



STUDENT APPLICATION  
 INTERNSHIP PROGRAM  
 OLD OAK RANCH  
 SONORA, CA

**PERSONAL INFORMATION**

Name:			
Phone Number:		Email:	
Current Age:		Date of Birth:	
DL #:		DL State:	
Home Address:			

Country of Origin:		Passport #:	
Church Name:		Church Address:	
Pastor's Name:		City/State:	
Pastor's Phone Number:		Shirt Size:	

Please mark all that apply (X)

**GIFTINGS**

Speaking:	<input type="checkbox"/>	Evangelism:	<input type="checkbox"/>	Youth Work:	<input type="checkbox"/>	Prayer:	<input type="checkbox"/>	Hospitality:	<input type="checkbox"/>
Teaching:	<input type="checkbox"/>	Counseling:	<input type="checkbox"/>	Children's Work:	<input type="checkbox"/>	Worship:	<input type="checkbox"/>	Administration:	<input type="checkbox"/>

**SKILLS**

Electrical:	<input type="checkbox"/>	Medical:	<input type="checkbox"/>	Secretarial:	<input type="checkbox"/>	Video:	<input type="checkbox"/>	Carpentry:	<input type="checkbox"/>
Plumbing:	<input type="checkbox"/>	Computers:	<input type="checkbox"/>	Graphics:	<input type="checkbox"/>	Landscaping:	<input type="checkbox"/>	Kitchen Prep:	<input type="checkbox"/>
Welding:	<input type="checkbox"/>	Roofing:	<input type="checkbox"/>	Painting:	<input type="checkbox"/>	Other:			

**TIME COMMITMENT**

**CHOOSE YOUR START DATE**

(Ages 16-18)	<b>2 Weeks:</b>	<input type="checkbox"/>	June 15th:	<input type="checkbox"/>	July 1st:	<input type="checkbox"/>
(Ages 17-22)	<b>1 Month:</b>	<input type="checkbox"/>	June 15th:	<input type="checkbox"/>	July 15th:	<input type="checkbox"/>
(Ages 18-26)	<b>11 Months:</b>	<input type="checkbox"/>	January 15th:	<input type="checkbox"/>	August 15th:	<input type="checkbox"/>

Please list your reasons for wanting to join Summit Internship: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What are you planning to do after you complete Summit: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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## HEALTH CARE INFORMATION

### PERSONAL INFORMATION

Name:			
Phone Number:		Email:	
Current Age:		Date of Birth:	
Insurance Provider:		Policy #:	
Home Address:			

Allergies (food/drug):			
Current Medications:			
Date of Last Tetanus Shot:			

List any physical conditions that require doctor supervision:

List any physical conditions that are occasional (back pain, allergies, headaches, etc):

### DATES FOR IMMUNIZATIONS

Hepatitis A:		Smallpox:		Polio:	
TB Test:		DTB:		MMR:	

Please send a copy of your current immunization records.

### EMERGENCY CONTACTS

Emergency Contact 1:

Name:		Relation:	
Phone #:		Email:	
Business Phone #:			

Emergency Contact 2:

Name:		Relation:	
Phone #:		Email:	
Business Phone #:			

Physician's Contact:

Name:			
Phone #:			
Business Phone #:			

Student Signature: \_\_\_\_\_

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



## QUESTIONNAIRE

### PERSONAL HISTORY

Please describe any conditions you have (or have had in the past two years) that affect your relationships, ability to study, or other areas of life (depression, anxiety attacks, attention deficit disorder, etc.): \_\_\_\_\_

During the last 6 months have you 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 describe: \_\_\_\_\_

Will it be difficult for you to respond to the authority of the Summit staff or the Old Oak Ranch staff?: \_\_\_\_\_

### FINANCIAL INFORMATION

Please indicate how you are planning to pay for your involvement in Summit: \_\_\_\_\_

The program involves discussing your finances including past, present and future in order to prepare you. Are you comfortable discussing your finances in detail?: \_\_\_\_\_

### STUDENT AGREEMENT

**Note: All Summit students are required to have the following items of clothing to wear for special events: Khaki dress pants, khaki casual pants, black dress pants, white collared dress shirt, black socks, and black closed-toe shirts.**

By signing below, I agree to fully comply with all program rules, guidelines and policies. I understand that my compliance with the rules, guidelines and policies applies to me during the entire time I am a Summit Student, including weekends, scheduled breaks, times of travel and missions trips. Further, I affirm that all of the information filled out in this application is complete and accurate. I understand that supplying incomplete or false information in this application, or during my interview(s), may result in my failure to be accepted into Summit, or may result in being dismissed from the program.

