



## Summer Internship Application

210 E. Tioga St.  
Philadelphia, PA 19134

Phone: 215.423.8047  
Fax: 215.259.3420  
E-mail: [jason@urbanhope.net](mailto:jason@urbanhope.net)

**Please type or print in ink; no pencil, please!**

This application and all references must be **received** at Urban Hope Training Center by **March 1** or earlier.

**The dates for the Summer Internship Program are tentatively set for 10 weeks from the beginning of June through the first week of August.** Will you be available for those dates? Yes \_\_\_\_\_ No \_\_\_\_\_

If No, please explain: \_\_\_\_\_

**Internship Area of Interest: Number from 1-4 in the space provided (1= greatest interest; 4 = least interest)**

Tentmaking    Children & Family Ministry    Youth & Family Ministry    Training Center Ministries

***PERSONAL DATA:***

Full Name \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_  
Street/Box \_\_\_\_\_ Age \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

Telephone \_\_\_\_\_ Citizenship \_\_\_\_\_  
E-mail address \_\_\_\_\_ Height Ft. \_\_\_\_\_ In. \_\_\_\_\_  
Social Security No. \_\_\_\_\_ Weight Lbs \_\_\_\_\_  
Parent/Guardian Names \_\_\_\_\_

***PERSONAL REFERENCES:***

List the names of **three** people below who will provide written references. One is to be your **pastor**. Please note that you are to give the senior pastor (or key leader) the Pastor's reference and the Final Church Approval form. **Your application is not considered complete until the application, references, and Final Church Approval form are received.**

**1. Your Pastor:** Name \_\_\_\_\_  
*(Please give your Pastor the Pastor reference & Final Church Approval)* Church \_\_\_\_\_  
Church mailing address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Church phone \_\_\_\_\_

**2. A Professor/Teacher:** Name \_\_\_\_\_  
*(Please give your professor the Professor reference form & a return envelope)* Mailing address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone number \_\_\_\_\_

**3. Another Adult:** Name \_\_\_\_\_  
**(not a relative)** Church \_\_\_\_\_  
*(Please give your adult friend the Adult Friend reference form and a return envelope)* City/State/Zip \_\_\_\_\_  
Phone number \_\_\_\_\_

**EDUCATION:**

High School (Name and Years attended): \_\_\_\_\_ Graduation Date(MM/YY)\_\_\_\_\_

College (Name and Years attended): \_\_\_\_\_

Anticipated Graduation Date (MM/YY)\_\_\_\_\_

**MINISTRY:**

What is your involvement in your church? Why? \_\_\_\_\_

Tell us about the last experience you had in verbalizing your faith: \_\_\_\_\_

What are the names of three non-believers you are praying for and with whom you are seeking to share Christ:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

What is God doing in your life? \_\_\_\_\_

What is your vision of what an internship could be like? \_\_\_\_\_

On a scale of **1 - 10** (1 being least, 10 greatest), how do you think most people would rate your leadership abilities?

**10    9    8    7    6    5    4    3    2    1**

Comment on your spiritual passion. What has God given you a heart for? \_\_\_\_\_

Comment on your future ministry and occupational goals/plans/desires? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your spiritual gifts? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your thoughts or concerns in working with a team? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What experience have you had in the following:

A. Urban living \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Children's Ministry \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. Youth Ministries \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. Evangelism \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E. Discipleship \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

F. Other experience or skills you could contribute to this ministry. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have artistic ability (drawing, painting, dance, music, etc...) or do you play any team sports (basketball, soccer, football, etc...)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERSONAL:**

What is the longest that you have ever been away from family? \_\_\_\_\_  
Do you have problems with homesickness? \_\_\_\_\_

Foods: Are you restricted in your diet as to what foods you can eat? **(Please be specific)** \_\_\_\_\_

Do you like most foods? \_\_\_\_\_

Sleep: Do you require more than 7-8 hours of sleep each night to function well? \_\_\_\_\_

What qualities do you look for in a best friend? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What qualities do you look for in a boyfriend/girlfriend? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Comment on the following:**

A. List all activities you were involved in during the last 12 months:

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

B. Are you dating anyone seriously now? \_\_\_\_\_

How strong is he/she spiritually? \_\_\_\_\_

C. Favorite music groups: \_\_\_\_\_

D. Relationship with my parents: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E. Why do your parents say it would be good (or not good) for you to participate in an internship? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE:** A **recent** picture or snapshot (decent quality, please) **is needed to complete your application.** Pictures of interns are helpful for prayer, identification upon arrival, etc.

**Attach Photo Here**

***YOUR COMMITMENT:***

**We believe tobacco, dangerous drugs, alcoholic beverages, and gambling would be a hindrance to your Christian testimony while serving under a CE ministry.**

✠ Are you willing to refrain from these? \_\_\_\_\_

✠ It is expected that all who represent CE ministries will dress modestly. Do you agree to follow dress guidelines which may be set by the leaders to whom you are assigned? \_\_\_\_\_

✠ Would you be willing to refrain from patterns of behavior or dress that might hinder your relationship to other Christians? \_\_\_\_\_

I understand the importance of maintaining a teachable spirit and a positive, Christian testimony. I understand that a person could be removed from a ministry due to un-Christlike patterns of life.

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

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

Urban Hope Training Center is a ministry of



# Health Information

(Must be completed by all applicants)

Information reported on this form will be treated confidentially.

