

STAFF INTERN

Application

Church of the Redeemer

General Application Instructions:

Requirements:

- High School Graduate

Your application will not be processed without the following.

1. Fill out the application completely.
 2. **Complete and include with your application an essay response** explaining why you want to be a part of the Staff Internship. (Must be one page in length, no double-space, typed.)
 3. Have the attached recommendation form completed by a church staff member or pastor. Please do not use relatives.
 4. Include transcripts from your most recent level of education (i.e. high school or college).
 5. Include one recent picture of yourself. No group shots.
 6. Submit completed application to staffinternship@church-redeemer.org, no later than Tuesday, June 27, 2017 or mail to:
Church of the Redeemer
c/o Staff Internship
19425 Woodfield Road
Gaithersburg, MD 20879
- Note: submissions received after June 27 may not be considered depending on availability.
7. You can expect approximately 2-3 weeks for processing your application. We will contact you to begin the interview process upon receiving your application.
 8. Once the decision has been finalized, the internship staff will notify you.

Today's Date

| PERSONAL INFORMATION | | | |
|---|------------|---|--|
| Last Name | First Name | Middle Initial | |
| Address | | | |
| City | State | Zip | |
| Birth Date | Home Phone | E-mail | |
| Are you legally eligible for employment in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Driver's License # | |
| Have you ever been convicted of a traffic offense? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain) <i>Assured Clear Distance, Speeding</i> | | Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed | |
| Have you ever been accused and/or convicted of a crime involving child abuse, child sexual abuse, attempted sexual abuse of a minor, or any other crimes involving youth? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain) | | | |
| Youth or College Ministry Applicants/Interns ONLY - Have you any physical conditions preventing you from performing certain types of activities relating to youth or college ministry? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain) | | | |

| CHURCH HOME | | | |
|---|--|--|-----|
| Church Name | Senior Pastor | Yrs Attending | |
| Address | City | State | Zip |
| Do you tithe regularly? <input type="checkbox"/> Yes <input type="checkbox"/> No | If attending Church of the Redeemer, have you completed Living Stones? <input type="checkbox"/> Yes <input type="checkbox"/> No | COR Campus: <input type="checkbox"/> Gaithersburg <input type="checkbox"/> Frederick <input type="checkbox"/> Clarksburg <input type="checkbox"/> USG | |

| EDUCATION | | | | |
|---|---|----------------|-------|-------|
| High School | Date Completed | Awards | | |
| College | Total time attended Yrs Mos | Date Completed | Major | Minor |
| Graduate School | Total time attended Yrs Mos | Date Completed | Major | Minor |
| Describe any specialized training, education or other factors which you feel are valuable in preparing you for this position. | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

EMPLOYMENT HISTORY

| | |
|---|---|
| Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No | Does your current employer know of your plans to change employment? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|---|

Why do you desire to make a change?

Please list employment history beginning with current or most recent:

| | | | | |
|--------|----------|-------------------------|------|----|
| 1) | EMPLOYER | ADDRESS | DATE | |
| | | | From | To |
| SALARY | | DUTIES/RESPONSIBILITIES | | |
| From | | To | | |
| 2) | EMPLOYER | ADDRESS | DATE | |
| | | | From | To |
| SALARY | | DUTIES/RESPONSIBILITIES | | |
| From | | To | | |
| 3) | EMPLOYER | ADDRESS | DATE | |
| | | | From | To |
| SALARY | | DUTIES/RESPONSIBILITIES | | |
| From | | To | | |

PERSONAL REFERENCES

List the names of three people who have been familiar with your character, abilities, or education for more than one year. Please do not include relatives.

| | | |
|-------|------------------|------------|
| 1) | | |
| Name | Complete Address | |
| Phone | Yrs Known | Occupation |
| 2) | | |
| Name | Complete Address | |
| Phone | Yrs Known | Occupation |
| 3) | | |
| Name | Complete Address | |
| Phone | Yrs Known | Occupation |

Please read all the following statements carefully and make sure you understand them fully before signing this section.

I certify that the information contained in this application is true and correct to the best of my knowledge, and understand that any false or misleading statements or omissions, whenever discovered, regarding this application are grounds for disqualification from further consideration or for dismissal from employment or internship.

I understand and agree that:

1. Those who serve on staff at Church of the Redeemer are expected to set a high standard of personal conduct and lifestyle and maintain a strong relationship with Jesus Christ. It is required that all staff members and interns are in agreement with the vision and values of Church of the Redeemer. This includes a commitment to contribute regularly to the support of the church through tithes and offerings. Staff members and interns are also expected to refrain from consuming alcohol, using illegal drugs or engaging in any other conduct that might hinder their testimony or spiritual life.
2. I understand that as a condition of employment I will be required to provide proof of US Citizenship, US permanent residency or authorization to work in the US and personal identification.
3. Church of the Redeemer may conduct a routine investigation in connection with my employment or internship including, but not limited to, a criminal record check or any condition allowed by law.
4. I authorize Church of the Redeemer to verify all references and information provided by me in this application and release Church of the Redeemer and any person or company responding to any reference or request of information from any claim or liability regarding any information or opinion supplied. I understand that an offer of employment is subject to satisfactory references.
5. When being considered for employment I will be required to sign a Volunteer General Release Form (including the Notice and Acknowledgement at the bottom of the page).
6. If I am hired I will be required to sign 1) an Employment Inquiries form and 2) an Employee Understanding And Receipt form for the Staff Manual which includes acknowledgement of my at-will employment status.
7. Neither this document nor any offer of employment from this employer constitutes an employment contract.
8. The above statements will become part of my employment agreement with Church of the Redeemer if I am hired.

