



Internship Application 2018

July 7th- Aug 4th 2018



June 9th- Aug 11th 2018



January 13th- Nov 11th 2018





Internship Application

Please put a check next to the corresponding internship you wish to apply for:



10 months



8 weeks



4 weeks

For more information about the above internships, please go to www.oldoak.com, call us at (209) 532-4295, or email us at internships@oldoak.com

VITAL INFORMATION

First Name: _____

Middle Name: _____

Last Name: _____

Email Address: _____

Phone Number: _____

ABOUT YOU

Address: _____

City: _____

State: _____ Zip / Postal Code _____

Country: _____

PERSONAL (circle one)

Gender: Male Female

Marital Status: Single Married Divorced Widowed

If married will your spouse be applying to the internship? YES NO

If separated or divorced, please provide an explanation for each marriage and divorce:

Birth Date: _____

Age _____ Social Security Number: _____

Birthplace: _____

Are you a U.S. Citizen (circle one)? YES NO

If not a U.S. Citizen, please explain your level of understanding, reading, and writing

English:

SPIRITUAL INFORMATION

When did you accept Christ as your personal Savior? _____

Have you been baptized in the Holy Spirit according to Acts 1:8 and Acts 2:4

(circle one)? YES NO

If yes, how do you know you were baptized in the Spirit?



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Do you attend church regularly (circle one)? YES NO

Are you a member (circle one)? YES NO

How long have you been attending regularly there? _____

Home Church: _____

Pastor's Name: _____

Church Address: _____

Church Phone: _____

City: _____

State: _____ Zip Code: _____

Have you recently left another church (circle one)? YES NO

If yes, was it a good parting or are there unresolved issues?

State any Christian service you have done:



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HEALTH

Please describe any physical or emotional conditions, and state any special attention, treatment, or medication required:

EDUCATION

Did you graduate from High School (circle one)? YES NO

or get a GED or equivalent (circle one)? YES NO

Did you attend college/university (circle one)? YES NO

What was your major? _____

Graduated from college/university (circle one)? YES NO

Date Graduated: _____

FAMILY

Name of spouse, if married: _____

Spouse's Birth Date: _____

Spouse's Age: _____

Children (names and ages): _____



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PARENTS

Father's Name: _____

Living (circle one)? YES NO

Phone: _____

Mother's Name: _____

Living (circle one)? YES NO

Phone: _____

EXPERIENCES

Answering "YES" to the following questions will NOT automatically disqualify the applicant from acceptance.

Have you been involved with pornography in the last 12 months (circle one)? YES NO

If so, when was the last time, and what have you been doing to remain pure in this area?



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Have you been involved in homosexuality within the last 5 years? YES NO

If so, when was the last time? And please explain what God has done to restore you:

Have you ever been arrested (circle one)? YES NO

If yes, when? Please provide a brief explanation:

Were you ever convicted (circle one)? YES NO

If yes, when and where? Please provide a brief explanation:



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Have you ever been involved in the occult, witchcraft, or cults (circle one)? YES NO

If yes, please provide a brief explanation:

Have you used illegal drugs in the last six months? YES NO

If so, please explain:



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EMPLOYMENT*

Occupation: _____

Company _____

Employer's Name: _____

Address: _____

Phone: _____

Occupation: _____

Company _____

Employer's Name: _____

Address: _____

Phone: _____

Occupation: _____

Company _____

Employer's Name: _____

Address: _____

Phone: _____

*Your employer may be contacted.

If you would like to add additional previous employments, please attach a separate sheet with your previous employments



MORE INFORMATION

Briefly explain why you want to be an OOR Intern:

What are you really passionate about?



Internship Application

FIRST PERSONAL RECOMENDATION

Full Name: _____

Email Address: _____

Address: _____

City: _____

State: _____

Country: _____ Zip Code: _____

SECOND PERSONAL RECOMENDATION

Full Name: _____

Email Address: _____

Address: _____

City: _____

State: _____

Country: _____ Zip Code: _____

PASTORAL RECOMMENDATION

Full Name: _____

Email Address: _____

Address: _____

City: _____

State: _____

Country: _____ Zip Code: _____

Pastor's Recommendation

NOTE: This section to be completed by Applicant

To the Applicant: This recommendation should be completed by your pastor and mailed or faxed directly by him to Old Oak Ranch's office. If your pastor is your parent or spouse, ask another member of the church's pastoral staff to complete this form.

Date: _____

Home Phone: (____) ____ - _____

Cell Phone: (____) ____ - _____

Applicant's Name: _____

Address: _____

City: State: Zip: Country: _____

Country of Citizenship: _____

1. How long have you known the applicant? _____ In what capacity? _____

2. How well do you know him/her? Please check one.

___ Very well, pastoral relationship

___ Fairly well, numerous personal contacts

___ Casually, few personal contacts

___ By name/sight

3. To your knowledge, has the applicant made a personal commitment to Jesus Christ?

___ Yes ___ No ___ Unsure

4. To what extent is the applicant engaged in the activities of your church? Please check one.

___ Enthusiastic, deeply involved

___ Cooperative, usually willing to help

___ Seldom participates, although attends regularly

___ Attends irregularly, shows little interest

5. In what form of Christian service has the applicant participated regularly?

6. What do you consider to be the applicant's strengths?

7. Do you know of any weaknesses of which we should be aware?

TO THE PASTOR: The above named is applying for the Old Oak Ranch Internship. Serious consideration will be given to your comments. We appreciate your help in this matter and will keep any information you supply in confidence. Thank you for your assistance.

