (including cigarettes and prescription drugs)
- Chronic Depression Asthma
- Chronic Fatigue Syndrome Diabetes
- Chronic Pain Seizures
- Insomnia (or other sleeping disorders) Eating Disorders (Bulimia, Anorexia, Diet Obsessive)
- Snoring Other _____

If any of the previous items were checked, please comment _____

If you have any communicable diseases; please list _____

Do you have any physical disabilities or conditions that require special care? (if yes, please explain) _____

_____ Do you have health insurance? If so what kind(s)? _____

_____ Please tell us if you have had or have any life-controlling issues (mental, emotional, and/or relational) _____

_____ Have you ever sought help for psychological problems/ (sexual, emotional, relational) _____

_____ If so, please describe when, with whom; for what;

Year	Caregiver(s)	Identifies problem
------	--------------	--------------------

_____	_____	_____
-------	-------	-------

_____	_____	_____
-------	-------	-------

Are you or have you every been, on medication related to psychological problems? _____

If so, please specify _____

If currently on medication please list and detail your plan (financially) to continue for the duration of the internship _____

Have you ever attempted or considered suicide? If so, please describe. (when, how treated, etc.) _____

_____ Do you currently wrestle with suicidal thoughts? _____

PERSONAL HISTORY

Please check the area(s) in which you have been involved previously. Please answer the following questions carefully and truthfully. Failure to do so may result in dismissal from the Internship at the St. Louis Dream Center. If you check any of these questions, please explain on the line below or on a separate sheet of paper.

- | | |
|--|--|
| <input type="checkbox"/> The occult/a cult | <input type="checkbox"/> Suspended/Expelled from school |
| <input type="checkbox"/> Gang activity | <input type="checkbox"/> Required to go to a Juvenile Detention Center |
| <input type="checkbox"/> Struggled with or addicted to any form of tobacco | <input type="checkbox"/> Have you ever been arrested |
| <input type="checkbox"/> Struggled with or presently involved in homosexuality | <input type="checkbox"/> Do have a criminal record |

Explain: _____

Are you currently involved in any kind of dating relationship? **Yes or No**

Have you ever been divorced? **Yes or No**

Explain _____

Have you been sexually active within the last year? **Yes or No**

Have you ever had or are you presently receiving professional counseling? **Yes or No**

Do you currently have any on going debt? **Yes or No**

If yes, please explain, in detail, your plans for managing it while you are part of the Ministry Academy. _____

BIOGRAPHICAL INFORMATION

Please answer the following questions briefly on typewritten separate pages, answering them to the best of your ability

- 1) Give an overview of your personal history. Include where you grew up, family situations (childhood to present), and how you feel these experiences will affect your participation in the Internship.
- 2) Tell how and when you became a Christian and about your personal growth in Christ.
- 3) Describe your current walk with the Lord, including how your faith is growing, the spiritual influences in your life, your quiet times, church involvement, and outreach activities you have engaged in.
- 4) Who has made the biggest impact on your life, besides the Lord? Explain.
- 5) List and explain three of your strengths.
- 6) List and explain three of your weaknesses.
- 7) Explain how and why you feel God is calling you to be a part of the Ministry Academy & St. Louis Dream Center. Include how you believe the Ministry Academy can help you meet your goals, and how you can help fulfill the mission of the Ministry Academy & St. Louis Dream Center.

VEHICLE Do you currently have your own vehicle (not required)

YES NO

Do you currently have vehicle insurance?

YES NO

Name of insurance company _____ Agent's name _____

Company phone number (_____) _____ Policy number _____

**MINISTRY
ACADEMY**

How did you hear about the Ministry Academy? _____

Why are you applying to be part of this program? _____

What do you believe God has called you to do with you life? _____

What is your definition of a servant? _____

What is your definition of ministry? _____

What qualities do you think are necessary for a spiritual leader to have? _____

Interns live in dorm-style housing with one to three roommates. Do you foresee any difficulties with this type of situation? If so, how do you plan on handling it? _____

How do you plan on paying for the full tuition amount? _____

Your tuition provides housing, food, utilities, teaching, and training materials. It does not provide for personal transportation, gas, insurance, clothing, personal expenses or entertainment money. How do you plan to support yourself apart from the tuition? _____

Due to the intensive nature of the program, outside jobs are not allowed.

In the case of an emergency, whom may we contact?

