

# **SERVICE ADVENTURE**

## **First-Time Adults (18 and Older)**

### **What Is the Service Adventure?**

The Service Adventure is a short-term mission trip that challenges you to experience service and ministry on a whole new level. The combination of Service and Adventure makes it an exciting opportunity for Christian growth! For two weeks you can join participants from different countries as they come together for one purpose—to become better prepared to serve the Lord. Whether that means serving in your neighborhood, in another part of the world, or possible service through the Educational Assistance program for graduates, you will catch a lifelong vision of a world in need of Christ!

You will have the opportunity to serve the Lord through serving others in need. Be challenged as you step out of your comfort zone and explore a different culture. Meet new people and make friends that will last a lifetime!

### **Training for Service**

In the first week of Service Adventure, you will be challenged and grow along with your team members as you participate in training for ministry. You will learn to work together through team-building activities as you prepare to serve the Lord and people who serve in schools using the A.C.E. program.

Training for service includes learning how to recognize and fulfill your unique calling by studying what it means to serve the Lord wholeheartedly. Inspiring evening devotions challenge you to action through God's Word, prayer, and Scripture memory. Preparation for service also includes practical classes and activities such as cross-cultural orientation, puppetry, language lessons, and school furniture construction skills.

Part of the adventure will include roughing it by sleeping on a hard surface, eating unusual foods, and using less-than-comfortable bathing facilities—excellent training for missionaries!

### **Service in Action**

Once training is complete, the second week will be spent serving and ministering in needy schools that use the A.C.E. program. You will travel with your team to spend at least five days implementing what you have learned. Teams will enjoy getting to know the people as they minister, build student offices, paint, and do whatever they can to help these schools prepare for the new school year. Participants will have the chance to take part in sharing the Gospel through their testimonies as well as puppetry or drama.

At the end of serving at offsite locations, fellow participants and leaders will return to the Service Adventure base for a day of rest and debriefing. Debriefing is an essential part of the Service Adventure experience because it allows participants to make an overall self-assessment of physical, emotional, mental, and spiritual growth. This is a time for evaluating personal and group experiences, preparing a video presentation to share your adventure, and applying what was learned to everyday life.

### **Who Can Attend?**

Adult attendees must be a graduate who used the A.C.E. curriculum or be a parent or staff member actively serving in a school using the A.C.E. program. Adults of all ages are encouraged to participate as the Service Adventure is not just for young people. Background checks are necessary for participants 18 and older. A written recommendation from the participant's pastor is required.

To prepare participants better, two exciting PACEs must be completed prior to attending. These training PACEs will be provided to all registered first-time participants.

## Practical Missions Elective

High school students can take part in the Practical Missions elective course by participating in the Service Adventure and completing the Secret of Leadership training PACE in conjunction with the Soulwinning PACE. At the end of the Service Adventure, participants will receive a certificate that states they have successfully qualified for this half credit. Students who desire to learn more about missions are encouraged to take the Introduction to Missions PACEs 1–6 that also count as a half credit, together providing a full missions credit. In order to receive recognition for this high school credit at Service Adventure, the high school participant should complete the PACEs and submit the Service Adventure Training Affidavit (See page 13.) before **June 1**.

## How to Apply

**Step One:** To apply for the Service Adventure, send the following printable forms with the **nonrefundable** \$75 annual registration fee before **March 1** to **Service Adventure, Accelerated Christian Education Ministries, P.O. Box 508, Hendersonville, TN 37077-0508. Alternately you may email these items to [hisservant@acem.org](mailto:hisservant@acem.org), or you may fax them to 615-612-6069.**

- Application (must include a recent photograph of yourself)
- My Christian Testimony (details about your salvation experience)
- Why I Want to Attend
- Character Reference (sent to ACEM by your pastor/supervisor)
- Service Adventure Screening Form
- Health Status
- Medical Release
- Model/Photo Release
- Release of Liability
- Proof of PACE work (if student)
- Nonrefundable Annual Registration Fee of \$75

*NOTE: Be sure you have a valid government-issued passport. You must have at least six months of time left on your passport at the end of Service Adventure. If you do not have a passport, get it as soon as possible.*

Your Service Adventure application will be submitted to an approval committee. Once their decision is made, you will be notified of approval status.

