



BAHAMAS/TURKS AND CAICOS ISLANDS CONFERENCE Youth Stewardship Programme



The Bahamas/Turks and Caicos Islands Youth Stewardship Programme is geared towards the development of the Youth and Young Adults of the Bahamas/Turks and Caicos Islands Conference. This Programme will give the Youth and Young Adults the exposure of the operation of a District Conference in the Methodist Church in the Caribbean and the Americas (MCCA), in particular the Bahamas/Turks and Caicos Islands Conference, thus preparing them to be the future leaders of the church.

Exposure and Engagement

Youth and Young Adults will be exposed to and engaged in:

1. The ways of conducting a meeting at the highest level of the District Conference.
2. The distribution of documents.
3. The Secretariat
4. The work between journal writers and the secretariat by the delivery of minutes to be typed and filed.
5. The serving of meals to Conference Delegates.
6. The compiling of the Annual Conference Minutes.
7. The ushering at Conference Worship Services, that is Opening Service, Conference Services, Ordination Services and other significant services; also tours etc.
8. The Visual and Audio productions.
9. The deliver messages.
10. The sharing with other Youth and Young Adults from the various circuits through Youth Events, Conversations and Fellowship.

Criteria

Stewards have to be between 16-30 years old. Stewards need to be prepared to endure and periods of intensive activities and long, work days. Patience, ability to work with people from other circuits, good behaviour and a willingness to work together as a team is essential.

Stewards must:

1. Be a member of the Methodist Church in the Caribbean and the Americas.
2. Be involved in a Youth Organization in their congregation or circuit.
3. Be between ages 16-30 years.
4. Must exhibit good mannerisms and be polite at all times.

Stewards are received by application **only**.

Financing

The Bahamas/Turks and Caicos Islands Conference will be responsible for boarding, lodging expenses and meals during the time of the Conference. The Circuit from which the individual or individuals would come, will be responsible for the travel expenses.

Whose Responsible

The Bahamas/Turks and Caicos Islands Conference will be solely responsible for the Youth and Young Adults during their time at the Conference. While at Conference the Youth and Young Adults activities will be coordinated by the B/TCI Christian Education Committee.

***Kindly return all forms to the Conference Office- Rhodes Memorial Methodist Church,
O. Box EE-16379, Nassau, Bahamas by November 30.***

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**Bahamas/Turks and Caicos Islands Conference
Youth Stewardship Programme
REGISTRATION FORM
(TO BE COMPLETED IN CAPITAL LETTERS)**

CIRCUIT (_____)

NAME _____
Surname First Name initials

ADDRESS:
Street _____ City/Town _____
Country _____
Telephone _____ Fax _____
Email _____

DATE OF BIRTH _____ **AGE** _____ **GENDER** (M or F)
Day month year

OCCUPATION _____

Nationality _____

Next of Kin _____ Relationship _____

Next of Kin Telephone _____
Home Work Cell

TRAVEL/MEDICAL INSURANCE Personal Physician _____

Provider _____ Policy Number _____

Type/Level of Coverage _____

I WILL LIKE TO SERVE: (Please put an X by two)

_____ Secretariat _____ Youth Events

_____ Serve Meals

_____ Usher

_____ Visual and Audio

Participants Signature

Minister's Signature

TRAVEL INFORMATION

The following are arrival and departure times to/from

Full Name *(please print)* _____

Country I will be arriving from _____

ARRIVAL:

Date _____ **Time** _____ **Airline and Flight #** _____

DEPARTURE:

Date _____ **Time** _____ **Airline and Flight #** _____

For persons coming by car or bus: ARRIVAL _____

Time: _____

MEDICAL INFORMATION
PERSONAL INFORMATION (To be completed by all APPLICANTS).

Last Name: _____ First Name: _____ Sex: [M] [F]

Age (yrs): _____ Date of Birth: _____ Address _____

Tel. No.: [H] _____ [Cell] _____

Mother - Last Name: _____ First Name _____

Address: _____, Bahamas _____

Tel.No:[H] _____ [O] _____ [C] _____

Father -Last Name: _____ First Name _____

Address: _____

Tel.No.:[H] _____ [O] _____ [C] _____

Guardian-Last Name: _____ First Name _____

Address: _____

Tel.No.:[H] _____ [O] _____ [C] _____

Personal/FamilyPhysician: Last Name: _____ First Name: _____

Address: _____

Clinic _____

Tel.No.: [O]__ 394-3433 _____ [Fax] _____ [C] _____

MEDICAL INFORMATION
PERSONAL INFORMATION (To be completed by all APPLICANTS)

Do you presently have or have you had any medical condition / chronic illness: yes no

If your answer is “yes” please specify by ticking the appropriate box(es), providing details in the space below:

- Asthma (wheezing or bronchitis)
- Allergies
- Sinusitis
- Eye condition requiring glasses / contact lenses / protective eyewear
- Significant Family Medical History
- Epilepsy
- Head injury/concussion (within 1 year)
- Heart condition or hypertension
- Infectious disease (e.g. Mono) (within 1 year)
- Traumatic/Overuse injury (bone/joint/muscle)
- Dental appliance/removable prosthesis
- Diabetes
- Blood Disorder (or bleeding disorder)
- Kidney/Bladder dysfunction
- Bowel dysfunction (gastrointestinal)
- Past Surgical History / Major surgery (within 1 year)
- Difficulty with Anaesthesia

Details/Other: _____

Are you taking medication? Yes No
If Yes, please specify.

Do you have allergies (FOOD, ENVIRONMENTAL AGENTS, DRUG, SENSITIVITIES)? Yes No

If yes, please specify.

