

Full Self Emergence Internship Application

**CHECKLIST**

Application process will begin when we receive the following documents:

(Please send all documents at one time.)

1) The following documents must be e-mailed directly to *recruiting@sunriseranch.org:*

 1) Application

2) Resume or CV

3) Two reference letters (not relatives)

2) The following documents must be e-mailed directly to Diana de Winton at *HRAdmin@sunriseranch.org*:

 1) Background Information form **(must be signed by hand per legal requirements).**

 2) Drug Policy **(must be signed by hand).**

**Note**: For your confidentiality, do not send the signed background check and drug policy to anyone other than Diana de Winton at *HRAdmin@sunriseranch.org.*

Diana will then run the background check and file the drug policy. Once this is complete, we will be in touch with the next steps.

Thank you!



Honoring Universal Being

The Philosophy of Sunrise Ranch

Sunrise Ranch honors Universal Being in all its forms—through people, through nature and through all creation. We see this attitude of honor for Universal Being as the pivotal factor for the future of humanity.

Most of all, we honor and welcome the expression of Universal Being through ourselves. We believe that this orientation in living is what opens the door for a full knowing of the wisdom and love that is within everyone. It is what lets the individual give their greatest gift to the world and know the greatest fulfillment that is possible for a human being.

All of Sunrise Ranch is dedicated as a teaching and demonstration site for this essential wisdom—both the inner knowing of Universal Being and the practical application of that knowing. This is why we practice and teach sustainable agriculture and farm-to-table food preparation. This is what is behind all the workshops, conferences, concerts and courses that we offer. This is what we teach in our internship programs and in all our courses for spiritual awakening and personal development. Sunrise Ranch exists to embody this truth and to bring it to the world.

We believe that Universal Being is doing its best to incarnate and express fully through each person, not as a separate reality but as the core reality of who they are. And when it does, that person becomes whole and creates wholeness in their world. They bring healing to the land, to other people and to the planet. Whole people—whole world.

This is what allows our individual worlds to thrive. This is why Sunrise Ranch is flourishing. And it is the experience of this simple, profound truth that will let Planet Earth become the garden home that it is destined to become.

To us, this is not just a nice idea but a guiding principle to be embodied in everything we do. If you agree, we welcome you to join with us in bringing this experience to the world.



Applicant Information

**CONTACT DETAILS**

First Name: Last Name: Gender:

Date of Birth: Age: SSN:

Street Address: City: State: Zip:

Telephone: Mobile: E-mail:

**EMERGENCY CONTACT DETAILS**

First Name: Last Name: Relationship:

Street Address: City: State: Zip:

Telephone: Mobile: E-mail:

**EDUCATION**

High School: State:

University/College: Completed Degree(s):

Expected Date of Graduation: GPA:

Other:

**BACKGROUND INFORMATION**

Have you been convicted of any felony or misdemeanor within the past ten years? Yes or No:

 If yes, please list the date and offense(s):

**DIETARY NEEDS (if any, check all that apply)**

☐Vegetarian ☐Vegan ☐Gluten-Free ☐Dairy-Free ☐Soy-Free

Additional information: Click here to enter text.

The information provided in this application will be kept confidential and used only for purposes of employment verification.

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application (and the documents included in the CHECKLIST) as may be necessary to arrive at an employment decision. I hereby release Sunrise Ranch/Emissaries of Divine Light and any former employer and any third party from any liability whatsoever that may be imposed as a result of the release of such information. Should I be employed by Sunrise Ranch /Emissaries of Divine Light any false or misleading information will result in my employment being immediately terminated.

I hereby understand and acknowledge that any employment relationship with Sunrise Ranch/Emissaries of Divine Light is of an “at will” nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time, with or without notice, with or without cause. It is further understood that this “at will” employment relationship may not be changed by any written document or by verbal agreement unless such change is specifically acknowledged in writing by an authorized Executive of Sunrise Ranch/Emissaries of Divine Light.

