

# 2010-2011 Rock Global Internship Application

## Personal Information

Full Name \_\_\_\_\_  Male  Female  
Name by which you prefer to be addressed \_\_\_\_\_  
Address \_\_\_\_\_  
City/Province \_\_\_\_\_ State/Country \_\_\_\_\_  
Zip Code (if applicable) \_\_\_\_\_  
Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_  
E-mail Address \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Age on Sept. 1, 2010 \_\_\_\_\_ Place of birth \_\_\_\_\_  
Nationality \_\_\_\_\_

*\*Note – all information provided by the applicant is confidential and will be seen only by pastoral and limited administrative staff. Answers provided for anything not specified as a “requirement” will not automatically disqualify applicant from consideration or admission.*

## Family Information

Name of Father or Guardian \_\_\_\_\_  
Address \_\_\_\_\_  
City/Province \_\_\_\_\_ State/Country \_\_\_\_\_  
Zip Code (if applicable) \_\_\_\_\_  
Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_  
E-Mail Address \_\_\_\_\_ Father/Guardian's Occupation \_\_\_\_\_  
Has your Father/Guardian received Christ as Savior?  Yes  No

Name of Mother or Guardian \_\_\_\_\_  
Address \_\_\_\_\_  
City/Province \_\_\_\_\_ State/Country \_\_\_\_\_  
Zip Code (if applicable) \_\_\_\_\_  
Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_  
E-Mail Address \_\_\_\_\_ Mother/Guardian's Occupation \_\_\_\_\_  
Has your Mother/Guardian received Christ as Savior?  Yes  No

Do you have siblings?  Yes  No If yes, how many? \_\_\_\_\_

**Health Information**

How would you describe your health?     Excellent     Good     Fair     Poor

Will you have health insurance (or international/ traveler's health insurance) that is valid in California? (Proof of valid insurance will be required prior to enrollment.)     Yes     No

Insurance company \_\_\_\_\_

Member's name \_\_\_\_\_

Relationship \_\_\_\_\_

Type of plan \_\_\_\_\_

Effective date \_\_\_\_\_ Expiration date (if applicable) \_\_\_\_\_

List any chronic illnesses or allergies \_\_\_\_\_  
\_\_\_\_\_

List any physical limitations \_\_\_\_\_  
\_\_\_\_\_

List and explain any medications you currently take \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any mental/emotional limitations \_\_\_\_\_  
\_\_\_\_\_

Have you ever received treatment (counseling, medication, etc.) for mental health?     Yes     No

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever received counseling?     Yes     No

If yes, please explain why \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently under medical supervision?     Yes     No

If yes, please explain why you are under supervision and how you will continue this while in California:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please state any serious illnesses you have had \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any learning disabilities or physical impairments that we should be aware of?  Yes  No

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you now, or have you in the past struggled with homosexuality?  Yes  No

Have you struggled with thoughts of homosexuality?  Yes  No

If yes to either of the above questions, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been the victim of molestation, incest or rape?  Yes  No

If yes, have you received counseling?  Yes  No

Please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will you need to continue counseling for the above reason or any other reason during the internship?  Yes  No

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you, or did you ever at any point, suffer from any of the following?

- |                     |  |                             |  |
|---------------------|--|-----------------------------|--|
| Asthma              | <input type="checkbox"/> Yes <input type="checkbox"/> No | Epilepsy/ seizures          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Anemia              | <input type="checkbox"/> Yes <input type="checkbox"/> No | Adverse reactions to stress | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Hypertension        | <input type="checkbox"/> Yes <input type="checkbox"/> No | Any eating disorder         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Any other condition | <input type="checkbox"/> Yes <input type="checkbox"/> No |                             |  |

If you answered yes to any of the above, please give details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Education**

Your level of completed education is not a consideration in the application process.

High School \_\_\_\_\_

Address \_\_\_\_\_ State/Province \_\_\_\_\_

Country \_\_\_\_\_ Zip Code (if applicable) \_\_\_\_\_

Last year attended \_\_\_\_\_ Did you graduate?  Yes  No

List any further education you have received (for example college, trade school etc.) \_\_\_\_\_

\_\_\_\_\_

**Background**

Answering "Yes" to any of the following questions will not automatically disqualify you.

