



SUMMER INTERNSHIP APPLICATION

Summer Internship 2012

Dates: June 16th – August 4th

Trip Breakdown: 7 Weeks

- 4 weeks: Nashville, Tennessee
- 2 weeks: El Salvador
- 1 week: Raleigh, North Carolina

Personal Information

Enter you name as it appears on your birth certificate or passport:

Last: _____ First: _____ M.I.: _____

Permanent Address (no PO Boxes): _____

City: _____ State/Prov: _____ Zip/Postal: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail Address: _____

Marital Status: _____ Spouse's Name: _____

Citizenship (e.g. USA): _____ Birth Date: _____

Do you currently have a passport? Yes No Passport # & Expiration Date: _____

Gender: M F Weight (lbs): _____ Height (feet/inches): _____

T-Shirt Size: _____ (Adult Sizes Only)

Sweatshirt Size: _____ (Adult Sizes Only)

Church or School Information:

Organization Name: _____

Permanent Address (no P.O. Boxes): _____

City: _____ State/Prov: _____ Zip Code: _____

Work Phone: _____ Pastor's Name: _____

Pastor's E-mail Address: _____

Length of time you have attended church: _____



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Parent/Guardian Contact Information:

1. Last: _____ First: _____ Relationship: _____

Permanent Address (no P.O. Boxes): _____

City: _____ State/Prov: _____ Zip: _____

2. Last: _____ First: _____ Relationship: _____

Permanent Address (no P.O. Boxes): _____

City: _____ State/Prov: _____ Zip: _____

Relationship History

Have you ever been (or are you currently) in a relationship with someone applying for a SLAM trip? Yes No
If "yes" please give the person's name and explain the relationship:

Your Trip

What is your primary motivation for applying for this Summer Internship? (Check One).

Website Friend Youth Pastor Previous Trip UnNamed Servant Parent SLAM Staff Other

Describe your reasons for selecting Summer Internship and your personal goals for this trip: _____



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Who Are You?

The questions below need to be typed on a separate sheet of paper and turned in with your application and processing fee. Answer them in essay form and please be honest.

1. What (if any) missions' experiences have you had? Please describe how your experience (or limited exposure) has motivated you to take part in SLAM's Summer Internship.
2. Indicate a person who has had a significant influence on your life and describe that influence.
3. Describe the most challenging obstacle you have had to overcome; discuss its impact and share what you learned from the experience.
4. What is your greatest challenge in your ability to serve Christ?
5. How would you describe yourself as a person? What qualities, strengths, or characteristics do you possess and which do you think hinder you the most? Which of these would you most like to see nurtured in you and which would you like to see changed?

Confidential Recommendation:

The following 2 pages contain a "Confidential Recommendation Form," which needs to be given to a leader, mentor, teacher, or someone who knows you well enough to recommend you for this trip (and is not a relative). Please remember that this individual must be at least 21 years of age.

NAME OF THE INDIVIDUAL RECOMMENDING YOU: _____

PHONE NUMBER: _____

Authorization:

I have read and understood the above information. The information I have given to Global Outreach Developments Int'l/Students Living A Mission is accurate and true to the best of my knowledge. I also give Global Outreach Developments Int'l/Students Living A Mission the right to use my picture, voice, and/or testimony in any form of promotional or advertising material. My signature (and that of my parent or legal guardian because I am under the age of 18) signifies my approval of all information listed above.

Print Name: _____

Applicant Signature: _____ Date: _____

An Application Fee of **\$40** is required **BEFORE** your application can be processed
(Application fees are non-refundable & non-transferrable)
Application is accepted via mail or fax. Please send application and fee to the following address:

Students Living A Mission
c/o Summer Internship 2012
401 Center St.
Old Hickory, TN 37138

Phone: (615) 832-2470 Fax: (615) 246-2719



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APPLICANT: Please complete all the information in this box and give the recommendation to your pastor, youth pastor, manager, teacher, or other adult (21+) who has known you for at least one year (and is not a relative).

Applicant's Name: _____

Applicant's Phone: _____

Please complete this recommendation and send it to **Students Living A Mission** (To the address at the bottom of page)

DO NOT RETURN THIS RECOMMENDATION TO THE APPLICANT.

First Name: _____ Last Name: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail: _____

Please read the following before filling out this recommendation.

Serious consideration will be given to your evaluation of the applicant's character and fitness for short-term missions. We need to know as much as possible about our applicants to make a fair appraisal of their qualifications, matching all applications with the possible ministry opportunity for them. Your responses will be held in strict confidence. If you have any questions, please call our office at 615.832.2470.

Relationship to the applicant: _____

How long have you known the applicant? _____

How well do you know the applicant? Casually Fairly Well Very Well

Which of the following best describes the applicant? **SKILLS: 1= Lowest-5= Highest** **CHARACTER: 1= Always-5= Never**

Adaptability	1	2	3	4	5	Procrastinates	1	2	3	4	5
Servant Like	1	2	3	4	5	Critical	1	2	3	4	5
Dependability	1	2	3	4	5	Irritable	1	2	3	4	5
Spiritual Life	1	2	3	4	5	Inclined to Crushes	1	2	3	4	5
Maturity	1	2	3	4	5	Depressed	1	2	3	4	5
Response to Authority	1	2	3	4	5	Argumentative	1	2	3	4	5
Spiritual Influence	1	2	3	4	5	Domineering	1	2	3	4	5
Leadership Ability	1	2	3	4	5	Rebellious	1	2	3	4	5

- Yes No Is the applicant active in his/her church?
- Yes No To your knowledge, has the applicant had a salvation experience?
- Yes No To your knowledge, has the applicant's interest in missions been influenced by a desire to escape a difficult situation such as family problems, financial struggles, or a troubled romance?



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- Yes No** Are you aware of any mental or emotional illness?
Yes No Would you consider the applicant to be unstable?
Yes No Have you ever had to question the applicant's loyalty?
Yes No To your knowledge, has the applicant ever used tobacco, alcohol, or illegal drugs?
Yes No Do you have any reason to lack confidence in the applicant?
Yes No Does the applicant have any physical impairment/s?

Please rate the applicant's leadership experiences:

1= NO Experience / 3=SOME Experience / 5=VERY Experienced

Leading Small Groups (5 to 10)	1	2	3	4	5
Leading Large Groups (20 to 30)	1	2	3	4	5
Public Speaking	1	2	3	4	5
Confrontation/Accountability	1	2	3	4	5
Personal Counseling	1	2	3	4	5
Performance Under Stress	1	2	3	4	5

Please describe your knowledge of the applicant's experience working in a leadership role with youth (including strengths and weaknesses): _____

Are there any pending issues or concerns you feel should be addressed before putting the applicant in a position of leadership?

Yes No If Yes, please explain. _____

Additional Comments: _____

Based on the above information, the applicant is:

- Strongly Recommended**
 Recommended
 Recommended with Reservation
 Not Recommended
If applicant is recommended with reservation or not recommended, please explain on a separate sheet of paper.

Print Name: _____ Position: _____

Signature: _____ Date: _____