



Non-Pastoral Internship Candidate Information Summary

Name _____

E-mail _____ Phone Number(s) _____

Address _____ City/State _____ Zip _____

Birth Date _____ Marital Status _____ Anniversary Date _____

Spouse's Name _____

Children _____ Birth Date _____

_____ Birth Date _____

_____ Birth Date _____

_____ Birth Date _____

EDUCATIONAL HISTORY

<u>High School</u>	<u>Undergraduate</u>	<u>Seminary</u>	<u>Graduate Work</u>
Name of School _____	Name of School _____	Name of School _____	Name of School _____
_____	_____	_____	_____
GPA _____	Major _____	Major _____	Major _____
Date of Graduation _____	Minor (if any) _____	Minor (if any) _____	Minor (if any) _____
_____	GPA _____	GPA _____	GPA _____
	Date of Graduation _____	Date of Graduation _____	Date of Graduation _____
	_____	_____	_____

Awards, Scholarships, Strong Interests, Activities: _____

WORK HISTORY (most recent to least recent)

Name of Organization _____	Name of Organization _____	Name of Organization _____	Name of Organization _____
Position _____	Position _____	Position _____	Position _____
Phone _____	Phone _____	Phone _____	Phone _____
Dates _____	Dates _____	Dates _____	Dates _____
(To) (From)	(To) (From)	(To) (From)	(To) (From)
Reported to _____	Reported to _____	Reported to _____	Reported to _____
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for leaving _____	Reason for leaving _____	Reason for leaving _____	Reason for leaving _____
_____	_____	_____	_____
_____	_____	_____	_____

FULL-TIME PAID MINISTRY HISTORY (most recent to least recent)

Name of Organization _____ _____ Position _____ Phone _____ Dates _____ (To) (From) Responsibilities _____ _____ _____ Reported to _____ May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No Reason for leaving _____ _____ _____	Name of Organization _____ _____ Position _____ Phone _____ Dates _____ (To) (From) Responsibilities _____ _____ _____ Reported to _____ May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No Reason for leaving _____ _____ _____	Name of Organization _____ _____ Position _____ Phone _____ Dates _____ (To) (From) Responsibilities _____ _____ _____ Reported to _____ May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No Reason for leaving _____ _____ _____	Name of Organization _____ _____ Position _____ Phone _____ Dates _____ (To) (From) Responsibilities _____ _____ _____ Reported to _____ May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No Reason for leaving _____ _____ _____
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PART-TIME PAID OR UNPAID MINISTRY HISTORY (most recent to least recent)

Name of Organization _____ _____ Responsibilities _____ _____ _____ Dates _____ (To) (From)	Name of Organization _____ _____ Responsibilities _____ _____ _____ Dates _____ (To) (From)	Name of Organization _____ _____ Responsibilities _____ _____ _____ Dates _____ (To) (From)	Name of Organization _____ _____ Responsibilities _____ _____ _____ Dates _____ (To) (From)
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REFERENCES List four work or education-related references in a position to evaluate your experience and qualifications.

Name _____ Phone _____ # Years Known _____ Association to You _____ _____ _____	Name _____ Phone _____ # Years Known _____ Association to You _____ _____ _____	Name _____ Phone _____ # Years Known _____ Association to You _____ _____ _____	Name _____ Phone _____ # Years Known _____ Association to You _____ _____ _____
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QUESTIONNAIRE

This questionnaire is for the purpose of learning as much about you as possible, which is often difficult to do on a résumé. Answer as freely and openly as possible; with few exceptions, there is no such thing as a right or wrong answer. If you would like to continue your answers on additional sheets of paper, you are welcome to do so.

1. If you did not include it on your résumé, tell us how you came to a saving faith in Jesus Christ. _____

2. How have you discerned God's call into ministry, and how has that been affirmed? _____

3. What, in your view, are the four most important truths about the gospel? _____

4. What, in your view, are the four highest priorities of a Church? _____

5. What are your spiritual gifts? _____

6. What would you like to accomplish during your internship at West Cohasset Chapel? _____

7. What, in your view, would be the most challenging aspect of ministry? _____

8. Rate yourself from 1 to 5 (1 indicating strength and 5 indicating weakness) in the following categories related to ministry.