8. To your knowledge, does the applicant:

Use Tobacco? ___ Yes ___ No

Drink alcoholic substances? ___ Yes ___ No

Use Illegal Drugs? ___ Yes ___ No

9. Please describe home factors that might affect the applicant's success at Old Oak Ranch

10. The applicant's influence on his or her peers is: ___ Positive ___ Neutral ___ Negative

11. Please evaluate the applicant in regard to the following categories. Please circle one.

	<i>Excellent</i>	<i>Above Average</i>	<i>Average</i>	<i>Below Average</i>	<i>Poor</i>	<i>No Chance To Observe</i>
Response to authority	1	2	3	4	5	6
Reliability: dependability, responsibility	1	2	3	4	5	6
Maturity: Personal development, ability to cope with life situations	1	2	3	4	5	6
Emotional stability: reaction to stress, poise, mood stability	1	2	3	4	5	6
Motivation: genuineness and depth of commitment	1	2	3	4	5	6
Judgment: ability to analyze a problem	1	2	3	4	5	6
Oral expression: clarity, coherence	1	2	3	4	5	6
Interpersonal relations: rapport, cooperation, attitudes toward supervision	1	2	3	4	5	6
Empathy: sensitivity to the needs of others	1	2	3	4	5	6
Work habits: stamina, conscientiousness, perseverance, resourcefulness, initiative	1	2	3	4	5	6
Leadership: creative thought, curiosity, self-confidence	1	2	3	4	5	6
Personal appearance: cleanliness, grooming	1	2	3	4	5	6
Integrity: honesty, moral character	1	2	3	4	5	6

12. Please add any further comments you may have which would help in our evaluation.

Please print or type the information below.

Your Name: _____

Phone: (____) ____ - _____

Name of church and denomination: _____

Pastoral Position: _____

Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

**Please send to:
Old Oak Ranch ATTN: Intern Director
15250 Old Oak Ranch Rd
Sonora, CA 95370
Fax: (209) 532-8345**

Personal Recommendation

NOTE: This section to be completed by Applicant

To the Applicant: Each applicant applying is required to submit TWO personal recommendations for review. Fill in the date, your name and address in the section below.

Date: _____

Home Phone: (____) ____ - _____

Cell Phone: (____) ____ - _____

Applicant's Name: _____

Address: _____

City: State: Zip: Country: _____

Country of Citizenship: _____

To the person completing this Recommendation: The above named is applying for the Old Oak Ranch Internship. Serious consideration will be given to your comments. We appreciate your help in this matter and will keep any information you supply in confidence. Thank you for your assistance.

1. How long have you known the applicant? _____ Relationship to applicant? _____

2. How well do you know him/her? Please check one.

___ Very well, pastoral relationship

___ Fairly well, numerous personal contacts

___ Casually, few personal contacts

___ By name/sight

3. To your knowledge, has the applicant made a personal commitment to Jesus Christ?

___ Yes ___ No ___ Unsure

4. To your knowledge, does the applicant:

Use Tobacco? ___ Yes ___ No

Drink alcoholic substances? ___ Yes ___ No

Use Illegal Drugs? ___ Yes ___ No

5. In what form of Christian service has the applicant participated regularly?

6. What do you consider to be the applicant's strengths?

7. Do you know of any weaknesses of which we should be aware?

8. Which characteristics best describe the applicant? Please check all that apply.

___ Warmhearted ___ Critical ___ Tolerant ___ Passive ___ Sympathetic ___ Rebellious

___ Respectful ___ Enthusiastic ___ Loving ___ Teachable ___ On Fire for Jesus Christ

9. Please evaluate the applicant in regard to the following categories. Please circle one.

	<i>Excellent</i>	<i>Above Average</i>	<i>Average</i>	<i>Below Average</i>	<i>Poor</i>	<i>No Chance To Observe</i>
Response to authority	1	2	3	4	5	6
Christian Commitment	1	2	3	4	5	6
Social Adaptability	1	2	3	4	5	6
Cooperativeness	1	2	3	4	5	6
Integrity and Honesty	1	2	3	4	5	6
Responsibility	1	2	3	4	5	6
Mental Ability	1	2	3	4	5	6
Physical Health	1	2	3	4	5	6
Initiative	1	2	3	4	5	6
Christian Character	1	2	3	4	5	6
Emotional Stability	1	2	3	4	5	6
Personal appearance	1	2	3	4	5	6
Leadership	1	2	3	4	5	6
Reliability	1	2	3	4	5	6

12. Please add any further comments you may have which would help in our evaluation.

Please print or type the information below.