**Step Two:** Once you have been accepted, you will receive an email with a letter, your two PACEs to complete, and any information that you may need to proceed with the registration process. To complete registration, send the following items to ACEM at the above address before **June 1**.

- Service Adventure Training Affidavit
- Copy of completed flight itinerary provided by travel website/agent or detailed arrival/departure information if traveling by bus, train, or car (Each participant is responsible for making travel arrangements to the Service Adventure site.)
- Service Adventure Fee of \$350

*NOTE: Be sure to secure a passport.*

## The Cost

Cost for participation is **\$350**. This fee covers lodging, meals, equipment, supplies, class materials, training, and local transportation during the Service Adventure. This fee is due June 1. (The participation fee of \$350 does **NOT** include transportation costs from your home to Service Adventure and is in addition to the \$75 registration fee.)

## Transportation

Travel arrangements to and from Service Adventure should be made by each individual participant. Please contact us for consultation **PRIOR** to making your travel arrangements! All participants should arrive on the first day after 5 a.m. and should depart on the last day no later than midnight. Please do not plan to travel on other days.

## For More Information

If you would like to learn more about how you can experience this life-changing Service Adventure, please email [hisservant@acem.org](mailto:hisservant@acem.org) or call 615-612-5200.

*Do you want to be an additional blessing? Your church or school can help raise funds for student office construction (\$40 per office) or to purchase other Learning Center needs for the school in which you will serve. If you would like to make donations to help with tools and materials, email the address listed above.*

Attach a recent photograph of yourself with the application.

# SERVICE ADVENTURE APPLICATION

Step One

Date \_\_\_\_\_

| PERSONAL INFORMATION                          |  |
|---|--|
| Print Name _____<br><small>Last First</small> | Preferred Name _____   |
| Address _____                                 |  |
| City _____                                    | State/Province _____ ZIP/Postal Code _____ Country _____   |
| Home Phone (_____) _____                      | Cell Phone (_____) _____   |
| Email _____                                   | Date of Birth _____ / _____ / _____<br><small>Month Day Year</small>   |
| Age _____ Height _____ Weight _____           | Sex <input type="checkbox"/> M <input type="checkbox"/> F T-Shirt Size <input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL |
| Country of Citizenship _____                  | Passport Number _____  |

| PASTOR/SCHOOL INFORMATION                  |  |
|--|--|
| Pastor's Name _____                        | Church Name _____                          |
| Address _____                              |  |
| City _____                                 | State/Province _____ ZIP/Postal Code _____ |
| School Name _____                          | Administrator's Name _____                 |
| Address _____                              | City _____                                 |
| State/Province _____ ZIP/Postal Code _____ | Acct. # _____                              |
| Phone (_____) _____                        | Email _____                                |

List any medical problems or physical limitations \_\_\_\_\_  
\_\_\_\_\_

Describe your involvement with A.C.E. (*student, graduate, supervisor, parent, pastor, etc.*) \_\_\_\_\_  
*If a student, submit proof of PACE work (Student Progress Report, Supervisor's Progress Card, or transcript).*

Years with A.C.E. \_\_\_\_\_ Year of high school graduation \_\_\_\_\_ Denomination/Religious affiliation \_\_\_\_\_

Position at school using the A.C.E. program \_\_\_\_\_ How many years? \_\_\_\_\_

Responsibilities \_\_\_\_\_  
\_\_\_\_\_

Language(s) spoken: First \_\_\_\_\_  
English will be used primarily Second \_\_\_\_\_ Third \_\_\_\_\_

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_  
*Your signature verifies that all information is accurate and correct. If getting assistance filling out this form, please indicate that person's name and give the reason.*

Person assisting with form \_\_\_\_\_ Reason \_\_\_\_\_  
*Note: Applicants aged 18 and up will be asked to sign a release giving permission to complete a background check before acceptance.*

# MY CHRISTIAN TESTIMONY

Step One

(Use additional pages, if needed.)

