

## **HOST HOME APPLICATION PROCESS**

*Please scan and email completed application/forms to [intern@elevate.life](mailto:intern@elevate.life) or mail to:  
Elevate Leadership Institute: 8500 Teel Pkwy, Frisco, TX 75034*

Thank you so much for considering the opportunity to host an intern from Elevate Leadership Institute. Being a host home enables your family to be a safe and caring environment for students attending ELI. Our hope is that this will also be an opportunity for your family to be blessed by God in new ways as you give back to future leaders.

Please read over the expectations and details carefully. We want this to be a great experience for both your family as well as the intern you will be hosting.

### **YOUR COMMITMENT WOULD INVOLVE:**

1. A room and a closet (we can work on a bed if you do not have one).
2. Access to a bathroom
3. Some space in the kitchen or room where they can store their food, including a small part of the refrigerator.
4. Occasional meals with your family. (Optional)
5. One-full year commitment.

### **INTERNS COMMITMENT:**

1. Help with house chores. (Host home parents will decide what chores they could help with.) We see house chores as a great discipleship tool and want them to be held accountable to their agreement.
2. Be respectful of your rules and family dynamic.
3. Communication on schedule and expectations of ELI.
4. Transportation is their responsibility to cover financially, with gas, maintenance, and auto insurance. Our goal is that each student will either have his/her own transportation or will be paired up with an intern with whom they can commute back and forth to class.

### **ELEVATE LEADERSHIP INSTITUTE'S COMMITMENT:**

1. ELI Leadership will do check-ins with the host home.
2. ELI Leadership will help address any issues that may arise.
3. Every student will take a background check, and you will be made aware of potential issues.
4. ELI will stay in touch with your family as well as the intern – to ensure the process and environment is healthy.

Through the application process, we are also learning more about the students and will try to match them with you as a family.

### **HOST HOME CHECKLIST:**

1. Completed host home application and forms.
2. Recommendations-
  - Professional/Personal
  - Pastoral/Servant Leader Upline
3. Background check for all household members over 18 years old.
4. Home check completed by ELI Leadership.
5. Room availability for student.
6. Adequate finances so that an additional household member would not cause financial strain to your family.

**HOST HOME APPLICATION**

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**FAMILY INFORMATION**

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

Address-Street \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_ Is this a cell phone? Yes No

Are you a Christian? Yes No

Are you a member of Elevate Life Church? Yes No

How many interns would you be willing to host? \_\_\_\_\_

How many miles is your home from ELC? \_\_\_\_\_

What language(s) is spoken in your home? \_\_\_\_\_

Please write a description of your family make-up and your household dynamics. Please include all household members, children, and any details you think we should know about when matching an intern to your home.

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Tell us why you are interested in hosting an intern at Elevate Leadership Institute?

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**VERIFICATION**

My signature below verifies that the information I have reported on this application is complete and factually correct.

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



**RECOMMENDATION**

*To be filled out by a professional/personal reference and sent directly to E.L.I. If you have a pastoral/servant leader upline, they must also complete this form. A family member should not complete this form.*

Applicant's Name \_\_\_\_\_ Applicant's Phone # \_\_\_\_\_

Your Name \_\_\_\_\_

Relationship to Applicant? \_\_\_\_\_

What are the applicant's best attributes?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In your opinion, would this family be a good fit to host a student in their home?

\_\_\_\_\_  
\_\_\_\_\_

Does this applicant have any persistent habits that you feel would restrict him/her from creating a safe environment for the student to grow? Yes No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Would you recommend this home to Elevate Leadership Institute? (please mark one)

Yes No Hesitant

Why? \_\_\_\_\_

\_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

Would you consider the applicant to be: (please mark one)

Very Close Fairly Close An Acquaintance Minimal

*Any additional comments can be made on a separate sheet.*

Your Phone # \_\_\_\_\_ Your Email \_\_\_\_\_

If you have any questions, please feel free to contact 214-387-9833

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**PERMISSION TO OBTAIN A BACKGROUND CHECK**

This form authorizes Elevate Life Church to obtain background information and must be completed by the applicant.

I, the undersigned applicant, authorize Elevate Life Church through its independent contractor, to produce background information about me. I understand that this authorization and release is valid for future background information requests during my period of service with Elevate Life Church for the purpose of investigating any incidents of workplace misconduct or criminal activity for which I am alleged to have been involved during my service. These above mentioned reports may include my driving history, including any traffic citations; a social security number trace; present and former addresses; criminal and civil history/records; any other public record.

I further authorize any person, business entity or governmental agency that may have relevant information to disclose it to Elevate Life Church through its independent contractor, including any courts, public agencies, law enforcement agencies and credit bureaus.

I understand that I am entitled to a complete copy of any background information report of which I am the subject upon written request to Elevate Life Church, 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: \_\_\_\_\_

**IDENTIFYING INFORMATION FOR BACKGROUND INFORMATION AGENCY**

Printed Name (First Middle Last): \_\_\_\_\_

Gender: Male Female Social Security Number: \_\_\_\_\_

Current Address: \_\_\_\_\_

Street/P.O. Box \_\_\_\_\_

City State Zip \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

**PLEASE NOTE:** All household members 18 years or older must complete this form.

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**CRIMINAL OFFENSE RECORD**

Have you ever been convicted of a criminal offense? Yes No

If yes, please explain:

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Have you been convicted of child abuse or sexual abuse or been involved in any activities related to molesting or abusing children/youth? Yes No

If yes, please explain:

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I certify that all information provided in this application is true and complete. I understand that any false information may disqualify me from further consideration, and may result in my removal if discovered at a later date.

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