



# Background Check

Social Security #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State of Issuance: \_\_\_\_\_

## Permission to Obtain Background Check

*(This form authorizes the church/organization to obtain background information and must be completed by the applicant. The church/organization must keep this completed form on file for at least two years after requesting a background check.)*

I, the undersigned applicant (also known as "consumer"), authorize **FLY** through an independent contractor, to procure background information (also known as a "consumer report and/or investigative consumer report") about me. This report may include my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; and the state sex offender records.

I understand that I am entitled to a complete copy of any background information report of which I am the subject upon my request to **FLY** if such is made within a reasonable time from the date it was produced. I also understand that I may receive a written summary of my rights under the Fair Credit Reporting Act.

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

## Medical Release

I, \_\_\_\_\_, who resides at \_\_\_\_\_ city of \_\_\_\_\_,

state of \_\_\_\_\_ born \_\_\_\_\_ herin authorize the adult sponsors of the Free Lutheran Youth Convention to consent to any x-ray examination, medical or surgical diagnosis or treatment, and hospital care, to be rendered to myself, when the need for such treatment is immediate and when I am unable to make the decision for myself. This includes the administration of benadryl, Tylenol or ibuprofen if need is perceived by the First Aid team.

Do you have health insurance?  Yes  No *If so, please **submit a copy** of the front and back of your health insurance card.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Plan / Policy #

\_\_\_\_\_  
Family Physician

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

Allergies (medical & environmental): \_\_\_\_\_

Health Problems: \_\_\_\_\_

Medications: \_\_\_\_\_

**Personal Experience** *(Please answer the following questions on another sheet of paper - limit 1 page. Please type out and print answers if possible.)*

1. Please share your personal testimony of faith in Christ.
2. Please describe your personal devotional/quiet time life.
3. Please relate your experience with Christian discipleship?
4. Please explain anything that may show up on a background check.
5. Are you interested in being involved with the Altar Call team, for students who respond at the Evening Service.

**Responsibilities:** *By applying, I affirm that I am committed to be the adult regarding following:*

- ✓ I will be **responsible** for 1-2 rooms containing a total of 4-7 students.
- ✓ I am bold enough to **enforce** rules in a loving, firm manner with 13-18 year old students.
- ✓ I will lay aside personal **preference** to invest sacrificially in the lives of students in my care.
- ✓ I will **cheerfully** comply with all FLY regulations, setting a positive example for students.
- ✓ I will **respect** and **teach** the distinctives of Biblical Lutheranism.
- ✓ I will **lead** students in brief times of God's Word and prayer each morning and evening.
- ✓ I will **pray** for students before, during and (for a time) after the FLY Convention.
- ✓ I will faithfully **attend** counselor meetings each morning at FLY.
- ✓ The FLY Committee prefers that you **defer** to a **specialist** in the following areas: A. Substance use/abuse; B. Criss Pregnancy / Abortion; C. Suicide, Self-Harm (cutting, etc); D. Sexual Immorality (including homosexual behavior / temptation); E. Victim of physical or sexual abuse; F. Eating disorders

**Helpful Counselor Completion Checklist- Check ALL before sending in application / registration.**

- |  |  |
|--|--|
| <input type="checkbox"/> Application                         | <input type="checkbox"/> Pastor's Recommendation |
| <input type="checkbox"/> Prayer Preparation- ready to serve? | <input type="checkbox"/> Registration Fee paid   |
| <input type="checkbox"/> Copy of Insurance Card              |  |

***Please address counseling questions only to:***

Pastor Eric Rasmussen

[flycounseling@afic.org](mailto:flycounseling@afic.org)

***Please return completed application to:***

FLY Counseling Registration

3110 East Medicine Lake Blvd.

Plymouth, MN 55441

*Thank you for taking time to complete this application. May Jesus richly bless you this day!*

# Pastor's Recommendation Form | 2011 FLY Convention

## Estes Park, CO, July 4-9, 2011

Dear Pastor,

*And he gave the apostles, the prophets, the evangelists, the pastors and teachers, to equip the saints for the work of ministry, for building up the body of Christ... -Ephesians 4:11-12*

Thank you for your willingness to "equip the saints" by assisting us in forming a rock-solid corps of counselors for the 2011 FLY Convention. A committed group of counselors is among the highest necessities for a good convention. **While this need not take more than five minutes of your time, please give your frank, prayerful recommendation.** This contact is our primary means of evaluating the worthiness of counselors, and your purposeful participation will help us make the most of our ministry opportunity at the FLY Convention.

**Please follow the steps in completing this form:**

1. Fill out Recommendation Form.
2. Place form in envelope and seal.
3. Sign your name over the envelope seal.
4. Give back to counselor applicant.

The counselor application is NOT complete without this form in the sealed and signed envelope.

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**Counseling Applicant:** \_\_\_\_\_

**Please indicate how (and how long) you have known the applicant:**

**How has the applicant indicated an interest/aptitude for youth ministry?**

**Please evaluate the applicant's ability to give effective Biblical counsel, or refer a student to a more qualified staff member.**

**Please indicate if there is any reason to question the integrity or moral character of this applicant.**

**Finally, do you recommend this applicant to counsel at FLY 2011? Why/why not?**

**Signed:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

*Thank you for taking the time to fill out this form!*