



STEP APPLICATION

Building **Confidence** to Meet the **Challenges** of Life

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 Applicant,

Skills Training for Emergency Preparedness (STEP) is an outdoor adventure course designed to build a level of confidence in young ladies while preparing them to respond to life emergencies. The various training of skills is coupled with a strong spiritual emphasis from the book of Philippians. This course will enrich you in personal spiritual disciplines, physical fitness, and confidence to face future crises.

Each one of us will face some crisis within our lifetime. Knowing how to best deal with a situation makes a difference in our emotional reaction and the decisions we make to resolve it. Therefore we cover a broad range of topics that are applicable to a woman in every stage of life.

- Emergency skills subjects include first aid, CPR, basic electrical wiring, orienteering ropes, & knots, outdoor survival skills, basic plumbing, search & rescue, water safety, fundamental auto care, canoeing safety, and financial principles.
- Practical ministry opportunities will be integrated in the training.
- Daily Bible reading, scripture memorization, and journaling are taught as foundational personal disciplines of life.
- The daily schedule includes basic physical training.
- The four-week program in age-integrated groups promotes genuine friendships with young ladies from all around the world.
- You will have opportunities to hear and learn from a variety of guest speakers and staff from their personal life experiences.
- Hiking and camping provide practical opportunities to apply outdoor skills that have been learned.

We trust that the Lord will use your time at STEP to strengthen your relationship with Him and prepare you to serve Him in the days ahead. Our goal is to equip you with the skills and confidence to meet or prevent commonplace emergencies. We desire that your time at STEP is profitable, challenging, and that your walk with the Lord is firmly rooted. We believe you need to STEP into your future prepared.

Strengthened in His Service,



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

ELIGIBILITY & APPLICATION

Eligibility

- ☐ Young women must be at least 15 years of age. (Exceptions may be made for those turning 15 during the program.)

Application Process

1. Begin the following preparations at home:
 - ☐ Start memorizing the book of Philippians (KJV).
 - ☐ Start a physical fitness program at home (see page 7).
2. Complete an Application, which must include all of the following:
 - ☐ Application Package
 - ☐ Photographs (wallet size or larger)
 1. (1) family photograph (any size), taken in the last year
 2. (1) personal photograph (any size), taken in the last year
 - ☐ \$25 non-refundable application fee
3. Mail completed application package to:

International ALERT Academy - STEP

Attn: STEP 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 and photos still need to be mailed for filing purposes.

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

Completing the STEP 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 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 GUIDELINES

Each woman that participates in training will receive a Guidelines Manual (in their notebook), which describes the principles and guidelines upon which STEP 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 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)

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 REGISTRATION & QUESTIONNAIRE

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

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 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 did you hear about STEP? _____

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

4. Is it your choice to attend STEP? ☐ 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

Parent Questionnaire

4. List any other information that you feel would help us understand and offer help to your daughter:

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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

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Appendectomy |
| <input type="checkbox"/> | <input type="checkbox"/> | Asthma (sudden, difficult breathing and wheezing) |
| <input type="checkbox"/> | <input type="checkbox"/> | Blood transfusion(s) received (Date _____) |
| <input type="checkbox"/> | <input type="checkbox"/> | Bronchitis (inflammation of the windpipe) |
| <input type="checkbox"/> | <input type="checkbox"/> | Cancer |
| <input type="checkbox"/> | <input type="checkbox"/> | Chicken Pox |
| <input type="checkbox"/> | <input type="checkbox"/> | Cholecystectomy (removal of gall bladder) |
| <input type="checkbox"/> | <input type="checkbox"/> | Chronic ear infections |
| <input type="checkbox"/> | <input type="checkbox"/> | Diabetes |
| <input type="checkbox"/> | <input type="checkbox"/> | Glaucoma (increased inner-eye pressure) |

Past Present

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Heart problems |
| <input type="checkbox"/> | <input type="checkbox"/> | Hepatitis (What kind? _____ Date _____) |
| <input type="checkbox"/> | <input type="checkbox"/> | Hypertension (high blood pressure) |
| <input type="checkbox"/> | <input type="checkbox"/> | Hypotension (low blood pressure) |
| <input type="checkbox"/> | <input type="checkbox"/> | Measles |
| <input type="checkbox"/> | <input type="checkbox"/> | Meningitis |
| <input type="checkbox"/> | <input type="checkbox"/> | Multiple Sclerosis |
| <input type="checkbox"/> | <input type="checkbox"/> | Mumps |
| <input type="checkbox"/> | <input type="checkbox"/> | Penicillin allergies |
| <input type="checkbox"/> | <input type="checkbox"/> | 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:

- ☐ 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

Date of last shot:

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: _____

PARENT QUESTIONNAIRE

Release of Liability and Medical Consent Form

I, the undersigned, parent or guardian of _____, on behalf of myself, my daughter, and my spouse (if applicable), in consideration of the training which my daughter will receive through the STEP Program of the International ALERT Academy, do hereby release the International ALERT Academy and the STEP Program, as well as their employees, agents, voluntary helpers, instructors, and venues that participate in STEP training (Releasees) from liability for any injuries to my daughter or property damage to her belongings, occurring while my daughter is participating in the STEP Program.

While STEP provides medical expertise for emergencies and takes precautions to ensure that my daughter has an accident-free experience, I recognize the potential for physical injuries or accidents to which my daughter may be exposed in the course of her training and ministry, and I knowingly assume such risks and assume responsibility for my daughter's participation. I also agree to indemnify and hold harmless all the above Releasees for any liability that Releasees may incur as a result of my daughter's involvement or participation in the STEP Program.

I understand that STEP does not carry insurance coverage to care for accidents, illnesses, or injuries that may occur during my daughter's training and that medical/accident insurance coverage is my responsibility. I hereby certify that my daughter is covered under my insurance policy or that other arrangements have been made to satisfactorily care for potential medical expenses.

In consideration of the aforementioned benefits, I do voluntarily authorize the International ALERT Academy, and any of its officers, employees, or voluntary helpers responsible for the well-being of my daughter, to personally provide, or to make reasonable arrangements for those life-saving procedures which appear to be reasonably necessary to preserve the life of my daughter in case of emergency during the period of time my daughter is participating in the STEP Program. Due to the nature of the training/ministry in which my daughter is involved, I understand that I may not be contacted prior to the commencement of such emergency medical treatment, but that I will be contacted as soon as is reasonably possible in the event of any serious injury to my daughter.

I state that I have carefully read the foregoing release of liability and medical release form, that I understand its content, and that I willingly agree to the terms thereof. I fully understand the arrangements made for the care of my daughter and willingly consent to the Institute's provision for the spiritual, emotional, mental, and physical welfare of my daughter during the period of time she is under the authority of the Institute. I voluntarily sign my name to this release of liability and medical consent form.

_____	x _____	_____
Parent/Guardian (Print name)	Parent/Guardian's signature	Date

Understanding of Risk

I, as a trainee, understand the seriousness of the risks involved in participating in this program, and I accept personal responsibility for obeying the rules and regulations of the STEP Program. I also agree to follow the directions given by those in authority.

_____	x _____	_____
Attendee (Print name)	Attendee's signature	Date