

# NEXT-GENERATION INTERNSHIP

(August 27th, 2012 – August 4th, 2013)

## APPLICATION PROCESS

Thank you for your interest in the Next-Generation Internship program at Church of the Harvest & Youth America. Our application process focuses on understanding the individual and is designed to select those applicants who will thrive in the internship program. We carefully and prayerfully consider each application while making our decision. If you have any questions about the application process, please contact our office at 405-478-7373. Information is also available at [www.youthamerica.org](http://www.youthamerica.org).

### APPLICATION CHECKLIST

For your application to be considered complete, you must submit ALL of the following:

- Application Form
- Essay Response
- Medical History Form
- Two Recommendations
- \$60 Non-Refundable Application Fee (check payable to Church of the Harvest)
- Two different, recent head shot photos (will not be returned)

Once we have received your completed application, you will have two phone interviews with our admissions staff. A staff member will contact you regarding the interview times. When both interviews are completed, you will receive notice via mail of your acceptance status.

### COMPLETING THE APPLICATION

1. Please print legibly in ink or type the Application Form. Be sure to complete each page.
2. Enclose the \$60 non-refundable Application Fee. Check or money order is preferred. Your application for admission will not be evaluated until the application fee is received.
3. Request two recommendations using the forms included. One must be completed by a pastor or youth pastor, and one must be completed by your high school/college counselor, a teacher or a friend. Completed recommendations must be mailed directly to Church of the Harvest.

### TUITION DEPOSIT / TUITION SCHEDULE

All Next-Generation Internship fees and tuition payments are non-refundable.

\$60.00	Application Fee (non-refundable)
\$300.00	Deposit within 30 days of acceptance (non-refundable)
\$2200.00	Payment due August 28th, 2012 (non-refundable)
\$1250.00	Payment due October 19th, 2012 (non-refundable)
\$1250.00	Payment due December 14th, 2012 (non-refundable)

### MAIL COMPLETED APPLICATION TO:

Church of the Harvest  
Attn: Business Department / Next-Generation Internship  
P O Box 20,000  
Oklahoma City, OK 73156

# APPLICATION FOR ADMISSION

## PERSONAL INFORMATION

Full Name \_\_\_\_\_  Male  Female  
LAST FIRST MIDDLE INITIAL

Preferred Name \_\_\_\_\_ SS# \_\_\_\_\_ Birth Date \_\_\_\_\_  
MM / DD / YYYY

Current Address \_\_\_\_\_  
STREET ADDRESS CITY STATE / COUNTRY ZIP / POSTAL CODE

Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

Permanent Address \_\_\_\_\_  
STREET ADDRESS CITY STATE / COUNTRY ZIP / POSTAL CODE

Are you a U.S. Citizen?  Yes  No If not, what is your U.S. immigration status? \_\_\_\_\_

Country of Birth \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

Name of your Church \_\_\_\_\_

Denomination \_\_\_\_\_ Church Phone (\_\_\_\_\_) \_\_\_\_\_

Church Mailing Address \_\_\_\_\_  
ADDRESS CITY STATE / COUNTRY ZIP / POSTAL CODE

Name of Senior Pastor or Youth Pastor \_\_\_\_\_

How long have you been involved in this church? \_\_\_\_\_

If less than one year, what church were you involved in previously? \_\_\_\_\_

Age or year when you accepted Jesus Christ as your personal Lord and Savior \_\_\_\_\_

Age or year when you were water baptized \_\_\_\_\_

Have you received the Baptism of the Holy Spirit?  Yes  No If yes, when? \_\_\_\_\_

List any ministry experiences/positions you have held, paid or unpaid, inside and outside your church: \_

Is there anything in your life that might come up as questionable?  Yes  No If yes, explain. \_\_\_\_

**FINANCIAL INFORMATION**

How will you pay for your tuition? \_\_\_\_\_

Do you see any reason why you would not have the required tuition by the deadlines?  Yes  No

If yes, please explain why and how you plan to make your tuition payments. \_\_\_\_\_

\_\_\_\_\_

List the total amount of current debts, loans and/or payments you owe: \_\_\_\_\_

\_\_\_\_\_

Will these be paid off by the time you enter the Next-Generation Internship program?  Yes  No

If not, how do you plan to make these payments? \_\_\_\_\_

Do you own a vehicle? (required)  Yes  No Is it in good working condition?  Yes  No

Do you have automobile insurance for your vehicle? (required)  Yes  No

Insurance Company \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Policy Number \_\_\_\_\_ Agent's Name \_\_\_\_\_

**EMPLOYMENT**

Are you currently employed?  Full-time  Part-time  Not employed

Employer \_\_\_\_\_ Position \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_ How long have you worked there? \_\_\_\_\_

Describe your responsibilities: \_\_\_\_\_

Describe your relationship with your supervisor and coworkers: \_\_\_\_\_

Please list your previous employment, including military service and periods of unemployment:

Employer	Position	Start Date	End Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**LIFESTYLE**

Do you now/have you ever smoked?  Yes  No If yes, explain. \_\_\_\_\_

Do you now/have you ever consumed alcohol?  Yes  No If yes, explain. \_\_\_\_\_

Do you now/have you ever used any illegal drugs?  Yes  No If yes, explain. \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No (If yes, please attach a detailed explanation to this application.)



