

LAUNCH

CLASS OF 2011

Hidden Acres Leadership Program

LAUNCH Program Application

Return your completed application with a recent photo to:

LAUNCH
C/O Hidden Acres
3837 Union Ave.
Dayton, IA 50530

Please return the four required references to:

LAUNCH References
C/O Hidden Acres
3837 Union Ave.
Dayton, IA 50530

Applications and interviews will be processed on a first come, first serve basis. We only have ten positions available for this leadership program. You are required to fill out the application completely and be responsible for getting all four references sent to Hidden Acres. Once your application and all four references have been received, interviews will be scheduled.

It will be up to the LAUNCH Director to pick the ten individuals for this program. Keep in mind, this is a work education program. It is important to us to hire / register individuals that will be productive in both the classroom and work needs.

If you have any questions regarding the program, curriculum, schedule, housing, or anything else, feel free to contact the LAUNCH director at the contact information below.

Ryan Graden
rlgraden@gmail.com
515-547-2751 (office)
515-547-2752 (fax)

Personal Information

Name _____ Date of Birth (mm/dd/yy) ___/___/___

Current Address _____

City _____ State _____ Zip _____

Phone _____ Cell Phone _____

Email _____ Do you have Facebook? Yes _____ No _____

Permanent Address (if different from above) _____

Parent / Guardian Name _____

Social Security # _____ - _____ - _____

Are you a U.S. Citizen? _____ If not, do you have a Working Visa? _____

Church Affiliation

Church Attending _____

Denomination _____

City _____ State _____ Zip _____ Attending Since _____

Home Church _____

Denomination _____

City _____ State _____ Zip _____ Attending Since _____

Health

Emergency Contact: _____ Phone: _____ Cell: _____

Insurance Co. _____ Policy # _____ Phone: _____

Are there any medical, emotional, physical, or mental conditions that limit your performance of any of the essential elements of the position for which you are applying? ___ No ___ Yes, if yes please describe _____

What are the medical treatments or medications your are using regularly (diabetes, heart ailments, asthma, epilepsy, depression, etc.)? _____

Do you have any allergies? _____ No _____ Yes, _____

I hereby give permission to agents of Hidden Acres to secure emergency medical or surgical treatment and routine non-surgical medical care for me or to the above applicant while under employment. Routine non-surgical treatments can include acetaminophen, ibuprofen, and prescription drugs.

Applicant's Signature _____

If under 18, Parent/Guardian Signature _____

Education

2009-2010 Class: High School 12 College Fr. / Soph. / Jr. / Sr.

High School _____ Address _____

City/State/Zip _____

Date of Graduation _____

College _____ Address _____

City/State/Zip _____

Major/Minor _____ Date of Graduation _____

Career Interests _____

Other Education _____

Other Information

Do you smoke? ___ Yes ___ No ___ Occasionally

Do you drink alcoholic beverages? ___ Never ___ Occasionally ___ Regularly

Do you use any controlled substances (such as illegal drugs)?

___ Never ___ Occasionally ___ Regularly

Have you been convicted of any offense other than minor traffic violations?

NO _____ Yes _____ If yes, please explain and include the age at the time of conviction.

Have you ever been involved in any incident of child abuse (sexual or otherwise) or any moral impropriety in the past 5 years that has not been fully and satisfactorily resolved or is no longer a problem?

No _____ Yes _____ If yes, please explain

**** Please Note**** Hidden Acres does not tolerate the abuse of non-illegal substances. Abuse of substances such as these will be grounds for immediate termination.

Maturity (Please answer all questions on a separate sheet of paper.)

1. Have you attended Hidden Acres and in what capacity?
2. Why do you desire to be a part of LAUNCH and what do you desire to take from this program?
3. What would Hidden Acres gain by having you be a part of LAUNCH?
4. Describe your current relationship with God and your church, and the effect they have on your daily life.
5. How have you specifically grown in your spiritual walk over the past two years?
6. In your opinion, what qualities should a good leader have? Please explain your qualities.
7. In what way do you believe you could share the gospel as a part of this program?
8. What do you believe the Bible teaches about: (Please answer all on a separate sheet of paper)
 - a. Characteristics of a leader
 - b. Man of God
 - c. Importance of Purity
 - d. Finances
 - e. Being a part of a community

Responsibilities—Administration to LAUNCH students

1. To provide salary, room, board, and workmans compensation insurance. Hidden Acres is not liable for medical treatment of expenses occasioned by pre-existing conditions of staff members nor injuries unconnected or not arising out of staff members duties. It is the responsibility of the staff to pay for any medication and doctor bills due to sickness.
2. To provide support and prayer for your job and your Christian Walk.