Date of salvation (if known) \_\_\_\_\_

My salvation experience: Please write a brief statement of your Christian testimony (your salvation experience—the day you accepted Christ)

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My participation in church and school activities (current responsibilities at church, current and prior participation during high school years, and current community service activities)

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Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Print full name \_\_\_\_\_ Date \_\_\_\_\_

Name of contact person who can confirm your involvement \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

# SERVICE ADVENTURE

## WHY I WANT TO ATTEND

Step One

(Please type or print clearly.)

Print Name \_\_\_\_\_

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**Special skills, talents, interests, or abilities**

Music  Art  Drama  Computer  Carpentry  Other *(Explain)*

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Do you have a friend or family member who has applied to be on this year's Service Adventure team? \_\_\_\_\_

If yes, what is his/her name and relation to you? \_\_\_\_\_

# SERVICE ADVENTURE CHARACTER REFERENCE

Step One

**(To be completed by someone other than a relative, friend, or coworker.)**

**Participant:** Please fill in your personal information and give this form to your pastor or supervisor to complete.

Print Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State/Province \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

**Dear Pastor or Supervisor:** Thank you for assisting with the selection of participants for the ACEM Service Adventure. ACEM is endeavoring to assist mature, committed, Christian young people and adults to represent our Lord as His servants. With this in mind, we ask that you please fill out the Character Reference form and return it to: **Service Adventure, Accelerated Christian Education Ministries, P.O. Box 508, Hendersonville, TN 37077-0508** or email to [hisservant@acem.org](mailto:hisservant@acem.org). All responses will be held in strict confidence.

- How long have you known this prospective participant? \_\_\_\_\_
- Your relationship with the prospective participant:  Pastor  Supervisor
- Please indicate character strengths and weaknesses in the following areas:

|                                   | Excellent                | Good                     | Inconsistent             | Poor                     | Unknown                  |
|-----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Ability to follow direction       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Attitude toward authority         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Functions under stress            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Leadership qualities              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Working relationships with others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Emotional stability               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Character and honesty             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Spiritual life                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- **If "Inconsistent" is marked, please explain.** \_\_\_\_\_
- Please note anything, including areas of concern, about the prospective participant or his/her family that you feel we should know. \_\_\_\_\_
- To the best of your knowledge, does or has the prospective participant engage(d) in the use of tobacco, alcohol, or drugs?  Yes  No
- Is the applicant active in your church?  Yes  No If no, which church? \_\_\_\_\_
- What character trait(s) are demonstrated that you believe qualify this applicant to attend the Service Adventure? \_\_\_\_\_
- Has the applicant been previously involved in service opportunities? \_\_\_\_\_ If so, what was his/her participation? \_\_\_\_\_
- Please indicate your recommendation for this prospective participant.
  - Fully recommend  Not recommended at this time
  - Recommend with slight reservations

Your Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_

# Accelerated Christian Education Ministries Service Adventure Screening Form

Step One

Print Current Legal Full Name \_\_\_\_\_

Please list all names used in the last 7 years (including Maiden Name) \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_     Male  Female    Driver's License Number \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_    Passport Number \_\_\_\_\_

Present Address \_\_\_\_\_ City \_\_\_\_\_

State/Province \_\_\_\_\_ County \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

## Answer the following questions truthfully to the best of your ability.

Have you ever been convicted of, plead guilty to, been charged with, or been investigated for the endangerment of the life of a child?  Yes  No

If yes, please explain. \_\_\_\_\_

Have you ever been convicted of, plead guilty to, been charged with, or been investigated for any crimes involving drug-related charges, theft, criminal negligence, and/or any crime of violence?  Yes  No

If yes, please explain. \_\_\_\_\_

Have you ever been convicted of a crime?  Yes  No

If yes, please explain. \_\_\_\_\_

Are you currently under parole or probation, or have you ever been under investigation for any crimes that you are aware of?  Yes  No

If yes, please explain. \_\_\_\_\_

You will receive an email from HireRight® with a link to complete an authorization form that will allow us to conduct a background check. Please complete within one week since the link expires.