I further understand and acknowledge that Sunrise Ranch/Emissaries of Divine Light is a 501(c)(3) church corporation and that, as such, is not required by state or federal law to maintain unemployment insurance for employees. I understand and acknowledge that if my employment with Sunrise Ranch/Emissaries of Divine Light is terminated, I will not be eligible for unemployment insurance as a result of such termination.

Participating in the work activities affords a unique opportunity to develop skill in coordinating and harmonizing with others in offering a potent, positive influence into the community and the larger world, creating a strong sense of selfless service.

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



Internship Details

DATES

The 2017 Full Self Emergence Internship will begin Monday, March 27, and end Monday, September 29, 2017. Interns are asked to arrive Thursday, March 23, to get settled.

COMPENSATION PACKAGE

* Housing (all utilities covered)
	+ Interns will have their own personal room and share common areas—kitchens, bathrooms, etc.
* Daily meals provided by our world-class culinary staff, serving mostly organic cuisine.
	+ Breakfast supplied only when retreat groups of 20 or more are here. No lunch on Saturdays. No dinner on Tuesdays, Fridays or Sundays.
	+ Interns will be able to order groceries once a week from our kitchen at no cost.
* A stipend of $250 per month
* Access to facilities and land—outdoor pool, hot tub, sauna, gym, hiking trails, camping sites, etc.

 FULL SELF EMERGENCE EDUCATION

* 4.5 hours of class time each week
* Weekly reading and journaling assignments
* Weekly individual coaching sessions with a member of the Sunrise Ranch Core Staff
* Two services per week
* Sunday Service Expansion
* Group Attunement after Sunday Service
* Weekly individual Attunements
* Four four-day-long intensive workshops
	+ Primal Spirituality 1: Blessing and Understanding
	+ Primal Spirituality 2: Taking Action and Fulfilling Mission
	+ Primal Spirituality 3: Enlightened Thinking and Courage
	+ Primal Spirituality 4: Grace

WORK COMMITMENT (Program Tuition)

The Sunrise Ranch community is a hard-working, highly committed group of self-starters who are working together as a co-creative team to make a difference in the world. We are passionate about letting the Ranch reach its full potential as a teaching and demonstration site with a clear, strong spiritual focus.

In place of program tuition, interns have a work commitment of 34 hours per week, which possibly includes community dishes and floor sweeping/mopping duties. The Full Self Emergence education hours are not included in the work commitment hours. Please select the type of work that interests you the most from the list below. Applicant’s interests and community needs are both considered for the internship work pattern.\*

☐ Organic Farm and Greenhouses

☐ Ranching and Animal Husbandry

☐ Landscaping

☐ Building and Systems Maintenance

☐ Property Management

☐ Conference and Retreat Center

☐ Publications and Marketing

☐ Accounting

\* The work schedule, programs and other activities are subject to change throughout the program.

ADDITIONAL CLASSES AND WORKSHOPS

The work commitment covers the cost of the internship program. Additional classes or workshops are charged separately, as they are attended. After participating in the internship program for one month, you will receive a 50 percent discount on all other Emissary classes.

PETS

We are not accepting pets at this time.

ILLEGAL SUBSTANCE POLICY

Substances that are illegal under either state or federal laws will not be used, distributed, or possessed on Sunrise Ranch premises by people who visit, live and/or work on Sunrise Ranch. Such substances include but are not limited to marijuana and prescription medications not prescribed for the person possessing them.

Under-Age Drinking—Alcohol will not be served or consumed by visiting, living and/or working persons under the legal age for drinking in the State of Colorado, which is currently 21.

In applying to this program, I understand and commit to participating in all work shifts and educational activities. I realize that my prompt attendance, along with excellence in the quality of my energy, is a vital contribution to my personal and educational growth.

Participating in the work activities affords a unique opportunity to develop skill in coordinating and harmonizing with others in offering a potent influence into the community and the larger world, creating a strong sense of selfless service.