NAME _____ RELATION _____ PHONE _____

PLEASE GIVE THREE REFERENCES OUTSIDE OF YOUR FAMILY:

NAME _____ RELATION _____ PHONE _____

NAME _____ RELATION _____ PHONE _____

NAME _____ RELATION _____ PHONE _____

PLEASE ACKNOWLEDGE YOUR AGREEMENT WITH THE FOLLOWING STATEMENTS BY INITIALING EACH OF THE BOXES

- I have read and agree with Joyce Meyer Ministries Statement of Faith (please refer to website).
- I understand that I am to have a foundational knowledge of the basics of the Christian faith.
- I have read and agree with the Ministry Academy Honor Code (see pg. 8).
- I understand that I am living in dorm-style housing with other individuals and the implications that lie therein.
- I understand that I must personally secure contributions of sufficient support to cover my non-tuition expenses.
- I understand that the internship is a part of a much larger movement which is in constant transition and change that may affect my experience.

I HAVE COMPLETED THIS APPLICATION FORM HONESTLY AND TO THE BEST OF MY ABILITY. I HAVE READ THE MINISTRY ACADEMY INFORMATION BROCHURE THOROUGHLY AND WILL ABIDE BY ALL OF THE GUIDELINES GIVEN.

SIGNATURE

DATE

Application Process

The application has 9 components. We require that you send all components together in one packet.

1. Application form
2. Photograph
3. Biographical Information
4. \$50 **NON-REFUNDABLE** Application fee. Make checks payable to St. Louis Dream Center
5. Copy of your Drivers License
6. Copy of your Social Security Card
7. Background Authorization
8. Adult Release
9. Minor Release (if applicable)

REMEMBER ALL COMPONENTS MUST BE SENT IN TOGETHER

Send the application packet to:

Ministry Academy
4324 Margaretta Ave.
St. Louis, MO. 63115

Once we have received your application we will contact you to set up a time for a phone interview. In most cases we will notify you of your acceptance within 30 days of the second phone interview.

MINISTRY ACADEMY HONOR CODE

- I will purpose to develop character and Godliness in seeking to become a man or woman of God. I will take responsibility for my actions and constantly thrive for truth and honor in my personal life so I may lead others to do the same.
- I will live according to the Bible both morally and ethically to live in an honest and sincere manner.
- I will take responsibility for my actions and will not engage in behavior contrary to Christ
- I will develop my relationship with God by seeking Him with diligence and passion.
- I will do my utmost to follow the will of God in my life and learn how to listen to His voice.
- I recognize that my body is the temple of the Holy Spirit; I will work to discipline my body and maintain a healthy lifestyle by fulfilling the requirements established by Ministry Academy
- I will develop healthy social relationships with others.
- I will give my undivided devotion to serving God.
- I will attend all required events and activities with an optimistic and energetic attitude.
- I will submit to those in authority and live by policies set forth by the Ministry Academy and St. Louis Dream Center.

Ministry Academy Pastoral Recommendation Form

Applicant, please fill in all information.

Applicant's Name _____
Address _____ City _____ State _____ Zip _____
Phone (____) _____
Intended Start Date _____

Referral's Name _____
Referral's Address _____ City _____ State _____ Zip _____
Phone (____) _____

The above applicant has submitted your name as a reference for an Internship.

This recommendation form is to be completed by the applicant's (present or former) pastor. In the case that the applicant's father is the pastor, an elder or other church officer may act as pastoral reference. **SERIOUS CONSIDERATION** will be given to your evaluation. We value you as a reference concerning the applicant's character, experience, and aptitude for the St. Louis Dream Center. Please provide us with as much information about the applicant as possible, so that we can accurately appraise their qualifications. **This program is open to single-non married adults.**

Your prompt cooperation by completing and returning this form (within 7 days) is greatly appreciated. Be assured that your responses will be held in strict confidence. Thank you. Please mail to:

**Ministry Academy
4324 Margaretta Ave
St. Louis, MO 63115**

Please answer the following questions:

1) How long have you known the applicant?

2) How well do you know him/her: Name/sight Casual Fairly well Very close

3) Please asses the applicant's level of involvement in your church

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Attends regularly | <input type="checkbox"/> Cooperative | <input type="checkbox"/> Interested |
| <input type="checkbox"/> Attends irregularly | <input type="checkbox"/> Involved | <input type="checkbox"/> Distant |
| <input type="checkbox"/> Enthusiastic | <input type="checkbox"/> Willing to help | <input type="checkbox"/> Other: _____ |

4) Has the applicant served your congregation in any capacity? If so, please give a brief description.

