



HEAR His Heart

(Hope, Equipping And Releasing)

Dear Parents

We are excited about extending an opportunity for your middle-school aged child to attend HEAR His Heart discipleship program. The purpose of this program is to train and guide youth into a deeper and more intimate relationship with Jesus Christ, and for them to discover the plans and purpose that He has for them. As the students grow in their intimacy and love for the Lord, they will go out into the community, locally and to other states, to share this love with others.

Full parental support is vital. Your role will include praying for your child and bringing them on time to each class and mission activity. Your support is also needed in many other areas, such as praying for the youth and its leaders, sowing monthly finances, and being involved when asked to help with trips by chaperoning, giving your testimony and teaching. The benefits of everyone working together will propel each child into a faith-based relationship with their heavenly father. It is important that each student finds the value of who they are at this time in their life.

If your child is interested in attending HEAR His Heart's discipleship program, please complete the attached application packet and return to Sharon Rowland at 10510 Camelback Circle, Charlotte, NC 28226.

Please feel free to contact me with any questions at 704-614-4474.

Sincerely,

Sharon Rowland

HEAR His Heart Application 2024 – 2025

Name _____ Age _____ Birth Date _____

Church _____ Pastor and/or Youth Pastor _____

This portion of the application needs to be completed by the youth applying:

Describe your personal relationship with the Lord/prayer life (Relationship with the Lord, view of God, understanding of prayer, personal experiences with prayer, personal study of the Bible):

(Attach additional paper if needed)

Describe any ministry experiences you may have been involved in (Mission trips, children’s ministry, VBS, youth group, worship team, neighborhood ministry, ministry to family and friends):

(Attach additional paper if needed)

Describe your expectations/vision for HEAR His Heart 2024 – 2025 and the reason(s) for wanting to participate in HEAR His Heart this year

(Attach additional paper if needed)

Rate yourself in the following areas:

	Very Weak				Very Strong
Servant hood	1	2	3	4	5
Pure heart	1	2	3	4	5
Punctuality	1	2	3	4	5
Leadership	1	2	3	4	5
Ability to follow directions	1	2	3	4	5
Respectful	1	2	3	4	5
Responsible	1	2	3	4	5
Conflict resolution	1	2	3	4	5
Honesty	1	2	3	4	5
Relationship with Mom	1	2	3	4	5
Relationship with Dad	1	2	3	4	5

Are you willing to be committed to attending all HEAR His Heart meetings and outings for the 2024 – 2025 year? (Beginning September 2024 and ending May 30, 2025)

Yes No

Circle which day you are applying for: Wednesday evening
6:30 – 8:30 PM

Friday morning
10:00 AM - Noon

HEAR His Heart **Expectations**

Practical Requirements & Commitments:

- Expected to attend **all** Sessions (after 3 absences subject to review) _____(initials)
- Expected to bring Bible, journal and pen to every session _____ (initials)
- Expected to be on time _____ (initials)
- Expected to contact the leader if you will be absent_____ (initials)
- Cost:
 1. Enrollment fee of \$80 which covers the cost of a kick-off activity and T-shirt, hoodie and bag
 2. \$540 for the year (payment can be made in full at the beginning of year or \$60/ month due on the 1st of the month). **** If your child drops out you are still responsible for the total amount for the year****
_____ (initials)
- Any additional trips are optional and participation will be determined by leadership.

Leadership:

- Be a role model to others
- Be willing to serve others around you
- Be willing to actively participate in HHH meetings and outreaches
- Regularly fellowship with other believers of Jesus Christ

Spiritual:

- Have a personal relationship with Jesus Christ, asking Him into your heart and desiring Him to be Lord of your life
- Have a desire to develop a deeper intimacy with the Lord
- Be willing to devote yourself to developing spiritual disciplines such as prayer, Bible reading and scripture memorization
- Willingness to grow in the fruits and gifts of the Spirit

Behavior:

- Be respectful of others and be willing to help develop a culture of honor
- Be teachable – Ask the Holy Spirit what is truth for you
- **I will not use electronics during HEAR His Heart meetings and outreaches**

Parent Expectations:

Here are some areas of need (please check the ones you are able to help with)

1. Drive and assist with outreaches _____
2. Serve at in-house meetings _____
3. Mentor a youth _____
4. Pray/intercede for HHH _____
5. Purchase snacks _____
6. Arrange activities outside of HHH _____
(bonfire, game day, etc...)
7. Intercede for HHH youth & leaders _____

Tips to Help Your Child with HHH:

- Spend time dialoguing with your child about what they learned or experienced at HHH
- Spend time daily as a family in the Word and in prayer
- Ask your child what they read about in the Word and what it means to them
- Pray with your child and ask them to pray for you out loud
- Review and meditate on the HHH memory verse as a family and discuss the meaning
- Communicate with your child’s mentor and HHH leadership

Requirements and Commitments:

- I am committed to attending HEAR His Heart from 9/1/2024 – 5/30/2025
- My parents fully support my commitment to HEAR His Heart

Your signature

Date signed

Parent signature

Date signed

HEAR His Heart

STUDENT Information

Child's Name: _____ Date of Birth: _____
Last First Month/Day/Year

Current Age: _____ Sex: Male _____ Female _____

Address _____
Street City State Zip

Telephone #: _____

Father's Name: _____ Cell phone #: _____

Mother's Name: _____ Cell phone #: _____

Email address: _____

Emergency contact person: _____ Cell phone #: _____

Please describe any medical conditions, medications needed or allergies:

HEAR His Heart

Waiver of Claim for Damages & Release of Liability HEAR His Heart, Charlotte, NC, September 2024– June 2025. As parent/guardian, I grant permission for _____ to travel with HEAR His Heart and to participate in all activities and travel related to these trips.

Hospitalization Information

Insurance Company Name: _____

Telephone: _____ Policy No: _____

Circle one: HMO Group Plan Individual Policy PPO POS Other

PARENT STATEMENT: I assume full responsibility for _____'s

behavior and understand that the HEAR His Heart will not be held responsible in any way in case of accident or illness while my child is a participant in this organization. I understand that he/she is to obey all policies and rules established for these trips.

Signed _____ Date _____

All medication, (prescription and non-prescription), for the youth on these trips are to be identified and their prescribed use acknowledged to chaperone in charge with name clearly labeled, including name of medication and directions for use. An up-to-date tetanus shot is required of all participants. Allergies, medications, special diets and medical/health concerns are listed below:

Medical Authorization

I acknowledge that participation in HEAR His Heart Ministries involves risk to the participant (and to the participant's parents or guardians, if the participant is a minor), and may result in various types of injury including, but not limited to the following: sickness, exposure to infectious/communicable disease, bodily injury, death, emotional injury, property damage, and financial damage.

In consideration for the opportunity to participate in HEAR His Heart Ministries, the participant (or parent/guardian if the participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from any activities, as well as for any medical treatment rendered to the participant that is authorized by HEAR His Heart Ministries or its agents, employees, volunteers, or any other representatives. Should my child sustain or incur any accident or illness with HEAR His Heart Ministries, I hereby authorize agents for HEAR His Heart to execute any and all documents, including any necessary releases, which might be required by any medical facility to perform any emergency care on my behalf.

In the event that my child has an illness or accident while with HEAR His Heart, which requires a visit to the doctor or hospital, any existing family insurance policies will assume the insurance coverage. Otherwise I/we understand we are responsible for all medical expenses. _____(initials)

If a dispute over this agreement or any claim for damages arises, the participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the participant (or parent/guardian) and HEAR His Heart Ministries cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution in accordance with the rules of the American Arbitration Association.

Release and Hold Harmless

I, the undersigned parent or guardian of _____, in consideration of him,/her participating with HEAR His Heart trips agree and give my permission and approval for him/her to participate in any and all activities of said trips and hereby assume all risks and hazards of such participation; the undersigned hereby waive, release, and discharge any and all claims of the applicant the undersigned against HEAR His Heart , their heirs, affiliates, subsidiaries, agents, employees, contractors, and successors, and assigns on account of such participation, and expressly agree to indemnify and hold harmless said releases from any and all claims of the applicant and undersigned. In witness whereof, I have signed this waiver of claim for damages, release of liability, and authorization for travel and any medical treatment.

I, the undersigned parent or guardian of _____, allow him/her to participate in the water activities. _____ (initial required for approval).

Signature of Parent/Guardian: _____ Date: _____

Signature of Participant: _____ Date: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

North Carolina/South Carolina _____ County

I, _____, a Notary Public for said county and state, do hereby certify that _____ personally appeared before me this day and acknowledge the due execution of the foregoing instrument.

Witness my hand and official seal, this the _____ day of _____, 20__.

(Notary Public)

My commission expires _____.

(Official Seal)

PHOTO/VIDEO RELEASE FORM

I hereby grant HEAR His Heart permission to use my likeness in photographs/videos, without payment or other compensation.

If the participant is under 21, there must be consent by a parent or guardian, as follows:

I hereby certify that I am the parent/guardian of _____
(Child's Name)

and do hereby gives my consent without reservation to the foregoing on behalf of this person _____
(Child's Name)

(Parent/Guardian's Signature)

(Date)