Have you ever used illegal drugs?  Yes  No If yes, date of last use \_\_\_\_\_

Have you ever smoked cigarettes?  Yes  No If yes, date of last use \_\_\_\_\_

Have you ever consumed alcoholic beverages?  Yes  No If yes, date of last use \_\_\_\_\_

Have you ever been arrested?  Yes  No If yes, please explain \_\_\_\_\_

Were you ever convicted of a crime?  Yes  No If yes, please explain \_\_\_\_\_

Have you ever been involved in the occult, witchcraft, or other cults?  Yes  No

If yes, please explain \_\_\_\_\_

**Employment History**

Current Employer \_\_\_\_\_

Position \_\_\_\_\_ Date of Hire \_\_\_\_\_

Manager's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Previous Employer \_\_\_\_\_

Position \_\_\_\_\_ Date of Hire \_\_\_\_\_

Manager's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Reason for leaving \_\_\_\_\_

**Financial Information**

How do you plan to pay for your tuition? \_\_\_\_\_

Will you have to total amount by the required date?  Yes  No

If no, please explain \_\_\_\_\_

\_\_\_\_\_

List any debt, loan, or bill payments that you presently have (include total amount owed) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will your debts be paid by the start of The Rock Global Internship?  Yes  No

If no, how will you make payments? (full-time employment is not allowed during the internship)

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## Spiritual Background

When did you receive Jesus as your Savior? \_\_\_\_\_

Where did this take place? \_\_\_\_\_

Did anyone play a significant role in your conversion? \_\_\_\_\_

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Have you ever been water baptized?  Yes  No Age at baptism \_\_\_\_\_

Have you ever had an Acts 2:4 experience? (not required for Internship)  Yes  No

Do you currently attend church?  Yes  No

If yes, please fill out the following:

Name of Church \_\_\_\_\_ Denomination \_\_\_\_\_

Address \_\_\_\_\_

City/Province \_\_\_\_\_ State/Country \_\_\_\_\_

Zip Code (if applicable) \_\_\_\_\_

Phone Number \_\_\_\_\_ How Long have you attended? \_\_\_\_\_

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

How many times per week do you attend church? \_\_\_\_\_

Do you regularly attend a prayer meeting?  Yes  No

List any service areas and ministries in which you are presently involved \_\_\_\_\_

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## Skills & Interests

What are your personal interests, talents, or giftings? (For example, singing, acting, dancing, playing an instrument, carpentry, office or computer skills, foreign languages, etc.) \_\_\_\_\_

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Please evaluate your strengths and weaknesses: (each on a scale of 1-10, 10 being highest)

_____ Establishing Relationships	_____ Maintaining Friendships
_____ Relating to People	_____ Conversations with Strangers
_____ Listening	_____ Confronting Others
_____ Sense of Humor	_____ Problem Solving
_____ Submission to Leadership	_____ Finish what you Start
_____ Encouraging Others	_____ Leading by Godly Example
_____ Cooking	_____ Computer Skills
_____ Carpentry	_____ Other _____

### Ministry Questions

Do you have any outreach, missions, or leadership experience?

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Please list any community outreaches or church ministry events in which you have been involved:

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

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

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What are some necessary qualities you feel you need to become a spiritual leader? \_\_\_\_\_

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Why do you want to do The Rock Intern Program? \_\_\_\_\_

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What activities would you like to be involved in? (Please number the following in order of preference, 1-15, 1 being the highest interest)

- |                   |                           |                               |
|-------------------|---------------------------|-------------------------------|
| _____ Dance       | _____ Administration      | _____ Prop Making (for drama) |
| _____ Drama       | _____ Children's Ministry | _____ Youth Ministry          |
| _____ Graphics    | _____ Teacher's Assistant | _____ Helps/Service           |
| _____ Hospitality | _____ Outreach            | _____ Public Speaking         |
| _____ Worship     | _____ Video Production    | _____ Other _____             |

**Personal Questions**

- Are you a vegetarian?  Yes  No
- Do you have any dietary restrictions?  Yes  No
- Do you have a valid Passport?  Yes  No