5) What are the strengths and spiritual gifts of the applicant according to your observations?

Ministry Academy Pastoral Recommendation Form (cont.)

6) What is your assessment of the applicant's weaknesses/struggles?

7) Please try to assess the following based on your knowledge of the applicant.

	Uncertain or Not observed	Weak	Fair	Good	Very Good	Outstanding
Spiritual Maturity-----	[]	[]	[]	[]	[]	[]
Devotion to Christ-----	[]	[]	[]	[]	[]	[]
Integrity and Honesty-----	[]	[]	[]	[]	[]	[]
Openness to correction-----	[]	[]	[]	[]	[]	[]
Self-discipline-----	[]	[]	[]	[]	[]	[]
Self-confidence-----	[]	[]	[]	[]	[]	[]
Willingness to serve-----	[]	[]	[]	[]	[]	[]
Ability to work with others-----	[]	[]	[]	[]	[]	[]
Ability to deal with interpersonal conflicts-----	[]	[]	[]	[]	[]	[]
Ability to handle stress-----	[]	[]	[]	[]	[]	[]
Communication skills-----	[]	[]	[]	[]	[]	[]
Positive, Contagious spirit-----	[]	[]	[]	[]	[]	[]
Courtesy-----	[]	[]	[]	[]	[]	[]
Family life-----	[]	[]	[]	[]	[]	[]
Leadership skills-----	[]	[]	[]	[]	[]	[]
Reliability-----	[]	[]	[]	[]	[]	[]
Teachability-----	[]	[]	[]	[]	[]	[]
Physical health-----	[]	[]	[]	[]	[]	[]
Emotional stability-----	[]	[]	[]	[]	[]	[]
Team Work-----	[]	[]	[]	[]	[]	[]
Initiative-----	[]	[]	[]	[]	[]	[]

Comments on any of the above:_____

8) Please comment briefly on the family and social background of the applicant:_____

9) Is the applicant financially responsible? []Yes []No [] Don't know

Please explain:_____

10) Has the applicant proven on any occasion to be unreliable, dishonest, or questionable in character? []Yes [] No . If yes, please explain:

Ministry Academy Pastoral Recommendation Form (cont.)

11) As far as you know has the applicant ever been arrested for any offense other than a minor traffic violation? []Yes []No . If yes, please explain:_____

12) To your knowledge, has the applicant ever been involved in drug abuse? []Yes []No . If yes, please explain:_____

13) To your knowledge have you known the applicant to ever be involved in homosexuality? []Yes []No. If yes, please explain:_____

14) To your knowledge, have you known the applicant to ever be involved in occult activity? []Yes []No. If yes please explain:_____

15) To your knowledge have you known the applicant to use alcohol? []Yes []No . If yes, please explain:_____

16) To your knowledge, have you known the applicant to use tobacco? []Yes []No . If yes, please explain:_____

17) Do you have any indication that the applicants desire to be involved in the Dream Center has been significantly influenced by a desire to escape a difficult family situation? (i.e. family problems, financial struggle, troubled romance) []Yes []No. If yes, please explain:_____

18) Would you have the applicant on your staff? []Yes []No Why or why not?_____

19) On the basis of the above information the applicant is:
 Strongly Recommended Recommended w/confidence Recommended w/reservation
 Not Recommended

Signature of Reference _____ Date ___/___/___

Additional Comments:

Ministry Academy Pastoral Recommendation Form (cont.)

Applicant, please fill in all information.

Applicant's Name _____
Address _____ City _____ State ____ Zip _____
Phone (____) _____
Intended Start Date _____

Referral's Name _____
Referral's Address _____ City _____ State ____ Zip _____
Phone (____) _____

The above applicant has submitted your name as a reference for an Internship.

This recommendation form is to be completed by a friend of the applicant not a relative, who has known the applicant for at least 5 years. **SERIOUS CONSIDERATION** will be given to your evaluation. We value you as a reference concerning the applicant's character, experience, and aptitude for the St. Louis Dream Center. Please provide us with as much information about the applicant as possible, so that we can accurately appraise their qualifications. **This program is open to single-non married adults.**

Your prompt cooperation by completing and returning this form (within 7 days) is greatly appreciated. Be assured that your responses will be held in strict confidence. Thank you. Please mail to:

Ministry Academy 4324 Margareta Ave, St. Louis, MO 63115

Please answer the following questions:

1) How long have you known the applicant?

