

# Application to Serve as a Diakonos at the Iowa United Methodist Annual Conference

Hy-Vee Hall in Des Moines, Iowa - June 9-12, 2017

Name: \_\_\_\_\_ Grade Completed this year: \_\_\_\_\_

Home Church: \_\_\_\_\_ District: SE EC NE SC C NC SW NW

Gender: M F Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_

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

Have you been a Diakonos in the past? Y N What Year(s) \_\_\_\_\_

Hoodie Size: S M L XL XXL T-Shirt Size: S M L XL XXL

## Additional items needed

1. Please include a letter of reference from your Pastor or Youth Leader stating why they think you would be a good candidate to serve as a Diakonos for the Iowa Annual Conference. Be sure to give your Pastor the Church Recommendation form and include it with your application.
2. A 100-250 word essay explaining: (If possible e-mail this to PastorSteve@Asbury-Bett.org)
  - a. Why you want to serve as a Diakonos.
  - b. How your faith walk has lead you to this point of servant hood.
  - c. How your faith walk can be enriched by this experience.
  - d. Please describe your use of technology and your ability to help others with their electronic devices.
3. Fill out Registration/Health form.
4. Include a \$100 check for your housing cost. (The room fee is \$25.00 per day. Please inquire with your church, they might be willing to cover this cost, and has been included in the recommendation form. This also acts as your deposit and will be returned if you're not accepted.)

## Parental Consent

As parents, we believe that \_\_\_\_\_ is capable  
And will serve well as a Diakonos at the June 9-12, 2017 Iowa United Methodist Annual  
Conference. We are happy to endorse our youth for this responsibility.

Parents' Signatures: \_\_\_\_\_

Date: \_\_\_\_\_

# 2017 Iowa United Methodist Annual Conference

Hy-Vee Hall in Des Moines, Iowa

## Diakonos Information - Please Read Carefully!

*Mark 9:35 tells us that:*

*Jesus sat down, called the twelve, and said to them,*

*“Whoever wants to be first must be last of all and servant/"Diakonos" of all.”*

*That is what we are now being called to do!*

*To be servants/Diakonos to all, not just messengers and distributors of information.*

### **Definition: Diakonos** [*dee-ak'-on-os*] **noun**,

1. one who executes the commands of another, esp. of a master, a servant, attendant, minister, etc.
2. a person to carry messages and run errands for the members, (or in our case, the Iowa Annual Conference).

**Purpose:** Since the Iowa United Methodist Conference is a decision making body; it receives reports, acts upon recommendations and develops programs, policies and budgets for the future. Diakonos are needed in its operation and to serve the 1300-1500 members who attend. You are being called to be servant leaders, (Diakonos) the hands and feet of the Annual Conference, and your job is to deliver communications, directions, and to aide and assist those who are in need of your help.

### **Diakonos will be selected with the following guidelines:**

1. 32 Diakonos state-wide.
2. 4 Diakonos from each of the 8 Districts.
3. 16-Male Diakonos, 16-Females Diakonos.
4. 8 Diakonos from each Grade 9<sup>th</sup>, 10<sup>th</sup>, 11<sup>th</sup>, and 12<sup>th</sup>.
5. Essay and Pastoral Reference letter will be used as the main determiner.
6. Past experience is not a guaranteed placement.

### **Required Skills:**

1. A Diakonos must be out going, friendly, smiling and must enjoy walking.
2. A Diakonos must be willing to work from 7:30 AM-9:30 PM most days without complaining.
3. A Diakonos should model Christian behavior at all times.
4. A Diakonos must wear appropriate clothing and issued t-shirt.

**Accommodations:** All Diakonos will be rooming at Grand View College and transported (bus) back and forth from Hy-Vee Hall. Diakonos are not allowed to drive while in Des Moines after they check in on Friday (keys will be collected at check in).

**Meals:** Special arrangements have been made so that all Diakonos will be eating at Hy-Vee Hall.

### ***Your application, letter of reference, health form and housing deposit check must be mailed and postmarked by Monday April 30, 2017.***

After the 7<sup>th</sup> of May, I will let you know if you have been selected to serve as a Diakonos. All Diakonos will need to arrive at Hy-Vee Hall for check in at 1:00 PM on Friday, June 9, 2017. Annual Conference will run Saturday, June 9, through Monday, June 12, 2017. **Please mail the packet--DO NOT e-mail me the forms. I need originals with signatures.** The only thing to be e-mail is your essay! I look forward to receiving your application packet.

