



BRINGING WORSHIP TO LIFE NASHVILLE PARTICIPANT APPLICATION

PERSONAL INFORMATION:

NAME: _____ GENDER: MALE FEMALE TRANSGENDER

ADDRESS: _____ APT / SUITE #: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE NUMBER: (____) _____ - _____ BUSINESS PHONE NUMBER: (____) _____ - _____

CELL NUMBER: (____) _____ - _____ TEXT: YES NO VP NUMBER: (____) _____ - _____

EMAIL ADDRESS: _____

WEBSITE ADDRESS: _____

FACEBOOK ADDRESS: _____

I AM: HEARING HARD OF HEARING DEAF DEAF-BLIND CODA (Child of a Deaf Adult)
 WODA (Wife of Deaf Adult) HODA (Husband of Deaf Adult) SODA (Sibling of a Deaf)

PLEASE LIST ANY DISABILITY SERVICES YOU MAY REQUIRE: (i.e. Wheelchair ramps, SSP's, etc) _____

ARE YOU A U.S. CITIZEN? YES ___ NO ___ IF NO, YOUR COUNTRY OF BIRTH: _____

SIGN LANGUAGE EXPERIENCE:

ASL SKILL LEVEL: NATIVE FLUENT HIGHLY SKILLED SKILLED PROGRESSING
 NEED A LOT OF PRACTICE BARELY SURVIVING

EXPERIENCE: PROFESSIONAL INTERPRETER (4+ years of paid professional interpreting) How many years? _____

NEW INTERPRETER (0-4 years of paid professional interpreting)

ADVANCED STUDENT

(Currently attending or entering a formal Interpreter Training Program Practicum/Internship)

VOLUNTEER INTERPRETER (interpreting without pay)

NATIONAL CERTIFICATIONS: (List) RID: ____ / ____ / ____ / ____ NAD: ____ EIPA: ____

STATE CERTIFICATIONS: (List) STATE: ____ LEVEL: ____ / STATE: ____ LEVEL: ____

INTERPRETING SKILLS: I AM COMFORTABLE USING: ASL or PSE (Contact) ASL ONLY PSE (Contact) ONLY
 SEE ONLY Unsure of these Languages/Systems

TRAINING: FORMAL INTERPRETER TRAINING PROGRAM
 EDUCATION THROUGH FAMILY MEMEBER(S)
 INFORMAL INTERPRETER TRAINING PROGRAM
 COMMUNITY INTERACTION

PRESENT EMPLOYMENT:

Name of Company:	Briefly describe type of work performed:

PRESENT VOLUNTEER POSITIONS:

Name of Company:	Briefly describe type of work performed:

EDUCATION:

	Name and Location:	Course Taken:		Year Completed:	Year Graduated:
High School:					
College:		Major:	Degree:		
College:		Major:	Degree:		
College:		Major:	Degree:		
Other:					

MEDICAL:

Our desire is to ensure that you are well cared for. None of the answers below will have any bearing on your presence at the workshop, but will be kept on file in case of an emergency or in order to make preparations for your unique care should medical attention becomes necessary. All information will be kept confidential and will only be shared with medical personnel as needed.

DO YOU HAVE ANY KNOWN ALLERGIES? YES NO

[Medicine, Food, Insect (Bee / Wasp), Animal (dog / cat), etc]

IF YES, PLEASE LIST: If additional space is needed please use back of page

1. _____ Treat w/ Benadryl Have EpiPen Seek Medical Attention Life Threatening
2. _____ Treat w/ Benadryl Have EpiPen Seek Medical Attention Life Threatening
3. _____ Treat w/ Benadryl Have EpiPen Seek Medical Attention Life Threatening

Although you are not required to list chronic medical conditions or blood disorders such as HIV/AIDS, Hemophilia, or Cancer, etc., in case of an injury we would appreciate being informed of any serious medical conditions and/or infectious diseases /disorders when on site. This will allow the workshop staff to be as prepared as possible to provide any and all care needed, as well as be able to inform any and all medical personnel so that special attention can be given when necessary.

