



## Summer Internship Application

Which internship position are you applying for?  College Intern  Post-HS Intern  High School Intern

### CONTACT INFORMATION - (type, or print clearly)

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

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

Permanent Address: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Is there anything that we need to be aware of regarding your physical health?

Is there anything that may prohibit you from serving?

### WORK HISTORY

List the last three jobs or internships you held or your work history of the last five years beginning with most recent.

Employer / Organization	Dates	Position

### EDUCATION

List *all* schools attended (college/university, business, trade, seminary) for the last five years beginning with most recent.

School / College	City, State	Dates	Field Of Study	Degree

Additional training, scholarships, awards, certifications:

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## **GIFTS and TALENTS**

List any hobbies, gifts, leisure activities and talents: \_\_\_\_\_  
\_\_\_\_\_

## **QUESTIONS and ANSWERS**

The main tenants of this *Summer of Service* is to live justly and simply in peace. With that in mind, please answer the following.

1. What attracts you to this internship opportunity?
2. Do you have any experience working with teenagers or in a ministry context of another kind?
3. Describe your faith and/or church upbringing.
4. Describe your understanding of the person of Jesus Christ.
5. Describe your best work or volunteer experience.
6. What conflict resolution technique do you use?
7. Describe a time when you were forced out of your comfort zone relationally.
8. Describe your strengths in a work setting.

9. Please give examples from your life when you demonstrated...

a) Reliability -

b) Flexibility -

c) Creativity -

d) Generosity -

e) Presence -

10. What causes you stress? What method do you employ to reduce stress?

11. Describe a time in which you experienced transformation.

12. Have you ever been convicted of a crime (other than a traffic violation)? If yes, explain.

13. What is your housing situation for the summer? Do you have a place to live in the KC area?

13. How can this internship benefit you?

## PERSONAL REFERENCES

List the names and addresses of three people who know you well enough to judge your character, motivation or work ethic.

Name	E-mail	Phone	Relationship

## SELF EVALUATION

Please indicate which side of the continuum you are on by making an "X" where you find yourself situated most often.

I excel with group work.

I excel with independent work.

I like to have a consistent routine of assignments.

I like to experiment with new projects often.

I seek interaction with people.

I like to keep to myself.

I like to initiate projects.

I like to carry out tasks.

I enjoy a steady pace.

I enjoy a changing pace.

I excel with close supervision.

I excel with less supervision.

I process thoughts, preferences, and ideas internally.

I process thoughts, preferences and ideas externally.

Please write below any points on which clarification or conversation would be helpful.

I affirm that the information I have written is true. I understand that it will be used in dialogue with me toward finding an appropriate living and working placement for me during my *Summer Internship* at Jacob's Well Church. I authorize Jacob's Well Church to explore this information, my work history and qualifications, and any other information considered relevant, including but not limited to, my general character and family relationships. I authorize Jacob's Well Church to provide copies of my personnel file that it considers relevant to all persons responsible in the placement process of a mission/service agreement. I authorize any person or entity to provide the requested information to Jacob's Well Church. I release Jacob's Well Church and its representatives, and any person or entity (and its representatives) that provides information, from all liability arising from making the inquiries, providing the information, or deciding about my assignment as a result of the inquiries or information.

Signature \_\_\_\_\_

Date \_\_\_\_\_

*Copies of this authorization showing my signature are as valid as the original release form. This authorization is valid for two years from the date signed.*

***PLEASE EMAIL THIS COMPLETED FORM TO [ADAMC@JACOBWELLCHURCH.ORG](mailto:ADAMC@JACOBWELLCHURCH.ORG).***