Greetings!

First of all, thank you for your interest in joining the team for the LEAD summer camp. LEAD’s success is in large part due to the support of the many men and women like you who volunteer to faithfully pour into the lives of these students.

Our vision for LEAD is to equip students to become godly leaders in their communities who live out their faith with conviction and compassion. We believe there is no profession or aspect of life to which God's Word is irrelevant, so we seek to train and inspire students to apply their faith wherever they end up in life. Specifically, the LEAD Program is designed to train each student's "Head, Heart, and Hands" by providing biblical training, worldview challenge, and hands-on simulations.

The LEAD Team is comprised of Chaperones and ADCs (Aides-de-Camp) who are our most valuable assets in the LEAD Summer Program. They are coaches, friends, counselors, encouragers, role models, and leaders while students are away from home.

**Chaperones** – Our Chaperone roles are given to parents of our LEAD students or adult volunteers 25+ years old. Chaperones’ life experience and wisdom provide a great perspective for students as they work through their weekly projects, seek advice, and strategize.

**Aides-de-Camp** – Our ADC roles are given to adults 19-24 years of age who are passionately invested in challenging and encouraging students. Because ADCs are relatively close to students in age and life experience, their ability to relate is unique. Students will often look to ADCs as role models and friends.

Both Chaperones and ADCs serve as coaches as students learn the legislative or media process and work through projects. Although they should never do the work for the students, Chaperones and ADCs keep their groups on track, facilitate team unity, pose questions, and offer encouragement. They also accompany students on all field trips and perform facilitative roles as assigned by LEAD staff. Besides these scheduled activities, we encourage Team Members to attend the teachings sessions and engage with students over meals and in sport activities. We will provide mandatory training on July 25th and 26th, prior to the students’ arrival.

LEAD is divided into the following tracks: House, Senate, and Media. In these simulations, students role play as legislators, senators, or members of the media and get to interact with professionals in the field. Our goal is not to direct students into particular careers; instead, these tracks are a means by which students develop skills, gain practical knowledge, and learn to apply Christian principles in the everyday world—all while having a ton of fun!

If this is a vision you value—training up the next generation of Christian leaders—we would love to have you apply. Please mail us a completed application and background check consent form. We will then reach out to set up a phone or in-person interview before making a decision.

We are grateful for your desire to be used by the Lord as He works to transform students’ hearts and minds. If you have any questions about the role or application, please do not hesitate to ask.

Sincerely,
Christiana Nuñez

Program Director
LEAD - A Project of Minnesota Family Institute
(612) 789-8811 ext. 215
LEAD@mfc.org
Application: Chaperone/Aid-de-Camp

First Name: ___________________________ Last Name: ___________________________

Age: (circle all that apply) 19-25 years  25+ years  College Student  LEAD Alumnus  Parent

Date of Birth: ___________________________

Gender: Male  Female  Status: Married  Single  Adult T-Shirt Size: S  M  L  XL  XXL

Address: _______________________________________________________________

Home Phone: __________________________________________________________

Cell Phone: __________________________________________________________

Personal Email Address: _______________________________________________

Employer: ____________________________________________________________

Job Title: _____________________________________________________________

Work Address: _________________________________________________________

Work Phone: __________________________________________________________

Work Email Address: _________________________________________________

What church do you attend? ____________________________________________

Church City: _________________________________________________________

Church Pastor: _______________________________________________________

College Attended/Attending: ____________________________________________

Years at College: _____________________________________________________

How did you hear about volunteering for LEAD? ____________________________

Do you have any family members attending LEAD this summer? ______________ 

If needed, would you be willing to role-play as a lobbyist during LEAD? ______________ 

Will you provide references if requested? _________________________________

Have you completed and signed the Background Investigation Disclosure and Consent form?  YES  NO

Briefly describe your experience working with youth: ________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

MAIL TO: Minnesota Family Institute - Attn: LEAD - 2855 Anthony Lane S, Suite #150, Minneapolis, MN 55418
Share your conversion story:

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________


Please tell us why you want to join the LEAD Team as a Chaperone/Aide-de-Camp?

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________


Applicant Signature: ______________________________________ Date: __________________________
Health & Medical Information

Please fill out all fields and provide a copy of your insurance card with this form.

Name ___________________________________________ Date of Birth ____________________________

Physician ___________________________________________ Physician’s Phone ____________________________

Health Insurance Carrier ___________________________ Policy Group# ____________________________

HMO/PHP Auth Phone # ____________________________

Emergency Contact Name ___________________________ Relationship ____________________________

Home Phone ___________________________ Work Phone ___________________________ Cell Phone ____________________________

Allergies Please list ALL.

Medications ___________________________________________ Reaction ____________________________

Foods ___________________________________________ Reaction ____________________________

Plants/Animals ___________________________________________ Reaction ____________________________

Health History Please mark those applicable and give appropriate explanations.

_____ Head Injury/Concussion

_____ Fainting Spells/Dizziness/Migraine

_____ Psychological/Emotional

_____ Obstructive Sleep Apnea/Sleep Disorders

_____ Eyes/Ears/Nose/Sinus

_____ Heart Murmur/Disease

_____ Asthma/Lung/Respiratory Disease

_____ Abdominal/Stomach/Digestive

_____ Muscle/Skeletal Issues

_____ Blood Disorder/Hemophilia

_____ Diabetes

_____ Other ____________________________

Has there been recent treatment for any medical problem? ____________________________

Do you have any special dietary needs/restrictions? ____________________________

Are all immunizations up to date? YES □ NO □ Date of last Tetanus Booster: ____________________________

Medication Please list ALL current medications and dosages. Medications will be self-administered and should be kept in your dorm room. If desired, medications may be locked/stored in the LEAD office.