Major Medical Conditions: _____

Should you attend the BWLN: The Awakening workshop, we request that you keep a list of all chronic medical conditions as well as a list of all prescription medications presently being taken on your person at all times.

EMERGENCY CONTACT INFORMATION:

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT RELATIONSHIP WITH APPLICANT: _____

EMERGENCY CONTACT HOME PHONE NUMBER: (____) _____ - _____

EMERGENCY CONTACT BUSINESS PHONE NUMBER: (____) _____ - _____

EMERGENCY CONTACT CELL PHONE NUMBER: (____) _____ - _____

EMERGENCY CONTACT VP NUMBER: (____) _____ - _____

PERSPECTIVES OF PERFORMANCE INTERPRETING:

We want to get to know you! Please take a moment to answer the questions below:

1. What caused your initial interest in Worship/Musical Interpreting? _____

2. Have you attended a Bringing the Stage to Life Workshop? YES NO If yes, what city? _____

3. Have you received prior training in Worship /Performance Interpreting? YES NO If yes, please explain? _____

4. Briefly explain your Worship Interpreting experience: _____

5. What type of venues have you interpreted Worship music: _____

6. What type of religious setting have you interpreted in?

1. _____ 2. _____ 3. _____

7. What makes a great Worship Interpreter? _____

8. What is your biggest struggle as a Worship Interpreter? _____

9. What is your most successful attribute as a Worship Interpreter? _____

10. What intimidates you about Worship Interpreting? _____

11. Favorite YouTube videos/interpreters: _____

CURRENT RELIGIOUS AFFILIATION:**Christian Denominations**

- Anabaptism Baptist Church of God Methodist Presbyterian
 Anglican Catholic/Orthodox Episcopal Nazarene Reformed
 Assemblies of God Church of Christ Lutheran Non-denominational Seventh Day Adventist
 United Pentacostal Other: _____

Alternative Religions

- Agnostic Buddhist Jewish Pagan Wiccan
 Atheist Hindu Latter Day Saint Scientologist
 Ba-hai Jehovah's Witness Muslim Unitarian
 Other: _____

It is the policy of Gate Communications not to discriminate when evaluating potential workshop attendees based on an individual's race, color, sex, national origin, height, weight, marital status, political belief, genetic information, disability or handicap.

CERTIFICATION:

By signing this application I state that all the information herein is true and accurate to the best of my knowledge.

Upon signing this application I am entering into a hold harmless agreement with Gate Communications and all of the Staff and Board members of the organization. I agree that I will not hold Gate Communications or any of the Staff members or Board members responsible should any injury or harm take place to my person, my mental health, or belongings during the application process and participation of the BWLN: The Awakening Workshop.

I also agree with my signature to allow Gate Communications to use any video footage as well as still photos that may be taken during the course of the BWLN: The Awakening workshop for educational and advertising purposes.

By signing this application I understand and agree to uphold the policies dictated and required by the event site and Gate Communications which includes no alcohol, drugs, smoking, sexual activity, pornography, or theft while at the retreat center. I also agree to refrain from the use of illegal drugs and/or driving while intoxicated while a part of the BWLN: The Awakening Workshop. I understand that if these policies are ignored or violated Gate Communications or the retreat center can dismiss me from the workshop and I will not be provided with any form of a refund.

My signature on this application signifies that I agree to not act inappropriately with artists and their personnel, or while visiting alternative educational sites while a part of the BWLN: The Awakening Worskhop. "Inappropriately" is defined as rude, aggressive, extremely loud, or offensive behavior. Acting inappropriately could result in my presence being removed from the workshop for the remainder of that specific day or permanently for the remainder of the workshop with no form of a refund being provided and with no financial reimbursement for altered or newly incurred travel plans.

By signing this application I understand that I will have to sign a "Statement of Understanding" and a "Statement of Faith" prior to my participation of any part of the workshop.

