



VNSETN

Vida Nueva of Southeast Tennessee

Candidate Application

Purpose of Vida Nueva: Vida Nueva is a youth weekend for young men and women which aims to concentrate closely on the person and teaching of Jesus Christ. Vida Nueva explores basic Christian beliefs to provide those who attend the weekend a deeper and more meaningful relationship with Christ as they share His love in a dynamic way. Vida Nueva also explores how to apply this knowledge in our everyday lives.

What happens on a Vida Nueva weekend? Vida Nueva accomplishes its purpose by talks given by pastors as well as by everyday individuals who are not pastors. Each talk is then discussed in small table groups. The basic atmosphere of Vida Nueva is one of love, Christian fellowship singing, laughing, and worship.

Who should attend a Vida Nueva weekend? The age requirement is that the individual be 15 to 20 at the beginning of the weekend. There are separate weekends held for young men and young women. Each attendee must be sponsored by someone who has previously attended a Vida Nueva, Tres Dias, or Cursillo-type weekend.

Where is the weekend located? At the Apison Retreat Center (ARC) located at 11206 Old East Brainerd Road, Apison, TN 37302. The ARC phone number is **423-236-4112**. Please use this in case of emergencies only. Please note that the ARC facility is a “*smoke free*” Christian retreat facility therefore no smoking, vaping or use of tobacco products in any form is permitted on the weekend!

Vida Nueva is:

- Spanish for “New Life”
- A weekend for Christians to live in Christian community
- A clear and obvious experience of the work of Christ in the world today
- A tool of God, not an end in itself

How may I attend a Vida Nueva weekend?

The preferred method for application is online at www.vnsetn.org. If you choose not to apply online, please fill out this application and mail to the address below. The \$80 weekend fee will be due at send-off of the weekend. This application is comprised of two parts. Please complete the entire application so we can plan for any special needs.

VNSETN
Attn: Pre-Weekend Team
PO Box 115
Apison, TN 37302-0115

Part A – Sponsor and Applicant Information

Sponsor Information:

Name _____

Address _____

City _____ State _____ Zip _____

Cell phone _____ Other phone _____

Email address _____

Which 3 day weekend did you attend that qualifies you to be this candidate's sponsor? _____

As a sponsor, I acknowledge my responsibilities to this Applicant/Candidate and his/her family. I have read and understand the purpose of Vida Nueva.

Sponsor signature **Date**

Applicant/Candidate Information:

Name _____ Nickname _____

Address _____

City _____ State _____ Zip _____

Cell phone _____ Other phone _____

Email address _____

Birthdate _____ Age _____ Sex _____ T-shirt size _____

School you attend _____ Grade _____

Church _____

Parent (or guardian) name _____ Cell # _____

Parent (or guardian) email address _____

Any special diet/food allergies? _____ or N/A

Will any medication need to be taken on the weekend? For what general purpose do you take them?

_____ or N/A

You will list in detail the dietary restrictions and medications on the Medical Release Form. This is to give us an idea of what to be prepared for prior to the weekend.

Applicant Signature / Date

Parent (or Guardian) Signature / Date (if applicant/candidate is under 18)

Part B – Candidate Medical Release Form

This form **must** be completed and appropriately signed by all weekend participants, parent (or legal guardian) prior to any weekend activities. **The form will be held by the Vida Nueva Council Representative for the duration of any weekend.**

Please print legibly and, if necessary, use additional space on the back of this form.

Name of Candidate _____

Please indicate any and all:

Special diets/food allergies _____ or N/A

Medical allergies _____ or N/A

Medical conditions _____ or N/A

Will medications need to be given during this Vida Nueva weekend? _____ Yes _____ No

If prescription medication is to be taken during this Vida Nueva weekend, an adult member of the team will be designated to safeguard and administer the medication.

Please list any medication along with dosage and times to be given on the next page

I consent to child receiving over the counter medications such as Tylenol or Advil ___ Yes ___ No

Other information _____ or N/A

Medical Insurance Company _____

Group # _____ Member # _____

Parent (or guardian's) name _____ Cell Phone _____

In the event of an emergency, I, as parent (or legal guardian) of _____ do hereby authorize an adult Vida Nueva leader as agent for me, to consent to my child receiving an x-ray, exam, medical, dental, or surgical diagnosis, treatment, and hospital care advised by a physician, surgeon or dentist as appropriate, licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital. I shall be obligated for all costs relative to any medical assistance and/or services rendered on behalf of _____ . I release Vida Nueva from any legal responsibility related to medical treatment.

Signature of Parent (or Legal Guardian) if under 18

Date

Signature of Weekend Participant (if 18 or older)

Date

Sponsor's Name _____ Cell Phone# _____