Your Name: _____

Phone: (____) ____ - _____

Name of church and denomination: _____

Pastoral Position: _____

Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

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Date: _____

Home Phone: (____) ____ - _____

Cell Phone: (____) ____ - _____

Applicant's Name: _____

Address: _____

City: State: Zip: Country: _____

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	Excellent	Above Average	Average	Below Average	Poor	No Chance To Observe
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Please print or type the information below.

Your Name: _____

Phone: (____) ____ - _____

Name of church and denomination: _____

Pastoral Position: _____

Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

Please send to:
Old Oak Ranch ATTN: Intern Director
15250 Old Oak Ranch Rd
Sonora, CA 95370
Fax: (209) 532-8345

Intern Medical Information

Intern's Full Name: _____

Do you carry family medical/hospital insurance? Y / N

Insurance Information			
Insurance Carrier:			Policy #:
Responsible Party (Self, if over 18 years of age)			
Last Name:		First Name:	
Address:			
City:		State:	Zip Code:
Phone #: ()		Relationship to Intern:	
Relationship to Intern:		Physician Phone #: ()	
Date of last tetanus shot:		Are all immunizations up to date? If no, please explain:	
Allergies (Please list ALL allergies)			
Drug/Other:		Food/Other:	
Medications (Please list ALL medications that will be required at camp and a brief explanation of their use)			
Medication:		Explanation:	
Dosage:			
Medication:		Explanation:	
Dosage:			
Medication:		Explanation:	
Dosage:			
Please attach a separate sheet of paper to list any additional medications.			
Medical Release			
<p>By signing this form, I give my informed consent to the First Aid personnel assigned by Old Oak Ranch who are certified in a minimum of CPR and First Aid to provide basic First Aid and comfort measures through standardized camp treatment procedures, which includes the use of over the counter medications. I understand that it is my responsibility to make arrangements for an Intern with greater health care needs than the First Aid personnel can provide within their individual certifications, licenses, and scope of practice. I authorize Old Oak Ranch to arrange for or provide any necessary related transportation to the nearest medical facility for urgent or emergency medical treatment if indicated, and I do assume all responsibility for payment for such treatment. I hereby give permission to the physician selected by Old Oak Ranch to secure and administer any and all medical treatment deemed necessary for my self / child, including hospitalization.</p> <p>This completed form may be photocopied for trips away from Old Oak Ranch properties. Although OOR protects all personal health information to the best of their ability, I understand that in the normal course of operations some of my self / child's PHI may be viewed by those who OOR deems necessary for the performance of providing emergency health care.</p> <p>I authorize the use of the following generic, over the counter medications as directed by the labels provided by the manufacturer for my self / child: analgesics, decongestants, antihistamines, cough suppressant and/or expectorants, throat lozenges or spray, anti nausea/diarrhea, epi-pen, antacids, antibiotic ointments, hydrocortisone creams, burn creams, petroleum jelly, chapped skin/lip treatments, antiseptic skin and wound cleansers, glucose, electrolyte replacement fluids, analgesic balms and gels. I understand that these are stocked and dispensed by the First Aid personnel as needed for the comfort of my self / child.</p> <p>I understand that my self / child's photo may be taken at camp and/or during the intern program and I authorize OOR to utilize these photos for the promotion of Old Oak Ranch in both printed media and internet. I have requested Old Oak Ranch to allow my self / child to participate in any and all activities that may include but are not limited to those outlined in the Intern Program. As a condition of receiving this benefit, I do hereby agree to the following: I understand that my self / child's participation in these activities can expose him/her to dangers both from known and unanticipated risks. Acknowledging that such risks exist, I on behalf of myself, my child, and any other party who may have the right to assert any rights for or on behalf of my self / child, do hereby forever release and discharge, indemnify, and hold harmless Old Oak Ranch, International Church of the Foursquare Gospel, its affiliates, officers, directors, agents, employees, insurers, successors in interest, attorneys, or any other person or persons associated with any or all of them who might be liable (the "Released Parties") from and against any and all claims, causes of action, suits, demands, losses, damages, expenses, costs or liability (collectively, "Losses") arising from or in connection with my self / child's participation in Old Oak Ranch's Internship and its activities, including losses arising from the negligence of Released Parties, whether such losses arise in connection with bodily injury (including death), property damage or otherwise (collectively, the "Released Claims"). The Released Claims include losses arising out of any condition of the premises at which the camp activities are held or the conduct of any person in connection with the preparation for, supervision of, or conduct of any activity, whether planned or unplanned. I further understand and acknowledge that I make this release in full accord and satisfaction of and in compromise of any and all Released Claims.</p> <p>I represent and acknowledge that I have read and understand this form and the release granted above and warrant that all statements made herein are true to the best of my knowledge.</p>			
<p>All prescription medications, over-the-counter medications, vitamins, and herbal products must be administered by ones self. Each of the medications and products MUST be in ORIGINAL containers with labels and dispensing instructions in English. Individuals requiring injections should provide medications, syringes, and written instructions signed by the physician.</p>		Required Signature	
		<p>Signature must be of a parent, legal guardian, or self (if over 18 years of age) stating, "I have read and understand this entire form and by signing below agree to the terms herein."</p> <p>X _____ Date: _____</p>	

