



# 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](http://www.alertacademy.com)

# VISION STATEMENT

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## 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,

Ever since the first time STEP was held in 2003 we have been planning for STEP Advanced, and now it has finally arrived! 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.

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 book of Ephesians.

### **Preparing for Emergency Situations**

Crisis Counseling  
Emergency Survival Skills  
Home Fire Safety  
Wilderness Care and Survival

### **Preparing for Life**

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

### **Preparing for Adventure**

Canoeing  
Rappelling  
Rock Climbing  
Rustic Camping

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,



Colonel and Mrs. John Tanner  
Commanding Officer/Directors  
International ALERT Academy

# ELIGIBILITY & APPLICATION

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## Eligibility

- Young women must be STEP Alumni.

## Application Process

1. Begin the following preparations at home:
  - Start memorizing the book of Ephesians (KJV).
  - 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](http://www.alertacademy.com/step), and download the latest application.

# **STEP ADVANCED GUIDELINES**

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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

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## 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)

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: \_\_\_\_\_

## Institute in Basic Life Principles (IBLP) Information:

Have you attended an IBLP Seminar?  No  Yes Check all that apply and indicate year attended:

Basic: \_\_\_\_\_  Advanced: \_\_\_\_\_  Anger Resolution: \_\_\_\_\_  Children's Institute: \_\_\_\_\_

Are you enrolled in the Advanced Training Institute (ATI)?  No  Yes  Previously

Years in ATI \_\_\_\_\_ Family ID# \_\_\_\_\_ List previous ministry opportunities with IBLP/ATI: \_\_\_\_\_

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

## 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: \_\_\_\_\_

# **STEP ADVANCED REGISTRATION & QUESTIONNAIRE**

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3. Briefly describe your relationship with each of your siblings: \_\_\_\_\_

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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? \_\_\_\_\_

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

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## **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? \_\_\_\_\_

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1.1 Describe his/her relationship with God. \_\_\_\_\_

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# **STEP ADVANCED REGISTRATION & QUESTIONNAIRE**

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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?

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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. \_\_\_\_\_

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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? \_\_\_\_\_

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## **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: \_\_\_\_\_

## 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
- Glaucoma (increased inner-eye pressure)

Past Present

- Heart problems
- Hepatitis (What kind? \_\_\_\_\_ Date \_\_\_\_\_)
- Hypertension (high blood pressure)
- Hypotension (low blood pressure)
- Measles
- Meningitis
- Multiple Sclerosis
- Mumps
- Penicillin allergies
- Peptic ulcer disease (ulcers caused by acid)

# MEDICAL HISTORY

Past Present

- 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: |
| <input type="checkbox"/> Hepatitis A            | (Date: _____)      |
| <input type="checkbox"/> Hepatitis B            | (Date: _____)      |
| <input type="checkbox"/> Hib                    | (Date: _____)      |
| <input type="checkbox"/> MMR                    | (Date: _____)      |
| <input type="checkbox"/> Rubella                | (Date: _____)      |
| <input type="checkbox"/> Mumps                  | (Date: _____)      |
| <input type="checkbox"/> Measles                | (Date: _____)      |
| <input type="checkbox"/> Polio                  | (Date: _____)      |
| <input type="checkbox"/> Tetanus                | (Date: _____)      |
| <input type="checkbox"/> Chickenpox             | (Date: _____)      |
| <input type="checkbox"/> Other _____            | (Date: _____)      |
| <input type="checkbox"/> 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