Signature: _____ Date: _____

Printed Name: _____

Housing and Meal Information

It is the desire of Gate Communications to make your housing arrangements as comfortable as possible. This workshop will be held at a retreat center and Individuals will be staying at an AirBnB. In the process of picking your roommates we want to make sure we find people who are a good fit for you. We cannot guarantee we will find roommates with your similar interests or preferences, however we will do our best to attempt to find roommates to whom you can relate. Fill out the answers to the best of your ability. Remember, these answers are only used for guiding housing arrangements and have no affect on whether or not you are chosen to participate in the workshop.

Sleep Schedule: Early Riser Night Owl

Willing to sleep on a futon (\$50 discount): Yes: No:

Discount applies if assigned a futon

Off site residence (\$200 discount): Yes: No:

If staying off site participant will be responsible for getting to and from the workshop site on their own daily.

Please select the answers that best describe you:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> I am a parent of young kids | <input type="checkbox"/> I am a parent of teenagers | <input type="checkbox"/> I am a parent with no kids in the house | <input type="checkbox"/> I don't drink |
| <input type="checkbox"/> I love to drink | <input type="checkbox"/> I am a light social drinker | <input type="checkbox"/> I like to party | <input type="checkbox"/> I am friendly |
| <input type="checkbox"/> I am a comedian | <input type="checkbox"/> I am active | <input type="checkbox"/> I am a dare devil | <input type="checkbox"/> I like safety |
| <input type="checkbox"/> I am rarely emotional | <input type="checkbox"/> I can be emotional | <input type="checkbox"/> I am very serious | <input type="checkbox"/> I am pensive |
| <input type="checkbox"/> People frustrate me | <input type="checkbox"/> People rarely frustrate me | <input type="checkbox"/> I am dramatic | <input type="checkbox"/> I am agressive |
| <input type="checkbox"/> I am LBGTQQI | <input type="checkbox"/> I am straight | <input type="checkbox"/> I am definitely a Type A personality | <input type="checkbox"/> I am a thinker |
| <input type="checkbox"/> I love being around people | <input type="checkbox"/> I have very few opinions | <input type="checkbox"/> I have a million opinions | <input type="checkbox"/> I am a listener |
| <input type="checkbox"/> I need my personal space | <input type="checkbox"/> I value my free time | <input type="checkbox"/> I am a workaholic | <input type="checkbox"/> I am a cat lover |
| <input type="checkbox"/> I am loud | <input type="checkbox"/> I like to sit still | <input type="checkbox"/> I don't like to sit still | <input type="checkbox"/> I am a dog lover |
| <input type="checkbox"/> I am a practical joker | <input type="checkbox"/> I love numbers | <input type="checkbox"/> I love history | <input type="checkbox"/> I love literature |
| <input type="checkbox"/> I am a feeler | <input type="checkbox"/> I am rarely satisfied | <input type="checkbox"/> I am usually satisfied | <input type="checkbox"/> I love to argue |
| <input type="checkbox"/> I have a bright outlook | <input type="checkbox"/> I am very religious | <input type="checkbox"/> I have no strong opinions on religion | <input type="checkbox"/> I am liberal |
| <input type="checkbox"/> I am conservative | <input type="checkbox"/> I love politics | <input type="checkbox"/> I hate politics | <input type="checkbox"/> I am artsy |
| <input type="checkbox"/> I am a tech geek | <input type="checkbox"/> I like to find the problems | <input type="checkbox"/> I don't recognize problems | <input type="checkbox"/> I am easy going |
| <input type="checkbox"/> I tend to complain | <input type="checkbox"/> I am a talker | <input type="checkbox"/> I am quiet | <input type="checkbox"/> I am giggly |
| <input type="checkbox"/> I rarely complain | <input type="checkbox"/> Hobbies: _____ | | |

Are there any types of roommates you would prefer TO have or prefer NOT to have:

Meal Plan: No Preferences Vegetarian Vegan Gluten-Free

I do not eat: _____

We will do all we can to accommodate special request and dietary needs, however they cannot be guaranteed.