Administration	
Counseling	
Discipleship	
Encouragement	
Evangelism	
Leadership	
Teaching	
Work Ethic	

9. Describe your favorite recreational activity. _____

10. What is the best book you have read recently (last three months)? Summarize the most significant insight you received.

11. What one thing would you like to tell us about you, your family or your background which has not yet been asked?

12. Do you agree with the West Cohasset Chapel Constitution and Articles of Faith? _____

I hereby authorize West Cohasset Chapel to obtain all data needed to support this application, including references. I certify that all statements made in this application are true and complete to the best of my knowledge and that any false statements may subject me to disqualification or termination.

SIGNATURE: _____ DATE: _____

As part of the volunteer or employment process, **West Cohasset Chapel** will obtain a National Criminal Background Check, which I understand may include information regarding my criminal history and mode of living (addresses on record).

During the application process and at any time during the tenure of my employment or volunteer status with **West Cohasset Chapel**, I hereby authorize **West Cohasset Chapel** to procure a criminal history report which I understand may include information regarding my criminal history. This report may be compiled with information from court record repositories, departments of motor vehicles or registration entities 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.

PLEASE PRINT

Full Name: _____
(first) (middle) (last)

Previous Full Names (Maiden, alias, etc): _____

Address: _____
(street) (city) (state) (zip)

Date of Birth: ____/____/____

Signature: _____ Date: _____

Please initial next to each item, indicating that you have read, understand and will abide by the following child safety directives while volunteering with babies, children and/or youth at West Cohasset Chapel.

Safety

_____ At no time and at any place is the ministry volunteer to be by him/herself in a closed room, private corner or isolated place with a baby, child or teen.

_____ Two or more adults will be present with a child or teen any time discipline is needed or discipleship is carried out.

_____ A volunteer will at no time arrange for an off-campus meeting for any reason by themselves with a child or teen. *In the event that a teen is being mentored or disciplined, a public setting is preferred with the mentor and mentee being of the same gender.

_____ If a volunteer is unable to complete the tasks required in a specific volunteer position due to skill level or maturity, the ministry leader will meet with that individual (and/or parent or guardian if necessary) to determine the best way for him or her to serve. This may mean modifying the length of time, supervision requirements or specific ministry in which the volunteer will serve. We must take into consideration the safety and well-being of all participants serving in and benefitting from each ministry. If the ministry leader and potential volunteer are unable to find a workable solution, the elders and pastor will evaluate the situation and issue a recommendation. It is our desire to see each person serving Christ in a meaningful way.

Discipline

The purpose of discipline at West Cohasset Chapel is to correct a child in a way that is helpful to all children, helps maintain an orderly learning environment and does not cross lines of discipline that only a parent is mandated to do.

We will...

- 1) Establish clear behavior and participation expectations in the classroom. They will be given by the ministry leader and written down for display in the classroom.
- 2) Remember that we are not the child or teen’s parent, as parents are given distinct responsibilities in the area of discipline.
- 3) Maintain self-control in tone and tact during the entire correction process.
- 4) Do our best to assess the circumstances clearly and correctly.
- 5) **Never** physically touch (hit, pull, etc) a child when correcting him or her.
- 6) Remember that Christian tenderness is the rule and means for correction.

Protocol for correction of children and teens:

- 1) Remind the group as a whole of the rules and why we have them in place.
- 2) *If needed*, take the child aside and remind the child of the rules while encouraging him or her to choose to obey them.
- 3) *If needed*, the teacher will separate the child from the group (take a break or time out from the activity) for a brief period of time. Restoration to the group and its activity will be made as soon as possible, following a brief conversation between the teacher and the child, again encouraging the child to choose what is right.
- 4) If none of the above produce corrected behavior, the child’s parent or guardian should be asked to come to the room. The parent or guardian may decide to stay with the child or remove him or her from the room. A conversation should follow the incident, encouraging the parent/guardian and child to return to class at the next opportunity.

I have read and understand the above discipline directives. I also understand that failure to follow these directives will disqualify me for volunteer service.

Signed: _____ Date: _____