Pastor Steve Braudt  
1809 Mississippi Blvd  
Bettendorf, IA 52722  
PastorSteve@Asbury-Bett.org

Iowa United Methodist Annual Conference Diakonos  
Registration and Health Information

Please Print in Ink

Name \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Male • Female •  
Last First Middle Initial

Fall of 2016 School \_\_\_\_\_ Fall of 2017 Grade 9 10 11 12 C

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Youth Phone (H) \_\_\_\_\_ Phone (Cell) \_\_\_\_\_ Email address \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone (H) \_\_\_\_\_ Phone (W) \_\_\_\_\_ Phone (Cell) \_\_\_\_\_

Second Parent \_\_\_\_\_ Phone (H) \_\_\_\_\_ Phone (W) \_\_\_\_\_ Phone (Cell) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone (H) \_\_\_\_\_ Phone (W) \_\_\_\_\_ Phone (Cell) \_\_\_\_\_

Parent Email address \_\_\_\_\_

Medical Insurance carrier \_\_\_\_\_ Policy# \_\_\_\_\_ Group# \_\_\_\_\_

Carrier address \_\_\_\_\_ Name of insured person \_\_\_\_\_

Name of family physician \_\_\_\_\_ Phone \_\_\_\_\_

**Health History (Check those that pertain. Give approximate dates.) Allergies (dates not needed)**

\_\_\_\_\_ Frequent Ear Infections \_\_\_\_\_ Diabetes \_\_\_\_\_ Bleeding Disorders \_\_\_\_\_ Hay Fever \_\_\_\_\_ Penicillin

\_\_\_\_\_ Heart Defect/Disease \_\_\_\_\_ Asthma \_\_\_\_\_ Mononucleosis \_\_\_\_\_ Ivy Poisoning, etc. \_\_\_\_\_ Insect Stings

\_\_\_\_\_ Seizures \_\_\_\_\_ ADD/ADHD \_\_\_\_\_ Downs Syn. Other \_\_\_\_\_

\_\_\_\_\_ Tourettes Syn. \_\_\_\_\_ Chicken Pox \_\_\_\_\_ Measles Drugs (specify) \_\_\_\_\_

\_\_\_\_\_ Mumps

Chronic or recurring illness or medical condition \_\_\_\_\_

Dietary restrictions \_\_\_\_\_

**Current medications (List both prescription, OTC & herbal)**

Medication name: \_\_\_\_\_ Dosage \_\_\_\_\_ Reason for taking \_\_\_\_\_

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**For your information, these are our rules of conduct expected from each youth:**

Respect one another, staff and adult leaders

No alcohol, drugs, tobacco permitted

No lighters permitted

No fighting, weapons, fireworks, explosives

No driving during Annual Conference

Respect property

No offensive or immodest clothing

No boys in girl's sleeping quarter & vice versa

Participation with the group expected

Respect and comply with event schedules

Parent(s)/guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

**(Wait, there's more on back!)**

**Iowa United Methodist Conference  
Diakonos Waiver and Release from Liability  
Effective June 9, 2017 to June 12, 2017**

I (We) acknowledge that my child's participation in the Iowa United Methodist Diakonos program is voluntary and may require involvement in activities that require traveling or physical exertion. Such activities may include, but are not limited to: outings, athletic games, local excursions, and meetings.

Therefore, in consideration of my child's being allowed to participate in the Iowa United Methodist Conference Diakonos program, I (we) agree to the following:  
Iowa United Methodist Conference is not responsible for the loss or theft of personal belongings. Misconduct may result in transportation home from an activity at parents' expense.

\_\_\_\_\_  
Initial

A student dismissed for a disciplinary reason will not receive a refund of the activity fee. I understand and authorize that my child's image may be photographed or filmed and used in video presentations, printed publications of Iowa United Methodist Conference Ministries including the internet website. I hereby take the following action for my child, myself, my executors, administrators, heir, next of kin, successors and assigns:

\_\_\_\_\_  
Initial

A) I **waive, release, and discharge** from any and all claims or liabilities for death or personal injury the following person, or entities: Iowa United Methodist Conference, its Director of Diakonos and Employees, volunteers, representatives, subcontractors and agents of any of the above:

\_\_\_\_\_  
Initial

B) I **agree not to sue** any of the persons or entities mentioned above for any of the claims or liabilities that I have waived, released or discharged herein except in the case of gross negligence on the part of Iowa United Methodist Conference staff or volunteers and:

\_\_\_\_\_  
Initial

C) I **indemnify and hold harmless** the person or entities mentioned above from any claims made or liabilities assessed against them as a result of my child's actions. **I hereby assume the risks of my child participating in all Iowa United Methodist Diakonos activities.**

\_\_\_\_\_  
Initial

The undersigned \_\_\_\_\_ (parent/guardian), the parent and natural guardian or legal guardian of \_\_\_\_\_ (minor's name) hereby executes this document for and on behalf of the minor named herein. I agree to indemnify and hold harmless the person or entities mentioned above for any claims or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of the Waiver and Release. I hereby authorize any licensed physician, emergency, medical technician, hospital or other medical or health care facility to treat the minor named herein for the purpose of attempting to treat or relieve any injury received by said minor. I authorize any such Medical Provider to perform all procedures deemed medically advisable in attempting to treat or relieve such injuries. I consent to the administration of anesthesia as deemed advisable. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk for and on behalf of myself and said minor. I understand that attempts will be made to contact me in the most expeditious manner possible.

\_\_\_\_\_  
Initial

Permission is also granted to Iowa United Methodist Conference representative to provide the needed emergency treatment to the student prior to his admission to a medical facility.

\_\_\_\_\_  
Parent(s)/Guardian/Student (if over 18) Signature

\_\_\_\_\_  
Date