I consent to the sharing of information written on this application, as well as the information I will share during my application interview(s). I further consent to photography of my person for any and all Program marketing including social media.

Student Signature: \_\_\_\_\_

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



# QUESTIONNAIRE

## EDUCATIONAL AND ACADEMIC HISTORY

High School Graduation Year: \_\_\_\_\_

College Graduation Year: \_\_\_\_\_

Describe your academic strengths and weaknesses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PERSONAL HISTORY

When did you receive Jesus Christ as your personal savior?: \_\_\_\_\_

Briefly describe your lifestyle before your salvation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you been baptized with the Holy Spirit? If so, when?: \_\_\_\_\_

Please write the story of how you met Jesus in 100 words or less: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What calling do you believe God has placed upon your life (schooling, ministry, occupation, etc.)?:  
\_\_\_\_\_  
\_\_\_\_\_

Describe your current involvement at your church (ministry, assistance, teaching, ushering attendance, etc.):  
\_\_\_\_\_  
\_\_\_\_\_

Please describe your devotional life (time devoted to prayer and Bible reading) over the past 3 months:  
\_\_\_\_\_  
\_\_\_\_\_

How many brothers and sisters do you have?: \_\_\_\_\_

How do your parents/guardians feel about you joining Summit?: \_\_\_\_\_  
\_\_\_\_\_

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# PARENT RELEASE FORM

## PARENT/GUARDIAN INVOLVEMENT APPROVAL

This form must be completed by the student's parent or guardian if the student is under the age of 18 at the start date of the program.

To the fullest extent allowed by the law, we, the undersigned, hereby agree to release, defend, indemnify and hold harmless the International Church of the Foursquare Gospel and Old Oak Ranch Conference Center, its directors, employees, ministers, and agents from loss, claims of loss, costs, fees, and expenses, including costs, and attorney's fees, arising from, alleged to arise from, or in connection with use of equipment, activities and lack of immediate supervision over your child.

We understand that any and all liability for damage, injury or death to the undersigned, or to any other person or property which may result from using this equipment and we, freely and voluntarily, assume those risks, and we waive any right to present any claim or suit against these persons, whether based on the sole negligence of Old Oak Ranch or the parties stated above, breach of warranty, strict products liability or any other legal theories. We further understand that these types of activities including but not limited to: archery, tomahawk, ropes course events, swimming pools, game room, hiking, fishing, sports, inflatables, paintball, BB Guns, unsupervised activity and presence in and around Old Oak Ranch Facilities, and that these types of equipment: trash compactor, construction equipment, arisol sprays, welding, wood working and other equipment owned by Old Oak Ranch is or can be HAZARDOUS, which present risks of injury or death and we, freely and voluntarily, assume those risks.

By signing below we confirm that I have carefully considered the risk involved and give consent for my child to participate in the Summit Internship Program. I understand that participation in the program is entirely voluntary and requires participants to abide by applicable rules and standards of conduct.

\_\_\_\_\_  
Child Name (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Phone Number



# PASTOR CONFIDENTIAL REFERENCE FORM

## APPLICANT'S INSTRUCTIONS

This reference should be completed by your pastor and mailed directly to the Summit Business Office. If your father or mother is your pastor, please give this form to another pastor on staff at the church you attend that knows you best. If a person other than your pastor completes the form, an explanation should be provided.

## PASTOR'S INSTRUCTIONS

The Applicant above has applied to become a student in the Summit Program. Summit is an intense, church based, leadership training school for young adult 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 please carefully complete this form and send it directly to the Summit Business Office as soon as possible. Your comments will be held in confidence and will not be shown to the student. If you would like to add any information outside of the scope of these questions, you may attach another piece or include the comments in an email if being returned digitally. Thank you for your input into this process!

## PERSONAL INFORMATION

Applicant's Name:		Phone Number:	
Referent's Name:		Phone Number:	
Address:			
City/State/Zip:			
Referent's Home Church:		Position:	
Signature:		Date:	

How many years have you known the applicant?  Years

How long has the applicant attended your church?  Years

How well do you know the applicant?

Very Well:  Fairly Well:  Casually:  By Name/Sight:

How would you describe the level of commitment shown by the applicant?