*I have read this document and understand that by signing below I am legally affirming that all of the information provided herein is true to the best of my knowledge and belief.*

### AUTHORIZATION

I hereby authorize Accelerated Christian Education Ministries to request any police/sheriff's department or other relevant law enforcement entity or other record-keeping organization to release information regarding any record of charges or convictions contained in its files, or in any criminal file maintained on me, whether said file is a local, state, or national file, and including but not limited to accusations and convictions for crimes committed against minors to the fullest extent permitted by state or federal law. I do release said police/sheriff and other organization from all liability that may result from any such disclosure made in response to this request.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Full Name \_\_\_\_\_ Date \_\_\_\_\_

**First-Time Adults (18 and Older)**

# SERVICE ADVENTURE HEALTH STATUS

Step One

(Please type or print clearly.)

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Please identify any medical conditions or limitations which might affect your performance during the ACEM Service Adventure. \_\_\_\_\_

Do you have any allergies that require special attention? If so, please explain.  
\_\_\_\_\_

Do you require any medications? If so, please identify by prescription name.  
\_\_\_\_\_

Do you have any dietary concerns or requirements? \_\_\_\_\_

Have you had surgery during the past 12 months? If so, please explain.  
\_\_\_\_\_

Are you currently under a doctor's care? If so, for what condition?  
\_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Doctor's Address \_\_\_\_\_  
Street City State/Province ZIP/Postal Code Country

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

## Immunization History

Please list dates of most recent vaccination boosters.

**Note:** The following vaccinations are recommended but not required.

| Vaccine         | Date  | Travel Immunizations | Date  |
|-----------------|-------|----------------------|-------|
| DTP or DTaP     | _____ | Hepatitis A          | _____ |
| Tetanus Booster | _____ | Hepatitis B          | _____ |
| MMR             | _____ | Tuberculosis         | _____ |
| Polio           | _____ | Rabies               | _____ |
| Influenza       | _____ | COVID                | _____ |
| H1N1            | _____ |                      |       |

### IN THE EVENT OF AN EMERGENCY, CONTACT:

Name \_\_\_\_\_ Relation \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

**First-Time Adults (18 and Older)**



# SERVICE ADVENTURE MEDICAL RELEASE

(Please type or print clearly.)

I understand that attendance at the ACEM Service Adventure is voluntary. I release A.C.E. Ministries or Accelerated Christian Education, Inc., its employees, ACEM Service Adventure personnel, and the host school(s) selected as official ACEM Service Adventure location(s) from any liability for accidents, sickness, or death that may occur while serving with ACEM Service Adventure, at all times and locations, during ACEM Service Adventure, and while in and/or en route to and from the host country. Supervising personnel in leadership with whom I serve have my permission to take me to a doctor for medical treatment, emergency surgery, or hospitalization if the need arises. **I assume the responsibility of all medical expenses for myself.** Should circumstances require me to return home due to disciplinary action or for medical reasons, I will assume total transportation costs.

Print Name \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

National Identification Number (e.g., Social Security Number) \_\_\_\_\_

**Important:** DO NOT SIGN except in the presence of witnesses. Witnesses must be unrelated to prospective participant and at least 21 years of age. (Please note two witness signatures are required.)

