



Application Checklist

- _____ Completed application
- _____ One confidential reference from a Christian friend
- _____ One confidential reference from a Pastor
- _____ Recent photograph (graduation or passport style)
- _____ Completed Health Care Information Form
- _____ Completed Background Check Form
- _____ Photocopy of current driver's license and proof of insurance (if bringing your own vehicle)
- _____ Completed an interview with Heartland District staff (to be scheduled once app is received)



BACKGROUND CHECK AUTHORIZATION

FCRA DISCLOSURE AND ACKNOWLEDGMENT
 IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT
 NEW ADDITIONS HAVE BEEN MADE JANUARY 2014 IN ORDER TO COMPLY WITH
 THE FCRA ARTICLE 613.

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Camp Hickory/Heartland District ("the Company") may obtain information about you for employment purposes from the following consumer reporting agency ("the Agency"). Camp Background Checks, 1200 NW South Outer Road, Corporate Centre, Blue Springs, MO 64015, Phone: 816-875-3701, Fax: 816-224-9699, or from another outside organization. The Agency's privacy policy can be found at <http://www.campbackgroundchecks.com>.

Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. These reports may include, but are not limited to, checks regarding your criminal history, social security trace, employment and education references, driving history, professional licenses and credentials. Credit history will be requested only in accordance with applicable law. These reports may contain information regarding your use of social media, and other publicly accessible information. Social media includes, but is not limited to, social networking websites (i.e., Facebook and others), professional networking websites (i.e., LinkedIn and others), blogs, and other online media.

You have the right, upon written request made within a reasonable time after receipt of this notice, to ask the Company to disclose the nature and scope of any consumer report. You also may request a copy of that report from the Company. If anyone other than the Agency furnishes an investigative consumer report, the Company will provide relevant contact information within five business days of your request. An "investigative consumer report" is a background report that includes information from personal interviews (except in California, where that term includes background reports with or without personal interviews). Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by the Agency via interviews with past employers, neighbors, friends or associates. The scope of this disclosure and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the procurement of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Camp Background Checks, 1200 NW South Outer Road, Corporate Centre, Blue Springs, MO 64015, Phone: 816-875-3701, Fax: 816-224-9699, <http://www.campbackgroundchecks.com>, another outside organization acting on behalf of the Company, and/or the Company itself. I authorize these agencies to provide you with consumer and investigative consumer reports. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

Maine, Massachusetts, and New Jersey employees only: You have the right to inspect and promptly receive a copy of any investigative consumer report requested by Company by contacting the consumer reporting agency identified above directly.

Minnesota employees only: You have the right, upon written request to Agency, to receive a complete and accurate disclosure of the nature and scope of any consumer report. Agency must make this disclosure within five days of receipt of your request or of the Company's request for the report, whichever is later.

New York employees only: You have the right to request whether Company requested a consumer report and, if so, Company will give you the name and address of the report's provider if other than Agency.

California, Minnesota and Oklahoma employees only: Please check this box if you would like to receive from Agency a copy of any report furnished by Agency to the Company pursuant to your authorization. []

Washington employees only: The Company will provide the disclosure described above concerning its procurement of an investigative consumer report either five days after receiving your request or after requesting the investigative consumer report, whichever is later. You have the right to ask Company to provide you with a summary of your rights under the Washington Fair Credit Reporting Act.

Full Name	First	Middle	Last
	First	Middle	Last
	First	Middle	Last
Maiden Name, Previous Names, or Aliases Used:	First	Middle	Last
	First	Middle	Last
	First	Middle	Last
Social Security Number:	Date of Birth:	Driver's License/ID State:	Driver's License/ID Number:
Current Address (Required):			From
Previous Address:			From/To
Previous Address:			From/To
Previous Address:			From/To
Previous Address:			From/To
Contact Telephone Number:		Email Address:	
SIGNATURE:			DATE:

Heartland District Health Care Information

Please fill out the following information as thoroughly and accurately as possible:

Student's Last Name	First	Middle	Insurance Company
Date of Birth	Age		Policy Number
Address			Father's Name
City	State	Zip	Father's Business Location
Home Phone			Father's Business Phone
Allergies (drugs or food)			Mother's Name
Medications you are currently taking			Mother's Business Location
Last Tetanus Immunization			Mother's Business Phone
Family Physician			Physician's Phone Number
In case of emergency, contact:			Emergency Contact Phone Number
Please list any physical conditions you have that require a doctor's supervision:			
Please list any physical conditions that you have that occasionally are bothersome to you (back problems, allergies, headaches, etc...).			

Dates of Childhood Immunization

Hepatitis A:	Smallpox:	Polio:	TB Test:	DTP:	MMR:
B:					

Please send a copy of your current immunization records: Yes, I've enclosed them <input type="checkbox"/>	
Student's Signature	Date



Heartland District of the Foursquare Church

MINNESOTA WISCONSIN IOWA ILLINOIS INDIANA MICHIGAN

Friend's Reference Summer Intern Heartland District

Applicant's Name: _____ Phone Number: (_____) _____

The individual named above has applied to become a student in the Summer Intern program. The Summer Intern program is a ten-week, intense, camp-based, leadership-training program for young adults who desire to grow in their knowledge of the Bible and in their ability to minister effectively. Serious consideration will be given to your comments, so carefully and quickly complete this form and return it directly to the Heartland District. Your comments will be held in confidence. Any additional comments may be made on a separate sheet of paper and attached to this reference.

Applicant's Instructions: This form is to be filled out by a Christian friend and mailed directly to The Heartland District. Family members may not fill out this form.

