

***DIRECTION***

High School Career Program

of

Ministry Assessments

2801 Buford Highway, Suite 503

Atlanta, Georgia 30329

404-414-1465

**Application:**

Name of Student: \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Parent or Legal Guardians: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Student Phone: \_\_\_\_\_ Guardian Phone: \_\_\_\_\_

Student Email: \_\_\_\_\_ Guardian Email: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

Youth Ministry Coordinator: \_\_\_\_\_ Phone: \_\_\_\_\_

List Siblings: (Name)	(Age)	(Resides)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Describe your family/family life:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I learned about **DIRECTION**: \_\_\_\_\_ friend \_\_\_\_\_ Pastor \_\_\_\_\_ Youth Director \_\_\_\_\_ website  
\_\_\_\_\_ other (specify) \_\_\_\_\_  
.....

**Student Questionnaire:**

List three adjectives to describe yourself: 1) \_\_\_\_\_  
2) \_\_\_\_\_  
3) \_\_\_\_\_

My Favorite Activities include: \_\_\_\_\_

Others would describe me as: \_\_\_\_\_

Something I have always wanted to do: \_\_\_\_\_

If I could hold any job I wanted... it would be: \_\_\_\_\_

My favorite vacation was: \_\_\_\_\_

If I could live anywhere it would be: \_\_\_\_\_

I consider my: Strengths to be: \_\_\_\_\_

Growing edges: \_\_\_\_\_

My faith plays what role in my life: \_\_\_\_\_

Describe what you would like to learn from your participation in **D I R E C T I O N**:

\_\_\_\_\_

I \_\_\_\_\_ (*print name*) agree to participate fully in the **D I R E C T I O N** program in order to find my calling of God to a career that will be my service to the world.

\_\_\_\_\_

*Student Signature*

*Date*

**NOTE: Please mail the following to the address above with your application:**

**1) Application Form, 2) Signed Parental/Guardian Permission Form, 3) A High School Transcript, and 4) Total Fee: \$375-individual or \$250- (group of 8 or more). Make Checks Payable to: *Ministry Assessments.***

**The counselor will contact you to schedule your **D I R E C T I O N** program !**

\_\_\_\_\_

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**Parent/Guardian Consent Form:**

My signature on this form indicates my knowledge of and consent for my youth \_\_\_\_\_  
(Print Name) DOB \_\_\_\_\_ to participate in **D I R E C T I O N**, a career exploration program for youth. I understand that there will psychological testing and career counseling involved in this program. It is a Christian based program with traditional Christian views of work and vocation shared. The test results will be shared with your youth in written fashion. Counseling sessions with your youth will remain confidential in order to preserve the confidentiality of your youth. General themes may be shared where appropriate. The only exceptions to this confidentiality are in the State of Georgia Laws of reporting: 1) any allegation of child abuse, 2) allegations of elder abuse, 3) suicidal ideation, 4) threats of homicide or 5) if a court demands records for a court case of which selective records made be released. All other aspects of this program are confidential unless the program is done in a group setting where there may not be ways to guarantee total confidentiality. In group settings confidentiality will be suggested among members.

Due to the ever changing world of internet media and the problems associated, Ministry Assessments my not guarantee that texts or emails exchanged will be confidential.

I agree to pay the full program fee of: \_\_\_\_ (\$375 individual)... or... \_\_\_\_ (\$250 groups of 8 or more). Once a teenager starts the program the fee is non-refundable. If my teenager chooses not to attend for any reason the program funds will be refunded except for a non-refundable \$25 administrative fee.

I am aware of the terms above and acknowledge that I give permission for my teenager to fully participate in the **D I R E C T I O N** program for career exploration.

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Youth

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor

\_\_\_\_\_  
Date