2) How well do you know him/her: Name/sight Casual Fairly well Very close

3) What is the relationship between you and the applicant? _____

4) According to your observations what are the applicant's strengths? _____

5) According to your observations what are the applicant's weaknesses? _____

6) The internship consists of a 50-60 hour weekly schedule. Do you foresee any difficulties in the response of the applicant on this type of schedule? _____

7) Please comment briefly on the family and social background of the applicant: _____

Ministry Academy Pastoral Recommendation Form (cont.)

8) Please try to assess the following based on your knowledge of the applicant.

	Uncertain or Not observed	Weak	Fair	Good	Very Good	Outstanding
Spiritual Maturity.....	[]	[]	[]	[]	[]	[]
Devotion to Christ.....	[]	[]	[]	[]	[]	[]
Integrity and Honesty.....	[]	[]	[]	[]	[]	[]
Openness to correction.....	[]	[]	[]	[]	[]	[]
Self-discipline.....	[]	[]	[]	[]	[]	[]
Self-confidence.....	[]	[]	[]	[]	[]	[]
Willingness to serve.....	[]	[]	[]	[]	[]	[]
Ability to work with others.....	[]	[]	[]	[]	[]	[]
Ability to deal with interpersonal conflicts.....	[]	[]	[]	[]	[]	[]
Ability to handle stress.....	[]	[]	[]	[]	[]	[]
Communication skills.....	[]	[]	[]	[]	[]	[]
Positive, Contagious spirit.....	[]	[]	[]	[]	[]	[]
Courtesy.....	[]	[]	[]	[]	[]	[]
Family life.....	[]	[]	[]	[]	[]	[]
Leadership skills.....	[]	[]	[]	[]	[]	[]
Reliability.....	[]	[]	[]	[]	[]	[]
Teachability.....	[]	[]	[]	[]	[]	[]
Physical health.....	[]	[]	[]	[]	[]	[]
Emotional stability.....	[]	[]	[]	[]	[]	[]
Team Work.....	[]	[]	[]	[]	[]	[]
Initiative.....	[]	[]	[]	[]	[]	[]

Comments on any of the above: _____

9) Is the applicant financially responsible? [] Yes [] No [] Don't know
 Please explain: _____

10) Has the applicant proven on any occasion to be unreliable, dishonest, or questionable in character? [] Yes [] No
 If yes, please explain: _____

11) As far as you know has the applicant ever been arrested for any offense other than a minor traffic violation? [] Yes [] No
 If yes, please explain: _____

12) To your knowledge, has the applicant ever been involved in drug abuse? [] Yes [] No
 If yes, please explain: _____

13) To your knowledge have you known the applicant to ever be involved in homosexuality? [] Yes [] No
 If yes, please explain: _____

14) To your knowledge, have you known the applicant to ever be involved in occult activity? Yes or No
 If yes please explain: _____

Ministry Academy Pastoral Recommendation Form (cont.)

15) To your knowledge have you known the applicant to use alcohol? [] Yes [] No

If yes, please explain: _____

16) To your knowledge, have you known the applicant to use tobacco? [] Yes [] No

If yes, please explain: _____

17) Do you have any indication that the applicants desire to be involved in the Dream Center has been significantly influenced by a desire to escape a difficult family situation? (i.e. family problems, financial struggle, troubled romance) [] Yes [] No. If yes, please explain: _____

18) On the basis of the above information the applicant is:

- Strongly Recommended Recommended w/confidence Recommended w/reservation
 Not Recommended

Signature of Reference _____ Date ___/___/___

Additional Comments:

ADULT RELEASE OF CLAIMS AND HOLD HARMLESS AGREEMENT

Activity: **Ministry Academy**

I, _____, hereby affirm and agree that I am aged 18 years or older; that I am legally competent to sign this agreement and release; that I have fully informed myself of this agreement by reading it before signing; and that I have fully informed myself of the details and risks of the Activity prior to signing this release.

I agree, individually and on behalf of my heirs, to release and to hold harmless Dream Building, Inc. d/b/a St. Louis Dream Center, Ministry Academy and its agents, officers, directors, and employees (collectively referred to as “the Center”) from liability for my injury, death, or damage to or loss of my personal property, resulting directly or indirectly from my participation in the Activity, whether or not the same results from the Center’s negligence. I personally assume all risks and liabilities in connection with my participation in the Activity and agree to indemnify the Center from any liability assessed against the Center as a direct or indirect result of my participation in the Activity. This release includes all risks and liabilities connected with the Activity, whether foreseen or unforeseen.

