

**EMERGENCE
SCHOOL OF MINISTRY & LEADERSHIP**

The information within this application is personal and confidential. This application is to help ensure the safety of all of our interns, make admission decisions, and help us to understand those that will receive training in the following year. The information will be reviewed by select pastoral and Emergence staff. Please answer all questions to the best of your ability and with complete honesty.

PERSONAL INFORMATION

Name: Last _____ First _____ Middle _____ Nickname _____

Address _____ City _____ State _____ Zip _____

Email Address _____ Cell Phone _____ Home Phone _____

Birthdate _____ Age _____ Gender MALE FEMALE

Do you have a Drivers License? NO YES Do you have a Passport? NO YES Expiration Date _____

Present Occupation _____ Name of Company/Business _____

RELATIONSHIPS and FAMILY

Marital Status: Single Engaged Married Widowed Separated Divorced, Month/Year _____

Spouse's Name _____ Is your spouse in agreement with your internship participation?

NO YES If No, explain _____

How many children do you have? _____ List Names and Ages: _____

If you are not married, are you in a serious relationship? NO YES

If you are not married, are you living with someone of the opposite sex? NO YES

Father or Male Guardian Name _____

May we contact this person as a reference? NO YES Best Contact Number _____

Mother or Female Guardian Name _____

May we contact this person as a reference? NO YES Best Contact Number _____

CHURCH INFORMATION

Home Church _____ Pastor's Name _____

How long have you attended this Church? _____ Are you a member? NO YES

If No, why? _____

Date you accepted Christ as your Savior _____ Date you were water baptized _____

Have you received the baptism of the Holy Spirit? NO YES Date _____

HEALTH INFORMATION

Do you have any disabilities, chronic illness, or disease that may affect your ability to function as an intern? NO YES

If so, please describe _____

Are you currently taking medication prescribed by a doctor? NO YES

If so, please describe _____

Do you have health insurance? NO YES

Have you ever been under a doctor's care for an extended period of time? NO YES

If so, please describe _____

Have you ever been under the care of a psychiatrist, psychologist, lay counselor, or social worker? NO YES

If so, please describe _____

ACADEMIC BACKGROUND

High School _____ Graduation Date _____ -or- GED Completion Date _____

List colleges, universities, or other schools that you have attended after high school.

Name _____ Dates _____ Diploma/Degree _____

Name _____ Dates _____ Diploma/Degree _____

Name _____ Dates _____ Diploma/Degree _____

EMPLOYMENT HISTORY

Your current employment:

Company _____ Position _____ Start Date _____

Supervisor _____ Phone Number _____

May we contact this person as a reference? NO YES

How will you fulfill your current financial obligations and the financial and attendance requirements of the EMERGENCE internship?

REFERENCES

List two adult Christians, other than your pastor, that can be contacted as references.

Name _____

Name _____

Relationship _____

Relationship _____

Phone _____ Email _____

Phone _____ Email _____

PERSONAL EVALUATION

Rate yourself, 1 (poor) to 10 (great)

Relationship with God	1 2 3 4 5 6 7 8 9 10	Reliability	1 2 3 4 5 6 7 8 9 10
Relationship with your parents	1 2 3 4 5 6 7 8 9 10	Teachable Spirit	1 2 3 4 5 6 7 8 9 10
Making Friends	1 2 3 4 5 6 7 8 9 10	Submission to Authority	1 2 3 4 5 6 7 8 9 10
Keeping Friends	1 2 3 4 5 6 7 8 9 10	Emotional Stability	1 2 3 4 5 6 7 8 9 10
Spiritual Maturity	1 2 3 4 5 6 7 8 9 10	Physical Health	1 2 3 4 5 6 7 8 9 10
Prayer Life	1 2 3 4 5 6 7 8 9 10	Ability to communicate	1 2 3 4 5 6 7 8 9 10
Study Habits	1 2 3 4 5 6 7 8 9 10	Working on a team	1 2 3 4 5 6 7 8 9 10
Self-Confidence	1 2 3 4 5 6 7 8 9 10	Leadership Ability	1 2 3 4 5 6 7 8 9 10
Positive Attitude	1 2 3 4 5 6 7 8 9 10	Financial responsibility	1 2 3 4 5 6 7 8 9 10

How do you spend your free time? _____

What are your hobbies/interests? _____

What areas of your life have you experienced success? _____

What are you good at? (Gifts, talents, skills) _____

What upsets you the most? _____

PERSONAL HISTORY

Be honest in answering the following questions. If you answer yes to any of the following, please include an explanation on a separate piece of paper. An affirmative answer will not necessarily prevent you from being accepted into the program.

Have you ever been involved with or struggled with:

- cigarette smoking
- prescription drug abuse
- illegal drug use
- Alcohol
- homosexuality
- pornography
- eating disorder
- severe depression
- cults/occult practices
- other religions

Have you ever been convicted of a crime? NO YES

Have you ever been asked to leave a church? NO YES

Have you participated in any activity that would bring into question your fitness to work with children or youth?

NO YES

SHORT ESSAYS

On a separate sheet of paper write one to three paragraphs on each of the following topics:

1. Explain your testimony, include the events surrounding your salvation experience and what God is currently doing in your life.
2. Are you knowingly out of the will of God in any area of your life?
3. Explain why you would like to participate in the EMERGENCE.
4. Describe your experience and participation in ministry.
5. Describe three areas of strength that you possess and three areas in your life that need growth.

BACKGROUND CHECK RELEASE

Maiden Name or Aliases used in the past _____

SSN _____ - _____ - _____ Birthdate _____ Driver's License Number _____ State _____

List your last seven years of residence by city/state _____

I hereby authorize all corporations, employers, educational institutions, law enforcement agencies, city, state, county, and federal courts, military services and persons to release information they may have about me to the Emergence Internship representatives and the company which this background check will be processed through. My signature releases the aforesaid parties from any liability and responsibility for collecting information.

Applicant's Signature _____ Date _____

EMERGENCY CONTACT INFORMATION

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____ Home Phone _____

Cell Phone _____ Email _____

I declare that all of my answers in this application are true and I have not made an attempt to deceive in my responses.

Applicant's can email the application to mattwakefield@citadelchurch.com For further questions you may call the office at 206-722-5757.