



## CJ PRENTISS WORLD CHANGERS RITES OF PASSAGE APPLICATION FORM

PARTICIPANT'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

GRADE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

PARENT(S) NAME (Print Clearly): \_\_\_\_\_

IN YOUR OWN WORDS, WHY DO YOU WANT TO JOIN THE WORLD CHANGERS? IF YOU NEED MORE SPACE, PLEASE WRITE ON THE BACK OF THE APPLICATION

WILL YOU ATTEND THE MEETINGS REGULARLY?

WILL YOU CONDUCT YOURSELF WITH PRIDE AND RESPECT, FOR YOURSELF AND OTHERS AT SCHOOL, AT HOME, AND WITH YOUR FRIENDS AS A MEMBER OF WORLD CHANGERS?

HAVING GONE THROUGH THE INTERVIEW FOR MEMBERSHIP IN WORLD CHANGERS, I UNDERSTAND THE EXPECTATIONS AND RESPONSIBILITIES THAT I WILL BE CALLED UPON TO FULFILL. I PLEDGE TO APPLY MYSELF TO ATTEND WORLD CHANGERS MEETINGS AND TO CONDUCT MYSELF IN A MANNER APPROPRIATE FOR A MEMBER OF WORLD CHANGERS AT ALL TIMES.

PARTICIPANT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_



## EMERGENCY CONTACT FORM

### CHILD'S INFORMATION

CHILD'S FULL NAME:	NAME CHILD PREFERS TO BE CALLED:
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( ) MALE	( ) FEMALE	DATE OF BIRTH:	AGE:
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### PRIMARY GUARDIAN'S INFORMATION

Name:	Phone:
Address:	Email:

### SECONDARY GUARDIAN'S INFORMATION

Name:	Phone:
Address:	Email:

### Emergency Contact 1

### Emergency Contact 2

Name:	Name:
Relationship:	Relationship:
Phone:	Phone:

### Emergency Medical Contact

Physician:	Address:	Phone:
Dentist:	Address:	Phone:
Allergies: ( ) Yes      ( ) No	Medications:	

I give consent for my child to be treated in case of an emergency:

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## **WORLD CHANGER INDIVIDUAL AGREEMENT & EXPECTATIONS**

As a World Changer, I agree with the following:

- Be actively involved physically, emotionally, and spiritually in every component of the World Changer Program.
- Be committed to my personal growth and development through active participation in discussions, group projects, and activities
- Be respectful of my peers, myself, and God in my conduct.
- Be consistent in attending at least 75% of all meetings and events, knowing that a lack of 75% attendance will prevent me from receiving certificates for missed meetings.

**Participant**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_