1. Please check the box that best describes the applicant:

	Excellent	Good	Fair	Poor	No Observation
Mental ability					
Personal motivation					
Maturity					
Appearance					
Church attendance / involvement					
Spiritual growth observed					
Self-image					
Emotional stability					
Coping with personal problems					
Response to pressure					
Financial responsibility					
Honesty					
Openness / transparency					
Moral standards					
Positive attitude					
Judgment / common sense					
Creativity					
Adaptability / flexibility					
Teamwork / cooperation					
Servanthood					
Follows instructions					
Teachable					
Liked by others					
Concern for others					
Communication skills					
Leadership ability					
Self-discipline					
Physical condition of health					

2. In your opinion, this applicant's Christian witness is which of the following:
- Mature Contagious Genuine and growing
- Over-emotional Superficial Other: _____
3. Please comment on areas of strength or weakness in the character of the applicant? _____
4. What specific gifts or abilities do you recognize in this applicant? _____
5. Does this applicant have any persistent problems or habits that might restrict him/her from fitting into an intense and challenging program? If so, please describe. _____
6. To your knowledge, during the past six-months has the applicant engaged in behaviors that are inconsistent with the life of a believer (drunkenness, drug use, sexual activity, viewing pornography, lying, cheating, etc.)? If yes, please define: _____
7. Would you recommend this applicant for acceptance into a summer internship?
- Yes No With hesitation
8. How many years have you known the applicant? _____ years. How close do you consider your relationship to be?
- Very close Fairly close An acquaintance Minimal

Applicant's Name			
Referent's Name			
Address			
City	State	Zip	Phone ()
Referent's Home Church			
Position in Church (if applicable)			
Signature			Date

Please mail to: **Heartland District** Phone: 563-424-5515
Attn: Chad Garrison Fax: (563) 424-5518
8808 Meadowridge Ln Email: cgarrison@foursquare.org
Indianapolis, IN 46217



Heartland District of the Foursquare Church

MINNESOTA WISCONSIN IOWA ILLINOIS INDIANA MICHIGAN

Pastor's Reference Summer Intern Heartland District

Applicant's Instructions: This reference should be completed by your pastor and mailed directly to the Heartland District. If your father or mother is your pastor, please give this form to the assistant pastor or youth pastor in your church who knows you best. If a person other than your pastor (assistant pastor or youth pastor) completes the form, an explanation should be provided.

Pastor's Instructions: The applicant named below has applied to become a summer intern at the Heartland District. The information requested on this form will assist us in evaluating the applicant's ability to succeed in this intense training program. The applicant cannot be considered until all reference forms are received; therefore, your quick completion of this form would be very much appreciated. This reference will be kept in confidence. Thank you for your assistance.

Applicant's Name: _____ **Phone Number:** (____) _____

1. How long have you known the applicant? _____

2. How long has the applicant attended your church? _____

3. How well do you know the applicant?
 Very well Fairly well Casually By name/sight

4. How would you describe the level of commitment shown by the applicant?
 Highly committed Somewhat committed Low level of commitment

5. Evaluation of applicant's emotional maturity (please check one):
 Outstandingly mature. Has demonstrated an ability to function effectively under stress.
 More mature and emotionally stable than average.
 Possesses adequate emotional stability and maturity.
 Has demonstrated some inability to function effectively under stress.
 Has frequently demonstrated signs of inability to cope with stress, such as anger or withdrawal.

6. How does the applicant usually react in stressful, difficult situations (check all that apply)?
 Withdraws Gets discouraged Gets angry Accepts patiently
 Acts constructively Seeks assistance from leaders

7. Has applicant proven on any occasion to be unreliable, dishonest, or of questionable character?
 No Yes If yes, please explain: _____

8. As far as you know, has the applicant ever been arrested for any offense?
 No Yes If yes, please explain: _____

9. Please check the box that best describes the applicant:

	Excellent	Good	Fair	Poor	No Observation
Mental ability					
Personal motivation					
Maturity					
Appearance					
Church attendance / involvement					
Spiritual growth observed					
Self-image					
Emotional stability					
Coping with personal problems					
Response to pressure					
Financial responsibility					
Honesty					
Openness / transparency					
Moral standards					
Positive attitude					
Judgment / common sense					
Creativity					
Adaptability / flexibility					
Teamwork / cooperation					
Servanthood					
Follows instructions					
Teachable					
Liked by others					
Concern for others					
Communication skills					
Leadership ability					
Self-discipline					
Physical condition of health					

10. In your opinion, in which of the following areas of ministry does the applicant seem gifted?

Speaking		Dance		Children's work		Medical	
Teaching		Evangelism		Youth work		Computers	
Music		Counseling		Prayer		Secretarial	
Worship		Administration		Electrical		Graphics	
Art		Encourager		Plumbing		Video	
Drama		Hospitality		Carpentry		Other:	

11. If you were to consider this applicant for an intense, fast-paced and challenging discipleship program, would you feel that this applicant has the capacity and potential to succeed?

Yes No If no, please explain: _____

12. To your knowledge, during the past six-months has the applicant engaged in behaviors that are inconsistent with the life of a believer (drunkenness, drug use, sexual activity, viewing pornography, lying, cheating, etc.)? If yes, please define: _____

13. Do you recommend the applicant for acceptance as a summer intern?
 Yes No With hesitation

14. If you would like to share any additional information, please attach a separate sheet with this reference, or indicate below that you would like a phone call to discuss this reference further.

Would you like a call to discuss this applicant further? Yes No

Name of Pastoral Referent			
Address			
City	State	Zip	Phone ()
Church & Denomination			
Position in church (if applicable)			
Signature		Date	

Please mail to:

**Heartland District Attn:
 Chad Garrison
 8808 Meadowridge Ln
 Indianapolis, IN 46217**

Phone: 563-424-5515
 Fax: (563) 424-5518
 Email: cgarrison@foursquare.org