



SUMMER INTERNSHIP APPLICATION

CONTACT INFORMATION - print clearly

Full Name: _____

Current Address: _____

Permanent Address: _____

Phone #: _____

E-mail: _____

PERSONAL INFORMATION

In case of emergency, please contact...

Name _____

Relation to you _____

Phone # _____

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

Is there anything that may prohibit you from serving?

Do you have reliable transportation? Y__N__ Do you have suitable housing in the Kansas City area? Y__N__

Parents' names and address(es):

WORK HISTORY

List the last three jobs/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 (high school, college, seminary, trade, etc.) for the last five years beginning with most recent.

School / College	City, State	Dates	Field Of Study	Degree

Additional training, scholarships, languages studied, awards, certifications, trophies, plaques, ribbons, titles, etc.:

GIFTS and TALENTS

List any hobbies, gifts, leisure activities and talents:

QUESTIONS and ANSWERS

The primary virtues of this internship are discipleship with students, personal leadership development and self-awareness, cultivating community rooted in Love with ultimate goal of developing a deeper understanding of and relationship with God, self, others and the world. With that in mind, please briefly answer the following...

1. What attracts you to this internship opportunity?
2. Describe a time in your life when you experienced hardship and your response.
3. What experience do you have working with young people?
4. Describe your understanding of the Triune God - Father, Son and Holy Spirit.
5. Describe your best work or volunteer experience.

6. How do you tend to deal with interpersonal conflict?

7. Describe a time when you were asked to fulfill a task that you lacked motivation or enthusiasm for.

8. Describe your strengths in a work setting.

9. Please give examples when you demonstrated the following:

a. Reliability -

b. Flexibility -

c. Creativity -

d. Vulnerability -

e. Presence -

10. What causes you stress?

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

13. How can this internship benefit you?

14. What interests you most about leading and caring for late elementary, middle and high school students?

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 most often. Mark an X in between where necessary.

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.

I am primarily a feeler.....I am primarily a thinker.

I seek out confrontation.....I avoid confrontation at all costs.

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 and others to discern a potential placement on staff 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.

APC 02.22.22