If that will be necessary, initial here ____________________________

________________________________________________________________________________________

________________________________________________________________________________________

Is there anything else we should know? ____________________________
Background Investigation Disclosure and Consent

In connection with my application for employment or to serve as a volunteer with the Minnesota Family Institute and/or LEAD, I understand that a “consumer report” and/or “investigative consumer report”, as defined by the Fair Credit Reporting Act, may be requested by Minnesota Family Institute and/or LEAD at its sole discretion for employment or volunteer purposes, whichever is applicable, from Protect My Ministry, Inc., (“Protect My Ministry”), a consumer reporting agency as defined by the Fair Credit Reporting Act.

These reports may include information as to my character, general reputation, personal characteristics or mode of living, whichever are applicable. They may involve interviews with sources such as my neighbors, friends or associates. The report may also contain information about me relating to my criminal history, credit history, driving and/or motor vehicle records, social security number verification, verification of education or employment history, worker’s compensation (only after a conditional job offer) or other information, depending upon the position for which the applicant has applied. Such reports may be obtained at any time after receipt of this Disclosure and Authorization and if I am hired or serve as a volunteer, whichever is applicable, throughout the course of my employment or volunteer service, as permitted by law and unless revoked by me in writing.

I understand that I have the right, upon written request made within a reasonable amount of time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report and the right to challenge the accuracy and completeness of any information contained in the report or record by contacting Protect My Ministry, Inc., 14499 N. Dale Mabry Hwy., Suite 201 South, Tampa, FL 33618 or 1-800-319-5581. For information about Protect My Ministry’s privacy practices, see www.protectmyministry.com.

Pursuant to the Minnesota Child Protection Background Check Act (The Act) (Minn. Stat. §299.60 - 299.64), I understand that by applying to work with the Minnesota Family Institute and/or LEAD in either a volunteer or paid employee capacity, I authorize Protect My Ministry to perform a background check to determine whether you are the subject of any reported conviction for a “background check crime” (see pg 3).

1. Have you ever been convicted of a Background Check Crime? YES☐ NO☐
   If yes, please explain. ____________________________________________________________

2. ☐ I understand that if a background check is requested, Protect My Ministry will conduct a thorough background check on me which will comport with the requirements of the Minnesota Child Protection Background Check Act.

3. ☐ I acknowledge that I have read these background check forms in their entirety and understand my rights under The Act as described above.

4. Have you previously worked for, or volunteered with, the Minnesota Family Institute and/or LEAD in the last three years? YES☐ NO☐

5. If so, have your answers to any of the above questions changed? YES☐ NO☐ N/A☐

LAST NAME ________________________________ FIRST NAME ________________________________ MIDDLE NAME ________________________________
Other Names Used ________________________________

For identification purposes only, please provide FULL DOB __________________ SSN __________________
GENDER __________________ D/L or STATE ID __________________ STATE ISSUED __________________
ETHNICITY __________________ EMAIL ADDRESS __________________ PHONE __________________
HOME ADDRESS __________________ CITY __________________
COUNTY __________________ STATE __________________ ZIP __________________

Acknowledgement and Authorization

By signing below, I voluntarily and knowingly authorize Minnesota Family Institute and/or LEAD or its authorized agents to obtain or prepare consumer reports or investigative consumer reports about me. I acknowledge receipt of a copy of A Summary of Your Rights under the Fair Credit Reporting Act and certify that I have read this Disclosure and Authorization as well as the summary explaining my rights under the Fair Credit Reporting Act.

Residents of Minnesota only:

Under state law you have a right to receive a copy of your consumer report and the Minnesota Child Protection Background Check, free of charge, if one is required by Minnesota Family Institute and/or LEAD. By checking the box below, a copy will be provided to you at the address you provide on this Disclosure and Authorization.

☐ I wish to receive a copy of any consumer report on me that is requested.

Signature: ________________________________ Date: ________________________________

Parent/Guardian Signature (if under 18): ________________________________ Date: ________________________________

MAIL TO: Minnesota Family Institute - Attn: LEAD - 2855 Anthony Lane S, Suite #150, Minneapolis, MN 55418
Background Check Crimes

- Murder
- Manslaughter
- Felony level assault
- Kidnapping
- Arson
- Criminal Sexual Conduct
- Prostitution-related crimes
- Any act committed against a minor which constitutes a violation of:
  - 609.185(5) – murder while committing child abuse
  - 609.221 - 1st degree assault
  - 609.222 - 2nd degree assault
  - 609.223 - 3rd degree assault
  - 609.224 - 4th degree assault
  - 609.2242 - domestic assault
  - 609.322 - solicitation, inducement & promotion of prostitution
  - 609.324 - prostitution related offenses
  - 609.342 - 1st degree criminal sexual conduct
  - 609.343 - 2nd degree criminal sexual conduct
  - 609.344 - 3rd degree criminal sexual conduct
  - 609.345 - 4th degree criminal sexual conduct
  - 609.352 - solicitation of children to engage in sexual conduct
  - 609.377 - malicious punishment of a child
  - 609.378 - neglect or endangerment of a child
  - Any violation of:
    - 152.021, subd. 1(4) - 1st degree controlled substance crime
    - 152.022, subd. 1(5) or (6) - 2nd degree controlled substance crime
    - 152.023, subd. 1(3) or (4) - 3rd degree controlled substance crime
    - 152.023, subd. 2(4) or (6) - 3rd degree controlled substance crime
    - 152.024, subd. 1(2), (3), (4) - 4th degree controlled substance crime