

## Northeast Michigan DeColores Ministry

### CONFIDENTIAL Candidate Registration

The DeColores Weekend is open to all who are 18 years of age or older. Married couples are strongly encouraged to attend consecutive DeColores Weekends. It is recommended, but not required, that the husband attend first.

**Candidate Information: *PLEASE PRINT CLEARLY AND RESPOND TO ALL QUESTIONS***

**Personal Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Prefer to be called: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
 Email: \_\_\_\_\_ Gender: Male: \_\_\_ Female: \_\_\_ Birth date: \_\_\_\_\_ (mmddyyyy)  
 Marital Status: Single \_\_\_ Married \_\_\_ Widowed \_\_\_ Divorced \_\_\_ Separated \_\_\_ If widowed, divorced or separated, how long? \_\_\_\_\_  
 Spouse's Name: \_\_\_\_\_ Has your spouse attended a DeColores or similar 3 day Weekend? Yes \_\_\_ No \_\_\_  
 Church: \_\_\_\_\_ Pastor's Name \_\_\_\_\_  
 Are you baptized? Yes \_\_\_ No \_\_\_ Has the DeColores Weekend been explained to you? Yes \_\_\_ No \_\_\_\_\_

**Physical or health limitations/needs: *(this information is to help us serve your needs and does not restrict you from attending the weekend)***

**Mobility:** Check any that you use: Walker \_\_\_ Wheelchair \_\_\_ Other \_\_\_\_\_  
 Do you need to use a ramp or elevator? Yes \_\_\_ No \_\_\_ Do you require any assistance? Yes \_\_\_ No \_\_\_ If "Yes" please indicate what type of assistance you will need \_\_\_\_\_

**Special Dietary Needs:** *(Special dietary requirements may require the candidate or sponsor to provide the dietary food items for the weekend.)* Diet type: Regular \_\_\_ Low sodium \_\_\_ Gluten free \_\_\_ Vegetarian \_\_\_ Vegan \_\_\_ Other \_\_\_\_\_  
 Do you have any food allergies? Yes \_\_\_ No \_\_\_ If "Yes" please list foods you are allergic to: \_\_\_\_\_

**Medical conditions:** Are you diabetic? Yes \_\_\_ No \_\_\_ If "Yes" are you insulin dependent? Yes \_\_\_ No \_\_\_  
 Insulin: By injection \_\_\_ Oral medication \_\_\_ When do you check your blood sugar level? \_\_\_\_\_  
 Do you have any heart or lung conditions that we should know about? Yes \_\_\_ No \_\_\_  
 If "yes" briefly explain: \_\_\_\_\_ CPAP machine Yes \_\_\_ No \_\_\_  
 Do you have any other serious health problems that we need to be aware of? Yes \_\_\_ No \_\_\_ If so, please explain: \_\_\_\_\_

**Medications:** Please indicate any medications you are currently taking (list any additional medications on separate sheet of paper)

Medication	Dosage	1 Daily (time?)	2 or more times daily (times?)

Are there any emotional or personal stresses that you are presently resolving? Explain Briefly: \_\_\_\_\_  
 \_\_\_\_\_  
 Please give a brief, frank idea of why you wish to attend a DeColores Weekend: \_\_\_\_\_  
 \_\_\_\_\_

***Upon completion of this form, please return it to your sponsor so that he or she may complete the bottom half.***

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Pastor's Signature (requested but not required)*