Highly Committed:  Somewhat Committed:  Low Level of Commitment:

How would you describe the level of 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

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:

Has the applicant been arrested for any offense? If so, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# PASTOR CONFIDENTIAL REFERENCE FORM

Please check the box that best describes the applicant:

	EXCELLENT	GOOD	FAIR	POOR	NO OBSERVATION
Mental stability:					
Personal Motivation:					
Maturity:					
Apperance:					
Church Attendance/involvement:					
Spiritual Growth:					
Self-Image:					
Emotional Stability:					
Coping With Personal Problems:					
Response to Pressure:					
Financial Responsibility:					
Honesty:					
Openess/Transparency:					
Moral Standards:					
Positive Attitude:					
Judgement/Common Sense:					
Creativity:					
Adaptability/Flexability:					
Teamwork/Cooperation:					
Servanthood:					
Follows Instructions:					
Teachable:					
Liked by Others:					
Concern for Others:					
Communication Skills:					
Leadership Ability:					
Self-Discipline:					
Physical Condition of Health:					

Has the applicant proven on any occasion to be unreliable, dishonest, or of questionable character? If so, please explain: \_\_\_\_\_

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 describe: \_\_\_\_\_

Would you recommend this applicant for acceptance into Summit?

Yes:

No:

Would you like a call to discuss this applicant further?

Yes:

No:

Would you like more information about Summit at Old Oak Ranch?

Yes:

No:

This form is to be filled out by a Pastor and then sent directly to the Summit Business Office:  
15250 Old Oak Ranch Road, Sonora, CA 95370 or scanned and emailed to [Aaron@oldoakranch.org](mailto:Aaron@oldoakranch.org)



# FRIEND'S CONFIDENTIAL REFERENCE FORM

## PERSONAL INFORMATION

Applicant's Name:		Phone Number:	
Referent's Name:		Phone Number:	
Address:			
City/State/Zip:			
Referent's Home Church:		Position:	
Signature:		Date:	

This form is to be filled out by a Christian Friend and then sent directly to the Summit Business Office: **15250 Old Oak Ranch Road, Sonora, CA 95370** or scanned and emailed to **Aaron@oldoakranch.org**

The Applicant above has applied to become a student in the Summit Program. Summit is an intense, church based, leadership training school for young adult 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 please carefully complete this form and send it directly to the Summit Business Office as soon as possible. Your comments will be held in confidence and will not be shown to the student. If you would like to add any information outside of the scope of these questions, you may attach another piece or include the comments in an email if being returned digitally.

Thank you for your input into this process!

**FAMILY MEMBERS MAY NOT FILL OUT THIS FORM**

Please check the box that best describes the applicant:

	EXCELLENT	GOOD	FAIR	POOR	NO OBSERVATION
Mental stability:					
Personal Motivation:					
Maturity:					
Apperance:					
Church Attendance/involvement:					
Spiritual Growth:					
Self-Image:					
Emotional Stability:					
Coping With Personal Problems:					
Response to Pressure:					
Financial Responsibility:					
Honesty:					
Openess/Transparency:					
Moral Standards:					
Positive Attitude:					
Judgement/Common Sense:					
Creativity:					
Adaptability/Flexability:					
Teamwork/Cooperation:					
Servanthood:					
Follows Instructions:					
Teachable:					
Liked by Others:					
Concern for Others:					
Communication Skills:					
Leadership Ability:					
Self-Discipline:					
Physical Condition of Health:					

Please continue to a short questionnaire on the next page.





# FRIEND'S CONFIDENTIAL REFERENCE FORM

PAGE 2

In your opinion, this applicant's Christian witness is which of the following?

Mature:   
Over-Emotional:

Contagious:   
Superficial:

Genuine and Growing:   
Other:

Please comment on areas of strength or weakness in the character of the applicant: \_\_\_\_\_

What specific gifts or abilities do you recognize in this applicant: \_\_\_\_\_

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: \_\_\_\_\_

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 describe: \_\_\_\_\_

Would you recommend this applicant for acceptance into Summit?

Yes:

No:

With Hesitation:

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:



## ADDITIONAL INFORMATION

### APPLICATION CHECK LIST

- Non-refundable \$50 application fee  
(waved if application is turned in 6 months prior to start date of program)
- Completed Application
- Two confidential references from Christian friends
- One confidential reference from your pastor
- Recent Photograph (graduation or passport style)
- Completed health care information form
- Photocopy of current immunization record
- Photocopy of current driver's license and proof of insurance
- Completed an interview with Summit Staff
- Criminal background check (to be completed at time of interview)

### FOREIGN STUDENT INFORMATION

Type of Visa: \_\_\_\_\_

Type of Passport: \_\_\_\_\_

Will your Visa need to be renewed during your time in the program?: \_\_\_\_\_

Will your Passport need to be renewed during your time in the program?: \_\_\_\_\_

LIN Numer: # \_\_\_\_\_

Name of U.S. Consulate or Embassy which issued your VISA, and the name of city and country in which it is located: \_\_\_\_\_

### APPLICATION RETURN

Please return form by emailing to [Info@oldoakranch.org](mailto:Info@oldoakranch.org)

Or mail to 15250 Old Oak Ranch Road, Sonora, CA 95370

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