CREDIT OF SERVICES DEPOSIT

A deposit of $150 for credit and services is required upon acceptance. The $150 for credit and services will be refunded (less any amounts owed Emissaries of Divine Light) within 60 days of the residency termination at Sunrise Ranch.

 I hereby understand and acknowledge that any employment relationship with Sunrise Ranch/Emissaries of Divine Light is of an “At-Will” nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time, with or without notice, with or without cause. It is further understood that this “At-Will” employment relationship may not be changed by any written document or by verbal agreement unless such change is specifically acknowledged in writing by an authorized Executive of Sunrise Ranch/Emissaries of Divine Light.

 I further understand and acknowledge that Sunrise Ranch/Emissaries of Divine Light is a 501(c)(3) church corporation and that, as such, is not required by state or federal law to maintain unemployment insurance for employees. I understand and acknowledge that if my employment with Sunrise Ranch/Emissaries of Divine Light is terminated, I will not be eligible for unemployment insurance as a result of such termination.

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



Letter of Intent

**Please be as detailed as possible so we may better understand your intention of participating in the Full Self Emergence Program. You may attach a separate sheet if needed.**

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How did you hear about Sunrise Ranch?
2. How do you think the Full Self Emergence Program will help you meet your personal and career goals?
3. Why are you interested in the Full Self Emergence Program?
4. What experience do you have related to Sunrise Ranch and its programs?
5. What passion would you bring to the community of Sunrise Ranch?
6. Requested arrival and departure dates? Please explain if dates are different from program dates.



Medical Provider Information

Sunrise Ranch does not accept responsibility for medical procedures, medical appointments, or fees incurred while not on work-related tasks by anyone participating in the internship program. Please include all details of your personal provision for normal and emergency medical care with this application.

Any injury sustained during the execution of work-related activities within the internship program will be covered by Sunrise Ranch Workers Compensation.

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number of Insurance Carrier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail of Insurance Carrier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Person to Contact in Case of Emergency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you do not have a personal insurance plan, please read and sign the following statement:

I understand that I am **not eligible** to participate in the Sunrise Ranch self-insurance plan.

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



Internship Personal Release

You are about to enter a cycle that may push your physical, mental and emotional capacities to strenuous limits. In the interest of providing information that will assist the Sunrise Ranch leadership in properly enfolding you during this time, please complete this form

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe any current limitations or issues that you have experienced in the last six months in any of the following areas:

Physical:

Mental:

Emotional:

Have you been under the care of a physician in the last 12 months?

☐Yes ☐No

If yes, please describe the condition(s) for which you were seen:

Have you been hospitalized or had emergency care for medical or psychiatric conditions in the last 12 months?

☐Yes ☐No

If yes, please describe:

Are you currently taking prescribed medications or using recreational drugs?

☐Yes ☐No

If yes, please list and identify purpose:

Do you have physical limitations which restrict your ability to lift a weight of 10 -15 pounds?

☐Yes ☐No

If yes, please describe your physical limitation:

Do you have any allergies or medical conditions that require a special diet?

☐Yes ☐No

If yes, please list the foods that you may not eat:

**My signature confirms that the above information is factual.**

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



Background Information

Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver’s License # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a U.S. citizen? Yes \_\_\_\_ No\_\_\_\_

If not, please give the following information:

 Country of citizenship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current passport #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Personal References/Contacts: Name Address Phone

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

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Previous addresses for the past seven years:

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Work History**

May we contact your previous employers? Yes \_\_\_\_\_ No \_\_\_\_\_

Current employer: (Name, address and phone number) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Employer(s) for the past 5 years: Name Address Phone

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

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Have you been convicted of any felony or misdemeanor within the past ten years?

 Yes\_\_\_\_ No\_\_\_\_

If yes, please list the date and offense(s):

I understand that Sunrise Ranch or Emissaries of Divine Light may undertake a routine criminal background check. By checking this box and completing this form, I give consent to a background check.