Responsibilities—LAUNCH students to Administration

1. Be in agreement with the Evangelical Free Church Statement of Faith. (Please read & sign Statement of Faith page.)
2. Loyalty to the program, policies, and regulations of the camp.
3. To live as a model to the retreaters and assume proper responsibility for tasks assigned during the program.
4. To consider it all joy when you encounter various trials throughout your time in LAUNCH (James 1).

References

List referents whom you are sending forms to who are **not** related to you and have known you for at least six months. When asking for references, please give the individual that you choose the downloadable reference form and a stamped envelope addressed to the LAUNCH program at the following address:

LAUNCH References
3837 Union Ave.
Dayton, IA 50530

Work Performance

Name _____
Address _____
City/State/Zip _____
Phone _____

Academic

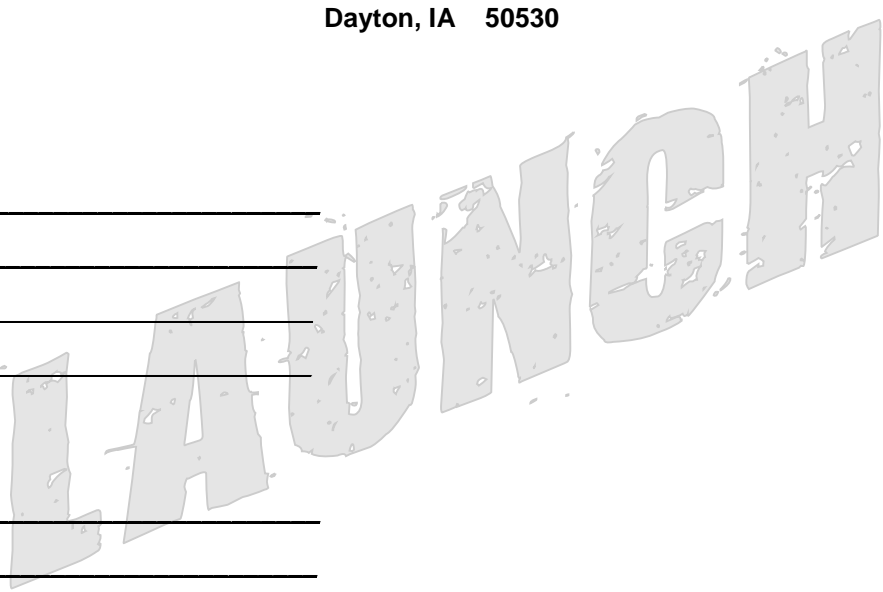
Name _____
Address _____
City/State/Zip _____
Phone _____

Character

Name _____
Address _____
City/State/Zip _____
Phone _____

Pastor

Name _____
Address _____
City/State/Zip _____



Applicant Agreement

If my application is accepted, I can be depended upon to cooperate with the Director and other leaders, to be subject to camp regulations and routines, and to sacrifice personal desires in the interest of the campers and Christ.

- By signing this application form I (or my parents if under 18) release and waive any and all claims arising out of the use by Hidden Acres and its authorized designee of my likeness and/or my voice on film, video tape, or sound recording in any promotional literature, film, or camp website.
- I hereby authorize all previous employers to furnish my record, reason for leaving, and all information they have concerning me, and release employers / references from all liability or damage arising there from.
- I also understand that Hidden Acres may conduct a criminal record history check for the purpose of ensuring all applicants will have had no history of abusing or neglecting children.
- I certify that everything in this application is correct and truthful. Employment may be terminated at any time if I have given false or incomplete information on this application.

Applicant's Printed Name _____

Signature _____ **Date** _____