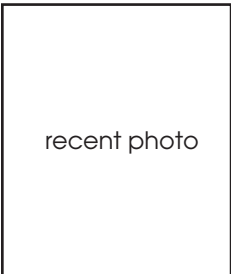


ELEVATE WORSHIP INTERNSHIP 2010



SUMMER SESSION APPLICATION

To complete the application process, please submit the following:

- Application Form
- Background Check Authorization Form
- Recent Photo
- Pastoral Recommendation Form
- Personal Testimony
- Audio or Video Recording
- \$200.00 Processing Fee

Mail application items to: Elevate Worship Internship, 1102 70th St Lubbock, TX 79412 or fax to 806.745.1631

Deadline April 24, 2010

PERSONAL INFORMATION

 Last First Middle

 Address City St Zip

 Permanent Address (if different) City St Zip

 E-mail Birthdate

 Home phone Work phone Cell phone

Gender Male Female

CITIZENSHIP

I am citizen of United States Other _____

EDUCATION

Are you currently a student? Yes No Full time Part Time

List your high school and college education

SCHOOL	LOCATION	DATES ATTENDED	GRADUATED	GPA	DEGREE
		from: to:	<input type="checkbox"/> yes <input type="checkbox"/> no		
		from: to:	<input type="checkbox"/> yes <input type="checkbox"/> no		
		from: to:	<input type="checkbox"/> yes <input type="checkbox"/> no		

ELEVATE WORSHIP INTERNSHIP 2010

SUMMER SESSION APPLICATION

HOME CHURCH INVOLVEMENT

What is your home church?

Denomination

Senior Pastor

Address

City

State

Zip

How long have you been involved there?

Are you involved in the worship ministry of your church?

yes

no

Please describe _____

MUSICAL BACKGROUND

Primary

How many years have you played?

Secondary Instrument

How many years have you played?

What vocal part do you sing?

Soprano

Tenor

Don't know

Alto

Bass

What is your proficiency of the following instruments?

Piano/Keyboard

none

beginner

intermediate

advanced

Guitar

none

beginner

intermediate

advanced

Do you read Music?

yes

no

Do you sing/play by ear?

yes

no

Please list any other musical training or experience you have had.

*An **audio recording** of your musical ability.

Please include at least 2 worship songs. It may also include any other musical abilities that you would like to demonstrate. Please mark the following on the recording: Applicant's name, Song titles, Specify the individuals included in the recording to include additional vocalists and instrumentalists. (sorry, it will not be returned)

ELEVATE WORSHIP INTERNSHIP 2010

BACKGROUND CHECK

DISCLOSURE AND AUTHORIZATION FORM

I understand that Emmanuel Worship Center/ Elevate Worship Internship will seek and obtain investigative reports about me as defined in the Fair Credit Reporting Act (FCRA). These investigative reports may include , but are not limited to criminal history records (from local, state and federal agencies), sexual offenders lists, warrants and warrants records, and motor vehicle records. I hereby authorize, without any reservation, the full release of these records from such agencies and hereby release such agencies from any liability resulting from disclosure of this information. In addition, I release and discharge Emmanuel Worship Center and Elevate Worship Internship from any expenses, loss, damages, and liabilities for the investigative process. Upon request, Emmanuel Worship Center/ Elevate Worship Internship will supply a copy of my reports and my rights under the FCRA.

PERSONAL INFORMATION

Signature

Date

Print Full Name

Print Maiden Name

Month/Year Married

Print all Aliases (LAST NAME ONLY)

Date of Birth

Place of Birth

Social Security Number

Driver's License Number

State

CURRENT LOCAL ADDRESS

Address

City

State

Zip

Home Phone

ELEVATE WORSHIP INTERNSHIP 2010

SUMMER SESSION APPLICATION

ELEVATE INTERNSHIP

Summer Internship Liability Release Form

Liability Release and Consent to Travel:

I, _____, hereby release Elevate Worship Internship and Emmanuel Worship Center, its agents, assigns, employees, and volunteer assistants from liability whatsoever arising out of injury, sickness, or damage which may be sustained during the course of my (or my child's) involvement in this internship.

Disciplinary Agreement:

I, _____, understand that I am responsible to abide by the rules set forth by the Internship, its leaders and supervisory personnel. Any serious infractions of rules and/or conduct by me can result in dismissal from the program. In the events I am dismissed from the program, I, the undersigned agree to assume cost of returning home. I also agree to forfeit any possible refund. I understand that such action would only be taken under extreme circumstances or after two warnings.

Applicant's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

If the applicant is less than 18 yrs. a parent/guardian needs to place their signature in the space provided

ELEVATE WORSHIP INTERNSHIP 2010

SUMMER SESSION APPLICATION & ENROLLMENT INSTRUCTIONS/CHECKLIST

Application Deadline: May 7, 2010

- Signed **Application Form**

- On a separate page describe your **personal testimony** and what you think God is calling you to with your life and why you see the Elevate Worship Internship as being a part of that plan (200 words typed)

- Signed **Background Check Authorization Form**
(original must be mailed to Elevate Worship Internship Offices)

- An **audio or video recording** of your musical ability.

