



Application for One Year Internship

210 E. Tioga St.
Philadelphia, PA 19134

Phone: 215.423.8047
Fax: 215.259.3420
E-mail: jason@urbanhope.net
Edlewis@cenational.org

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

This **application (and a copy)** must be sent to the **Urban Hope Training Center and CE National**. All **references** must be sent to the **Urban Hope Training Center only**.

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:

*(Please give your
Pastor the
Pastor reference &
Final Church Approval)*

Name _____
Church _____
Church mailing address _____
City/State/Zip _____
Church phone _____

2. Employer/ Professor:

*(Please give your employer/prof.
the employer/prof. reference form
& a return envelope)*

Name _____
Mailing address _____
City/State/Zip _____
Phone number _____

3. Another Adult: (not a relative)

*(Please give your
friend the
Friend reference form
and a return envelope)*

Name _____
Church _____
City/State/Zip _____
Phone number _____

EDUCATION:

College (Name, years attended, area of study): _____

Graduation Date (MM/YY) _____

Graduate (Name, years attended, area of study): _____

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? _____

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 ministry and occupational goals/plans/desires in the next 10 yrs. _____

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 Ministry _____

D. Evangelism _____

E. Discipleship _____

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

PERSONAL:

Have you ever been removed from a ministry for any reason in the past? Comment on the circumstances surrounding your removal is necessary. _____

What qualities do you look for in a friend? _____

If single, what qualities do you look for in a potential spouse? _____

If married, describe your marital relationship (strengths/weaknesses) _____

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

Have you ever been sexually abused or sexually abused another person in any form? Please briefly comment and someone will follow up for more details. _____

****Please be reminded that all of your personal information will be kept confidential and does not necessarily disqualify you from serving in this area of ministry.****

After we review your application we will submit a Child Abuse Clearance and a Criminal History Check for you.

YOUR COMMITMENT:

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

✠ Are you willing to refrain from these? _____

✠ Would you be willing to refrain from patterns of behavior 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, including your children)

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, etc., or abused any substances (cough medicine, alcohol, 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? 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

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 _____