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Relation \_\_\_\_\_

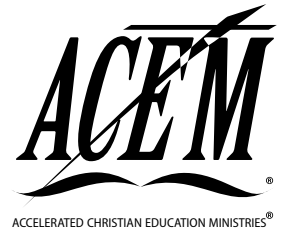
Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Relation \_\_\_\_\_



Accelerated Christian Education  
Accelerated Christian Education Ministries  
**MODEL/PHOTO RELEASE**

Step One



I hereby grant to **A.C.E. School of Tomorrow or Accelerated Christian Education Ministries (ACEM)**, its nominees, designees, successors, and assigns or those for whom they are acting, the absolute right and permission to copyright, and/or publish photographic portraits or pictures of me, or in which I may be included in whole or in part, or composite, or distorted in character or form, in conjunction with my own or any other picture, name, or reproductions thereof in color or otherwise made through any media at its property or elsewhere, for art, advertising, business, or any other lawful purpose whatsoever.

I hereby waive any right that I may have to inspect and approve the finished product or the copy that may be used in connection therewith, or the use to which it may be applied.

I hereby release, discharge, and agree to hold harmless **A.C.E. or ACEM**, its nominees, designees, successors, and assigns, or others for whom **A.C.E. or ACEM** is acting, from any liability by virtue of any use whatsoever, whether intentional or otherwise, or from any charge that may occur or be produced in the taking of said picture or pictures, or any processing tending towards the completion of the finished product, unless it can be shown that reproduction was maliciously caused, produced, and published solely for the purpose of subjecting me to conspicuous ridicule, scandal, reproach, scorn, and indignity.

Model Name \_\_\_\_\_  
Please Print

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Model Signature \_\_\_\_\_ Date \_\_\_\_\_

If under 18 years of age, the parent or legal guardian of the model must sign here:

\_\_\_\_\_ Date \_\_\_\_\_

parent and/or legal guardian of \_\_\_\_\_

do hereby consent and grant permission to the foregoing.

(Must be **unrelated**)

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Relation \_\_\_\_\_

Accepted and acknowledged by **A.C.E. School of Tomorrow or Accelerated Christian Education Ministries**

By \_\_\_\_\_ Date \_\_\_\_\_

# SERVICE ADVENTURE RELEASE OF LIABILITY

Step One

For providing minimal accidental insurance and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged and confessed, the undersigned individual hereby acknowledges that the undersigned has voluntarily elected to pursue certain educational activities with a full understanding of the risks involved therein, that the undersigned is responsible for acquiring any required travel documents and immunizations, and that in such pursuits the undersigned is not an employee, representative, or guest of Accelerated Christian Education Ministries (ACEM). The undersigned also represents to ACEM that (i) the undersigned or the undersigned's relatives have made adequate provision for the undersigned's care and return in the event of injury, sickness, or disciplinary action necessitating such return, (ii) provision has been made for the undersigned's return upon completion of the undersigned's educational activities therein, and (iii) all expenses incurred by the undersigned in connection with the performance of the undersigned's educational activities or otherwise shall be borne by the undersigned or the undersigned's sponsoring organization, and that ACEM shall have no liability whatsoever therefore.

Consequently, the undersigned with the intent of binding the undersigned and the undersigned's heirs, executors, personal representatives and assigns, hereby unconditionally releases, acquits and forever discharges ACEM, its successors and assigns, its officers, directors, shareholders, and employees from any and all claims, demands, actions, or causes of action of whatever kind, character and description, whether based on facts presently known or hereafter discovered, whether based upon statutory law or common law, whether known or unknown, which have accrued or which may ever accrue to the undersigned, the undersigned's heirs, executors, personal representatives and assigns, for and on account of all matters relating to the educational activities of the undersigned and the travel of the undersigned to and from such a location and the performance of the educational activities of the undersigned from the beginning of time until one year after the permanent return of the undersigned from such a location. This Release is for any relief, no matter how denominated, including, but not limited to, compensatory damages, punitive damages, and damages for pain and suffering or mental anguish, personal injury, medical expenses, and attorneys' fees and costs.