**FAMILY BACKGROUND**

Father's Name \_\_\_\_\_  Living  Deceased  
LAST FIRST MIDDLE INITIAL

Father's Address \_\_\_\_\_  
STREET ADDRESS CITY STATE / COUNTRY ZIP / POSTAL CODE

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Mother's Name \_\_\_\_\_  Living  Deceased  
LAST FIRST MIDDLE INITIAL

Mother's Address \_\_\_\_\_  
STREET ADDRESS CITY STATE / COUNTRY ZIP / POSTAL CODE

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

I live with:  Both Parents  My Father  My Mother  A Guardian/Stepparent  
 On My Own  Other \_\_\_\_\_

If you live with a guardian, stepparent or person other than your mother or father, please complete their information below.

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
LAST FIRST MIDDLE INITIAL

Address \_\_\_\_\_  
STREET ADDRESS CITY STATE / COUNTRY ZIP / POSTAL CODE

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Person to contact in case of emergency:

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
LAST FIRST MIDDLE INITIAL

Phone 1 (\_\_\_\_\_) \_\_\_\_\_ Phone 2 (\_\_\_\_\_) \_\_\_\_\_

Briefly describe your family environment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How does your family feel about you entering the Next-Generation Internship/Program? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SPIRITUAL PERSPECTIVES**

How did you hear about Next-Generation Internship? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why are you applying to be a part of this program? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you believe God has called you to do with your life? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your definition of a servant? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your definition of ministry? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What qualities do you think are necessary for a spiritual leader to have? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you are accepted as an intern, are you willing to make a twelve-month commitment?  Yes  No

Please check the area of ministry that you are interested in:

- Ministry
- Event Management & Administration
- Creative & Media
- Worship & Music

Please give three references (not family members) of people who are well-acquainted with you. These must be different from your recommendation sources.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_



# MEDICAL HISTORY

## PAST MEDICAL HISTORY

List any serious illnesses and/or injuries you've experienced: \_\_\_\_\_

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List the dates of any operations and/or hospitalizations and their outcomes: \_\_\_\_\_

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List any allergies: \_\_\_\_\_

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## MEDICATIONS

List any medications taken regularly: \_\_\_\_\_

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Are you allergic or sensitive to any medications? If so, please list: \_\_\_\_\_

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Rate your current health:     Excellent     Good     Fair     Poor

Describe your overall physical condition: \_\_\_\_\_

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Do you have any physical limitations?     Yes     No    If yes, please explain. \_\_\_\_\_

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Are there any other illnesses or conditions that run in your family? \_\_\_\_\_

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# NEXT-GENERATION INTERNSHIP RECOMMENDATION FORM

**APPLICANT:** Please complete and read this section before copying and distributing this form.

Applicant's Name \_\_\_\_\_ Date \_\_\_\_\_

This form should be completed by your pastor or youth pastor and one other person (not a family member) and returned by them directly to Church of the Harvest. If the minister is a family member, please refer the form to an associate minister in your church. Your signature below waives your right of access to the completed recommendations.

Applicant Signature \_\_\_\_\_

**MINISTER/RECOMMENDER:** Once completed, please mail this recommendation form directly to Church of the Harvest at the address below.

Each applicant for the Next-Generation Internship program must submit two recommendations. Serious consideration will be given to your comments; therefore we ask that you complete this form carefully, candidly and in a timely manner. Thank you!

Please print or type.

How long have you known the applicant? \_\_\_\_\_

How well do you know the applicant?  By name/sight  Casually/few personal contacts  
 Somewhat close  Very close and personal relationship

How would you rate the applicant's level of maturity?  Excellent  Above average  
 Average  Below average  No opportunity to observe

To your knowledge, does the applicant endeavor to live a lifestyle that would be considered consistent with Biblical/Christian values?  Yes  No If no, please explain. \_\_\_\_\_

Please share with us any other information you believe Church of the Harvest should consider about the applicant. \_\_\_\_\_

On the basis of the above, the applicant is:  Highly recommended  Recommended  
 Recommended with some reservation  Not recommended

Recommender's Name \_\_\_\_\_ Signature \_\_\_\_\_

Organization \_\_\_\_\_

Organization or Personal Address \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

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