- A **recent photo**. It must be a recent 2x2 head shot. Do not send: a photo copy of a photo or anything larger than 2x2.

- Pastoral Recommendation Form** to be filled out and mailed or faxed separately by Pastor or included with other application forms in a sealed envelope.

- A \$200.00 processing fee**
Check or Money Order made payable to Elevate Internship; Amount will be applied to towards cost.

ELEVATE WORSHIP INTERNSHIP 2010

SUMMER SESSION APPLICATION HEALTH INSURANCE AND MEDICAL EXPENSES

I have been asked to obtain, at my own expense, basic health and medical insurance coverage before the Elevate Worship Internship begins. Whether or not I obtain medical insurance, Elevate Worship Internship and/or Emmanuel Worship Center will not be responsible for any of my medical expenses whatsoever during the Elevate Worship Internship and I understand that I must cover all of my medical expenses and related costs.

Signature: _____ Date: _____

ELEVATE WORSHIP INTERNSHIP 2010

SUMMER SESSION APPLICATION

1. CURFEW: LIGHTS OUT AT 10:00 PM
2. NO ELECTRONICS; IPODS, MP3, LATOPS, ETC...
3. KITCHEN IS CLOSED FROM 10:00 PM-7:30 AM - NO EXCEPTIONS!
4. NO PHYSICAL CONTACT OF ANY KIND
5. DO NOT BE ALONE WITH THE OPOSITE SEX, ANYWHERE AT ANYTIME
6. DO NOT GO OUTSIDE OF THE BUILDING WITHOUT PERMISSION
7. LIMITED CELL PHONE USE ON DESIGNATED DAY. (15mins)
8. FOLLOW DRESS CODE GUIDELINES
9. HOMEWORK/STUDY AREAS ARE LIMITED TO DORM ROOMS OR COLLEGE ROOM ONLY
10. NO FOOD, DRINK, WATER OR GUM IN SANCTUARY OR CHAPEL

Disciplinary Agreement:

I, _____, understand that I am responsible to abide by the rules set forth by the Internship, its leaders and supervisory personnel. Any serious infractions of rules and/or conduct by me can result in dismissal from the program. In the events I am dismissed from the program, I, the undersigned agree to assume cost of returning home. I also agree to forfeit any possible refund. I understand that such action would only be taken under extreme circumstances or after two warnings.

Applicant's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

If the applicant is less than 18 yrs. a parent/guardian needs to place their signature in the space provided

ELEVATE WORSHIP INTERNSHIP 2010

SUMMER SESSION APPLICATION PASTOR RECOMMENDATION

THIS SECTION TO BE FILLED OUT BY THE APPLICANT

First Name

Last Name

Phone

Address

City

State

Zip

Your signature below waives the right of access to this information.

Signature

Date

THIS SECTION TO BE FILLED OUT BY THE RECOMMENDER

Each Elevate Internship applicant must submit a pastoral recommendation. Your comments are a valuable part of our decision making process; therefore, we ask you to complete this form carefully. This recommendation should be returned directly to the Elevate Worship Internship. If you have any questions, please call 806.745.1684

First Name

Last Name

Phone

Position

Email

How long have you known the applicant? Please describe your relationship to the applicant.

How well do you know the applicant? Very well Well Casually

Does the applicant demonstrate a personal relationship with Jesus Christ? Yes No

If no, please explain: _____

Please check the word that most accurately describes the applicant's abilities in these areas:

Leadership Ability	<input type="checkbox"/> poor	<input type="checkbox"/> fair	<input type="checkbox"/> good	<input type="checkbox"/> outstanding	<input type="checkbox"/> unknown
Emotional Maturity	<input type="checkbox"/> poor	<input type="checkbox"/> fair	<input type="checkbox"/> good	<input type="checkbox"/> outstanding	<input type="checkbox"/> unknown
Relational Skill	<input type="checkbox"/> poor	<input type="checkbox"/> fair	<input type="checkbox"/> good	<input type="checkbox"/> outstanding	<input type="checkbox"/> unknown
Public Speaking Skill	<input type="checkbox"/> poor	<input type="checkbox"/> fair	<input type="checkbox"/> good	<input type="checkbox"/> outstanding	<input type="checkbox"/> unknown

Based on the above information, would you recommend this person as a student at the Elevate Internship at this time?

Strongly recommend

Recommend

Do no recommend

Signature

Date

Thank you for your input! Please mail or fax this form by May 7, 2010.
Elevate Internship 1102 70th St Lubbock, TX 79412
Fax number: 806.745.1631