

Infusion 2010 Application

1. Review the contents of your application packet to make sure you have all the necessary info and forms.
 - Application form (including medical background)
 - Infusion Policies and Responsibilities
2. Complete the application form.

Overview of what to return to an Infusion leader:

1. Application forms
2. Medical Background and Policies & Responsibilities sheet

Infusion 2010 Application

Name:

Current Mailing Address

Street:

City, State, Zip:

Cell:

E-mail:

I will be at the above address until:

Birthdate:

Parent/Guardian Emergency Info

Full Name:

Relationship to Applicant:

Street:

City, State, Zip:

Telephone:

Infusion Leaders

Nathan Hrouda (970 310 1998) nathan@rockrevolution.com

John Larsen (970 690 6956) john@rockrevolution.com

1. Briefly tell how and when you came to know Christ:

2. Describe your relationship with God:

3. Briefly, what is your understanding of the Spirit-controlled life?

4. Will you be willing to follow leadership and Infusion policies even though you might not totally agree with them in every situation? Why or why not? Will you be able to commit to follow leadership/be a team player through the whole summer?

5. Are you willing to actively take the initiative to share your faith during Infusion, even if you don't feel like it at times? Why or why not?

6. Describe your relationship with your parents. Have you discussed with them your desire to attend Infusion? What was their response?

7. How long have you been a member of the Rock or another GCAC church?

8. Are you willing and ready to work **at least** 30 hours for the summer, and **no more than** 45, at either one job or multiple, or looking for that much work until an appropriate time?

9. If you are going to be living in the Frat House (AGR) this summer, when can you move in? (We can start moving in on Saturday May 15th)

10. What skills/talents/abilities do you see yourself bringing to build up the Infusion Team (Ephesians 4:16)?

Confidential

Please answer the following questions honestly. Your answers will not necessarily disqualify you for acceptance to the Infusion program. The info you share will be treated confidentially. We may need to phone you if we have questions. Circle your answer.

1. In the last 12 months, have you used drugs, narcotics, or hallucinogens not prescribed by a physician?
Yes No If yes, please explain.

2. In the last 12 months, have you struggled with alcohol abuse?
Yes No If yes, please explain.

3. In the last 12 months, have you struggled with depression?
Yes No If yes, please explain.

4. In the last 12 months, have you had a relationship which would not be considered “above reproach”?
Yes No If yes, is anyone holding you accountable in this area?

5. In the last 12 months, have you been involved in a homosexual encounter/relationship?
Yes No If yes, is anyone holding you accountable in this area?

6. In the last 12 months, have you struggled with an eating disorder?
Yes No If yes, is anyone holding you accountable in this area?

7. Do you have a police or prison record?
Yes No If yes, please explain.

8. Are you currently in debt? What types of debt and amount?
Yes No personal loan \$ Credit card \$ Student loan \$

Medical Background

Again, the info you share will be treated confidentially.

9. Have you been to an emergency room, been hospitalized, or under a doctor's care in the past year?

Yes No If yes, please explain.

10. Are you currently taking any medication?

Yes No If yes, please explain.

11. Do you have any conditions that would hinder your ability to participate in Infusion?

Yes No If yes, please explain.

Infusion Policies & Responsibilities

I understand that my participation in Infusion, contingent upon my acceptance, will be voluntary. I understand that participation in this program carries risks inherent both to such activities and to the location of the program. I understand that it is my sole responsibility to secure my own employment at Infusion and that this is not a responsibility of the Rock.

_____/_____
Signature Date

The Rock Policies

Should my application be accepted, I agree to be bound by the policies of the Rock and more particularly those of the Infusion Program during the course of the program.

_____/_____
Signature Date

Release of Liability

I release and hold harmless the Rock, its pastors and employees from any such liability for loss, injury, or damages to my person or property which may result from my participation in Infusion.

_____/_____
Signature Date

Acknowledgement of Policies & Responsibilities

I have read and understand the policies, procedures and responsibilities listed above, and agree to adhere to and follow them upon my notified acceptance in the Infusion Program.

_____/_____
Signature Date

The information contained in this application is correct to the best of my knowledge.

Last name (please print): _____

First name and M.I. (please print): _____

Applicant's signature: _____

Date: _____

Infusion is sponsored by the Rock. 1601 W Drake Rd, Fort Collins, CO 80526