Signature: _____

Date: _____

Church of the Redeemer - VOLUNTEER GENERAL RELEASE FORM

Social Security Number: _____ DOB: _____

[WE CAN ONLY PROCESS A CHECK WITH A U.S. SOCIAL SECURITY NUMBER, NO TAX ID'S PLEASE]

Once the report is processed we will discard of the above information by shredding it. Shredding occurs daily.

[IMPORTANT – PLEASE TYPE OR PRINT CLEARLY]

Ministry: _____

First Name: _____ MI: _____ Last Name _____

Maiden or Alias Names Used: _____

Current Street Address: _____

City: _____ State: _____ Zip Code _____

Previous Street Address: _____

City: _____ State: _____ Zip Code _____

Driver License Number: _____

E-mail Address: _____

Marital Status: Married Single Widowed Separated

Gender: Male Female

____ Yes, I have completed Living Stones ____ No, but I will commit to attend the next class

NOTICE AND ACKNOWLEDGMENT

[IMPORTANT – PLEASE READ CAREFULLY BEFORE SIGNING]

DISCLOSURE and AUTHORIZATION – BACKGROUND INVESTIGATION

In connection with my application to serve as a volunteer with Church of the Redeemer (“Client”), I understand that a “consumer report” and/or “investigative consumer report”, as defined by the Fair Credit Reporting Act, will be requested by Client for employment or volunteer purposes, whichever is applicable, from Protect My Ministry, Inc., (“Protect My Ministry”), a consumer reporting agency as defined by the Fair Credit Reporting Act. These reports may include information as to my character, general reputation, personal characteristics or mode of living, whichever are applicable. They may involve interviews with sources such as my neighbors, friends or associates. The report may also contain information about me relating to my criminal history, credit history, driving and/or motor vehicle records, social security number verification, verification of education or employment history, worker’s compensation (only after a conditional job offer) or other background checks. Such reports may be obtained at any time after receipt of this Disclosure and Authorization and if I am hired or serve as a volunteer, whichever is applicable, throughout the course of my employment or volunteer service, as permitted by law and unless revoked by me in writing. I understand that I have the right, upon written request made within a reasonable amount time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report to Protect My Ministry, Inc., 14499 N. Dale Mabry Hwy., Suite 201 South, Tampa, FL 33618 or 1-800-319-5581. For information about Protect My Ministry’s privacy practices, see www.protectmyministry.com.

Acknowledgement and Authorization

By signing below, I voluntarily and knowingly authorize Client or its authorized agents to obtain or prepare consumer reports or investigative consumer reports about me. I acknowledge receipt of a copy of A Summary of Your Rights under the Fair Credit Reporting Act and certify that I have read this Disclosure and Authorization as well as the summary explaining my rights under the Fair Credit Reporting Act

THANK YOU FOR YOUR TIME AND SERVICE. PLEASE NOTE THAT THIS FORM IS TO PROCESS A BACKGROUND CHECK ONLY. NO CREDIT CHECK WILL BE CONDUCTED FOR ANY OF OUR VOLUNTEERS.

Signature (Required): _____ Today’s Date: _____

RECOMMENDATION FORM: PASTOR OR CHURCH LEADER

After completing this form, please fold and mail promptly.

SECTION 1: APPLICANT, PLEASE FILL IN ALL INFORMATION

Name of Applicant _____ Referral's Name _____

Referral's Phone Number _____ Referral's Email _____

SERIOUS CONSIDERATION will be given to your evaluation. This evaluation will be held in the strictest confidence.

For more information regarding the Staff Internship, please call (301) 926-0967 ext. 1522 or visit our website church-redeemer.org/staffinternships.

FOLLOWING SECTION TO BE COMPLETED BY REFERRAL

SECTION 2: PLEASE ANSWER THE FOLLOWING QUESTIONS:

- How long have you known the applicant? _____
- How well do you know the applicant? name/sight casual fairly well very close
- Rank the following on a scale of 1-5 by circling the number you believe best describes the applicant.

1= poor 2=minimal 3=average 4=excellent 5=outstanding

| | | | |
|-------------------------------|-----------|--------------------------------|-----------|
| Social poise | 1 2 3 4 5 | Ability to communicate clearly | 1 2 3 4 5 |
| Ability to handle stress | 1 2 3 4 5 | Self Confidence | 1 2 3 4 5 |
| Ability to receive correction | 1 2 3 4 5 | Adaptability | 1 2 3 4 5 |
| Emotional stability | 1 2 3 4 5 | Ability to submit to authority | 1 2 3 4 5 |
| Servant attitude | 1 2 3 4 5 | Make good decisions | 1 2 3 4 5 |
| Ability to deal with conflict | 1 2 3 4 5 | Positive attitude | 1 2 3 4 5 |

4. Please comment briefly on the **family and social background** of the applicant.

5. Is the applicant **financially responsible**? Yes No

If no, please explain: _____

6. Has the applicant on any occasion proven to be unreliable, dishonest or questionable in character?
Yes No

If yes, please explain: _____

7. To your knowledge, has the applicant ever:
- a. Been involved in **drug or alcohol abuse**? Yes No
 - b. Been involved in **homosexuality**? Yes No
 - c. Been **arrested**? Yes No
 - d. Used **tobacco**? Yes No

8. Describe how the applicant **responds to authority**.

9. On the basis of the above, **how would you recommend this person**:

- | | |
|-------------------------------------|---------------------------|
| strongly with the highest assurance | recommend with confidence |
| recommend with some reservation | not recommend |

10. Additional comments:

Signature

Date