*It is imperative that all information is noted in detail and is complete.*

*Any change in health status after acceptance must be reported to Urban Hope Training Center.*

Name \_\_\_\_\_

A. Check and give approximate age at which you had any of the following (explain as necessary):

tonsillitis \_\_\_\_\_      appendicitis \_\_\_\_\_      chicken pox \_\_\_\_\_  
heart disease \_\_\_\_\_      tuberculosis \_\_\_\_\_      major injuries (broken bones, etc.) \_\_\_\_\_  
diabetes \_\_\_\_\_      convulsions \_\_\_\_\_      surgeries \_\_\_\_\_  
mumps \_\_\_\_\_      measles \_\_\_\_\_  
asthma (please explain the severity) \_\_\_\_\_

B. List any diseases you have had \_\_\_\_\_

C. List reasons for any hospitalizations in the past five (5) years \_\_\_\_\_

D. List any allergy problems you have (including sinus and migraine headaches) \_\_\_\_\_

E. Have you ever had or been advised to have psychiatric treatment? \_\_\_\_\_

If yes, treatment was received or advised for what symptoms or condition? \_\_\_\_\_

F. At present, do you have any deformities or handicaps? \_\_\_\_\_

G. Have you ever used illegal drugs such as marijuana, cocaine, or alcohol, or abused any substances (cough medicine, caffeine pills, aerosol cans, etc)? \_\_\_\_\_

If so, please explain: \_\_\_\_\_

H. Have you ever been restricted from physical education programs when in school? Explain: \_\_\_\_\_

I. Do you know of any reason you should not be permitted to be involved in the normal physical labor of an internship? \_\_\_\_\_

J. How many days of school and/or work absence in the past year were due to health reasons? \_\_\_\_\_

K. Do you have any known drug sensitivities (i.e. penicillin)? \_\_\_\_\_

L. What is the date of your last tetanus shot? \_\_\_\_\_

M. Are you receiving medication now that will need to be continued during the three-week program? If so, what? (This includes allergy shots, asthma inhalers, etc.) \_\_\_\_\_

N. Specify health problems which should be called to our attention \_\_\_\_\_

O. Are you in a regular program of physical exercise (running, jogging, etc.)? \_\_\_\_\_

P. Rate your health (10 is best - circle one):

10 9 8 7 6 5 4 3 2 1

(Over)

# Health and Authorization Release

Part I and Part II must be signed by a parent or guardian (if under 21 yrs of age)  
for the internship application to be complete.

## PART I - AUTHORIZATION RELEASE:

Applicant's name \_\_\_\_\_

This is a release form to authorize any staff members of this CE ministry to call an authorized doctor to administer medical and surgical treatment at any time when they believe an emergency exists. This authorization is intended to cover immunizations, injections, minor operations and procedures and whatever necessary anesthetics. It is not intended that any medical or surgical treatment will be rendered without his/her personal consent. In the event of major surgery, an attempt to contact next of kin will be made before relying upon this authorization.

I further agree to release CE National and the staff of the staff of the Urban Hope Training Center - from any liability for accidents, sickness or death which may be incurred while serving on this program.

I will assume all liability or any expense.

**Parent or guardian must complete the following (if under 21 yrs. of age):**

**Part I and Part II must be signed by a parent or guardian for the internship application to be complete.**

I am in agreement and give my consent for my son/daughter to enlist in the internship program. I also consent to the release/authorization as stated above. I give my consent as well for pictures of my child to be posted on the Urban Hope web site during their summer ministry.

**X** Signature of applicant: \_\_\_\_\_ Date \_\_\_\_\_

**X** Signature of parent/guardian: \_\_\_\_\_ Date \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Residence phone: Business phone: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

## PART II - INSURANCE COVERAGE AGREEMENT

Applicant's name \_\_\_\_\_

I am in agreement and give my consent for my son/daughter to enlist in the internship program. I also consent to the release/authorization as stated above. I agree to accept full responsibility for any medical expenses.

**X** Signature of applicant: \_\_\_\_\_ Date \_\_\_\_\_

**X** Signature of parent/guardian: \_\_\_\_\_ Date \_\_\_\_\_

**CE National, Inc. Background Check Authorization Form**

**DISCLOSURE**

As part of the employment process, CE National, will obtain a consumer report (known as an investigative consumer report in California), which I understand may include information regarding my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.

**AUTHORIZATION**

During the application process and at any time during the tenure of my employment with CE National, I hereby authorize ChoicePoint WorkPlace Solutions Inc., on behalf of CE National to procure a consumer report (known as an investigative consumer report in California) which I understand may include information regarding my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. This report may be compiled with information from credit bureaus, courts record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification, to the extent such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living.

\_\_\_\_\_  
Applicant/Employee Name  
(with middle name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Current Street Address

\_\_\_\_\_  
Current City/State/Zipcode

\_\_\_\_\_  
Prior Street Address

\_\_\_\_\_  
Prior City/State/Zipcode

\_\_\_\_\_  
Social Security Number \*

\_\_\_\_\_  
Date of Birth \*

\_\_\_\_\_  
Signature

\* For Identification Purposes Only

I have watched the CE National Children's Safety and Liability Video and agree to abide by those guidelines while involved in the ministries of the Urban Hope Training Center.

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