In the event that I am injured during the Activity, and am unable to provide consent to my medical treatment, I authorize the Center to consent on my behalf to the performance of any and all medical treatment judged necessary by the Center, until I am able to provide consent or until someone legally able to speak on my behalf is made available. I agree, individually and on behalf of my heirs, to release, indemnify, and hold the Center harmless from any liability which may be assessed against the Center as a direct or indirect result of said medical treatment. I agree to pay or arrange for payment for all costs associated with said medical treatment.

Signature

Date

Witness Signature

Date

**RELEASE, CONSENT TO MEDICAL TREATMENT,
AND AGREEMENT REGARDING
VOLUNTEER STATUS OF A MINOR**

This Release and Consent (“Release”) is entered into on this ____ day of _____, 20__, by _____ (“Parent”), the parent or legal guardian of _____ (hereinafter referred to as “Minor”).

1. Parent warrants and agrees that he/she (a) has legal custody or is the legal guardian of the minor listed above; (b) understands the terms of this Release and Consent; and (c) has signed this document by his/her own free will.

2. Parent acknowledges that Minor provides or will provide volunteer services for, and participates or will participate in activities and events conducted by, Dream Building, Inc. d/b/a St. Louis Dream Center, its directors, officers, employees, or agents (hereinafter collectively referred to as “the Dream Center”). Parent acknowledges that as a volunteer, Minor’s actions reflect upon the Dream Center. Therefore, Parent agrees that the Minor shall behave in an appropriate manner and shall exercise reasonable care in performing his/her volunteer services in order to avoid damaging the reputation of or risking the assessment of liability against the Dream Center.

3. Parent, individually and on behalf of Minor, warrants, agrees, and understands (a) that Minor is a volunteer of the Dream Center (not of Joyce Meyer Ministries, a separate corporation); (b) that as a volunteer, Minor is not entitled to any payment, compensation, or remuneration for the services which he/she renders to the Dream Center or on the Dream Center’s behalf during Minor’s tenure as a volunteer; (c) that Minor shall not perform any services for the Dream Center for which he/she expects or desires to receive compensation of any kind during his/her tenure as a volunteer; (d) that Minor is not an employee of the Dream Center or of Joyce Meyer Ministries, nor an independent contractor of either; (e) that during Minor’s tenure as a volunteer, he/she is not under consideration by the Dream Center for any position of employment or for independent contractor status. Parent, individually and on behalf of Minor, specifically disclaims any claim to any compensation of any kind from the Dream Center or from Joyce Meyer Ministries as a volunteer.

4. Parent, individually and on behalf of Minor, warrants and agrees that (a) Parent will notify the Dream Center immediately upon Parent’s or Minor’s decision to resign as a volunteer, and (b) all of Minor’s services to the Dream Center or on the Dream Center’s behalf will be considered volunteer services until the Dream Center’s receipt of the notice referred to under (a).

5. Parent, individually and on behalf of Minor, releases and agrees to hold the Dream Center and Joyce Meyer Ministries, Inc. d/b/a St. Louis Dream Center Church, its directors, officers, employees, or agents (collectively, “the Ministry”) harmless from all liability, including liability for negligence, for harm to Minor or Minor’s personal property, resulting directly or indirectly from Minor’s services as a volunteer and/or participation in Dream Center activities and events (hereinafter collectively referred to as “Volunteer Service(s)"). Parent personally assumes all risks and liabilities in connection with the Volunteer Service(s) and agrees to indemnify the Dream Center and the Ministry against any liability which might be assessed against either of them as a direct or indirect result of Minor’s providing of Volunteer Service(s).

6. In the event of Minor's injury during any Dream Center activity and Parent's unavailability to authorize medical treatment, Parent authorizes dental, medical, or surgical treatment, including but not limited to the administration of X-rays, anesthetic, or anesthesia, by any medical professional chosen by the Dream Center. Parent understands and agrees that this consent is given to encourage the Dream Center and the medical professional to exercise their best judgment as to such diagnosis or medical, dental, or surgical treatment. Parent personally assumes the duty of payment of any medical professional, hospital, clinic, or ambulance service and releases the Dream Center from any such duty of payment.

7. Parent understands and agrees that this Release and Consent shall remain in effect until Parent's written revocation and that Parent's consent to treatment shall remain in effect until revoked orally or in writing to the Dream Center or to the licensed medical professional treating Minor.

Parent

Date

Witness

Date