\_\_\_\_\_ Yes \_\_\_\_\_ No, I do not give my consent

FCRA NOTICE AND ACKNOWLEDGMENT

IMPORTANT – PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT

NOTICE REGARDING BACKGROUND INVESTIGATION

SUNRISE RANCH/EMISSARIES OF DIVINE LIGHT may obtain information about you from a consumer report agency for employment purposes. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” which may include but is not limited to: employment and education verifications; social security number verification; criminal and civil court records; personal interviews; driving records; and/or any other public records or any other information bearing on your character, general reputation, personal characteristics and trustworthiness. These reports may be obtained at any time after receipt of your authorization and, if you are selected, throughout your affiliation with Sunrise Ranch/Emissaries of Divine Light. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report.

The report will be generated by **ChristianBackgroundchecks.com** (1200 South Outer Road, Blue Springs, MO 64015 / 816-228-5255) or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing Sunrise Ranch/Emissaries of Divine Light to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are selected, throughout your affiliation with Sunrise Ranch/Emissaries of Divine Light to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION (above) and a SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT (separate document) and certify that I have read and understand both of these documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” at any time after receipt of this authorization and, if I am selected, throughout my affiliation with Sunrise Ranch/Emissaries of Divine Light. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer or insurance company to furnish any and all background information requested by **ChristianBackgroundchecks.com**, another outside organization acting on behalf of Sunrise Ranch/Emissaries of Divine Light, and/or Sunrise Ranch/Emissaries of Divine Light itself. I agree that a facsimile (“fax”) or photographic copy of this Authorization shall be as valid as the original.

Signature of applicant (must be hand-signed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



Sunrise Ranch/Emissaries of Divine Light

Illegal Substance and Under-Age Drinking Policy

We ask you to make this agreement for three reasons. The first is that we are a non-profit organization. If illegal substances are found on the property, our tax status and reputation could be in jeopardy. The second reason is for safety on the job site. The third is because of the culture and atmosphere we would like to create as a community. We want our camaraderie and friendships to be free of illegal substances.

**Substances** which are illegal under either state or federal laws will not be used, distributed, or possessed on Sunrise Ranch premises by people who visit, live and/or work on Sunrise Ranch. Such substances include but are not limited to marijuana and prescription medications not prescribed for the person possessing them.

 **Under-Age Drinking** – Alcohol will not be served or consumed by visiting, living and/or working persons under the legal age for drinking in the State of Colorado, which is currently 21.

This policy applies to all people visiting, living and/or working on Sunrise Ranch, the international headquarters of Emissaries of Divine Light. Because we are committed to providing a drug-free environment for our visitors, residents and staff, your agreement and your support of this policy are required for you to visit, live and/or work on this property.

If a Sunrise visitor, resident and/or employee is suspected of violation of this policy, the following may be required: counseling, mentoring, drug-testing and treatment. Eviction, employment termination and/or notification of the authorities may also be required.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print name), have read this policy. I understand it and agree to it. I will support it and abide by it as long as I am associated with Sunrise Ranch as a visitor, resident and/or employee.

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

Signature of Visitor, Resident or Employee (must be hand-signed) Date



**MEDIA RELEASE**

For good and valuable consideration, the receipt of which is hereby acknowledged, I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby authorize Sunrise Ranch permission to use my likeness and/or voice in photographs, video recordings, and/or voice recordings (collectively, “Released Media”) in any and all of its publications and websites, including but not limited to all Sunrise Ranch’s printed and digital publications. I understand and agree that any such Released Media will become property of Sunrise Ranch and will not be returned.

I hereby irrevocably authorize Sunrise Ranch to edit, alter, copy, exhibit, publish or distribute the Released Media for purposes of publicizing Sunrise Ranch's programs or for any other related, lawful purpose. In addition, I waive the right to inspect or approve the finished product of the Released Media. Additionally, I waive any right to royalties or other compensation arising or related to the use of the Released Media.

I hereby hold harmless and release and forever discharge Sunrise Ranch from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

 Signature of guardian if under 18 years of age