Print Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

National Identification Number (e.g. Social Security Number) \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

**Important:** DO NOT SIGN except in the presence of witnesses. Witnesses must be **unrelated** to prospective participant and at least 21 years of age. (Please note two witness signatures are required.)

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Relation \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Relation \_\_\_\_\_

# WHAT TO BRING CHECKLIST

## General Items

### Required

- Bible, pen, and notebook—Bring a paper Bible as mobile devices may not be used in devotions.
- Bring your own personal first aid kit, including sunscreen, anti-diarrheal, insect repellent, and itch relief. Bring any medicine you take regularly or might need.
- Spending money in small bills (keep in a money belt or zippered bag)—\$40 is suggested
- Small flashlight, extra batteries
- A pair of scissors or a pocketknife (put in your checked luggage)
- A refillable water bottle and a coffee cup or thermos (needed for coffee, hot drinks, or soup)—You will be provided a dish, a fork, and a spoon to use.
- Sleeping bag or bedroll, flat sheet (individual size), small pillow with an extra pillowcase, and a mat or something to place on the floor under your sleeping bag (an exercise mat, a foam camping pad, or an air mattress)—You will be sleeping on a concrete or tiled floor.
- Two small, lightweight bath towels and two washcloths
- Toiletries and personal items: toothbrush, soap, shampoo, deodorant, hand sanitizer, and other essentials—Bring travel-sized items!
- Plastic bags for dirty laundry, laundry detergent for washing by hand, at least 10 clothespins for hanging clothes, and 8 feet of parachute cord or strong string (for tying knots or hanging clothes)—A washing machine may be available for large clothing items.
- Suitcases: limited to one large suitcase and one carry-on item (backpack, messenger bag, or roller bag—You will use this during the second week.) per participant. Choose suitcases that meet current airline standards and that are easy to manage by yourself.
- Optional: small sewing kit, camera, batteries, and/or charger

**Clothing** – Bring clothes for at least 5 days.

### Required for Both Genders

- Tennis shoes (two pairs) and socks
- Flip flops for use only in the shower
- Safety glasses, ear plugs, hat (or bandana), and gloves (cloth or leather) for outside work
- Lightweight jacket or sweater
- Rain gear: lightweight raincoat or poncho and small travel-sized umbrella
- At least one outfit (including shoes) appropriate for Sunday morning worship
- Lightweight conservative pajamas with short sleeves

### Male

- Full-length denim or durable work pants (at least two pairs)
- Short-sleeved shirts (no secular slogans/words/graphics)

*Note: DO NOT BRING shorts, excessively baggy or tight pants, cutoffs, tank tops, or sleeveless shirts. No facial hair is permitted for young men.*

### Female

- Skirt or culottes (skirt-like in appearance)—Length must be below the knee. Denim is acceptable.
- Short-sleeved shirts or blouses (no secular slogans/words/graphics)

*Note: DO NOT BRING shorts, gauchos, capris, pants, halter tops, form-fitting shirts, low-cut blouses, or sleeveless shirts. Keep makeup and jewelry to a minimum and within International Student Convention standards. It will be difficult to use electric curling irons, straighteners, or blow dryers.*

*Note: DO NOT BRING secular magazines, music, or books. DO NOT BRING games or toys. Earphones cannot be used during the day. Cell phone usage will be limited.*

**Bring a real, physical Bible with paper pages for devotional time.**

# SERVICE ADVENTURE TRAINING

Step Two

*(For first-time attendees only.)*

(Please type or print clearly.)

**Do not turn in until PACEs are completed.**

## TRAINING AFFIDAVIT

I, \_\_\_\_\_, have completed the two training PACEs under  
supervision of  Supervisor  Administrator  Pastor  Other \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Email \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Signature of Training Supervisor \_\_\_\_\_

Secret of Leadership Test Score \_\_\_\_\_%

Soulwinning Test Score \_\_\_\_\_%