*For international students only:*

- Will your visa cover the entire duration of the program, September through June?  Yes  No
- Will your visa allow you to travel outside of California, in case of a mission trip?  Yes  No
- Will you have an international driver's license?  Yes  No If yes, license number \_\_\_\_\_
- Will you have insurance that is valid in California?  Yes  No
- Will you have a means of contacting family (examples: e-mail, cell phone)?  Yes  No
- Do you become depressed or homesick when away from family?  Yes  No

Is there anything else that you should tell us that would be helpful for us to know? Please list and explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Personal Testimony**

Please Type / write an essay of 300-700 words, in paragraph form, consisting of the following:

1. Give an overview of your personal history (for example where you grew up, family situations, childhood to present) and how you feel these experiences will affect your participation in The Rock Global Internship.
2. Tell how and when you became a Christian and about your personal growth in Christ. Describe your current walk with the Lord (i.e. how your faith is growing, the spiritual influences in your life, your quiet times, church involvement, and outreach activities you have engaged in).
3. Other than God, who has had the biggest impact on your life? Explain.
4. List and explain three of your strengths and three of your weaknesses.
5. Explain how and why you feel God is calling you to be a part of The Rock Global Internship. Include what you expect the Lord to do in your life through the Internship and what you feel you have to offer the program.

**References**

**1. Minister/Deacon/Elder**

Title \_\_\_\_\_ Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/Province \_\_\_\_\_ State/Country \_\_\_\_\_  
Zip Code (if applicable) \_\_\_\_\_ Phone Number \_\_\_\_\_  
Email \_\_\_\_\_

**2. Mature Personal Friend**

Title \_\_\_\_\_ Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/Province \_\_\_\_\_ State/Country \_\_\_\_\_  
Zip Code (if applicable) \_\_\_\_\_ Phone Number \_\_\_\_\_  
Email \_\_\_\_\_

**3. Employer/Tutor/Teacher**

Title \_\_\_\_\_ Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/Province \_\_\_\_\_ State/Country \_\_\_\_\_  
Zip Code (if applicable) \_\_\_\_\_ Phone Number \_\_\_\_\_  
Email \_\_\_\_\_

How did you hear about The Rock Global Internship? \_\_\_\_\_

**If accepted to The Rock Global Internship, are you willing to make a full-time, 9-month commitment?  Yes  No**

I have honestly completed this application and have answered each of the questions to the best of my ability. I have read the included "Rock Intern Requirements" (found on page 10) and I am willing to abide by them.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Requirements

Please include the following items with your application (pages 1-8). Incomplete applications will not be considered

1. **Photograph:** A recent photo of yourself (3x5 max.) that will not be returned.
2. **Registration Fee:** A non-refundable \$100.00 Registration Fee in the form of check or money order, made out to The Rock Global Internship, affixed to the application (due to tax purposes, please DO NOT write your name in the memo). This will be credited toward your initial tuition payment due August 20<sup>th</sup>, 2010. For details on tuition payment options, please see RGI's "Financial Policy."
3. **Parent/ Guardian Reference:** Please have your Parent/Guardian fill out the Parent/Guardian Reference form and mail it to The Rock Global Internship.
4. **Pastoral Reference:** Please have your Pastor/ Leader fill out the Pastoral Reference form and mail it to The Rock Global Internship.
5. **Passport:** A copy of your passport (international students only).

*If you have any problems or questions regarding supplying the above, please contact The Rock Global Internship.*

## Mail Application To:

**The Rock Global Internship**

Attention: Danielle Meyering

725 Vernon Street

Roseville, CA 95678 USA

Please contact RGI if you have any questions.

Voicemail: (916) 789-7625 ext. 415 Email: [rockinterns@rockofroseville.com](mailto:rockinterns@rockofroseville.com)

# Rock Internship Requirements

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## **Health Insurance**

You must prove that you have valid health insurance through May 2011 before acceptance into The Rock Global Internship. The Rock Global Internship will not be financially responsible to cover any medical expenses, such as doctor appointments, co-pays, hospitalization, etc.

## **Finances**

You must have sufficient funds for personal expenses during the program. Twenty US dollars per week is suggested. If you have outstanding debts, this must be discussed with RGI leadership to see if a payment schedule is feasible. You will be unable to pursue full-time outside employment during the nine months, therefore it will be difficult to pay “old bills” during your stay in The Rock Global Internship. If you are unable to follow through with your required tuition payments you will be dismissed from the program with no refund. If dismissed from the program voluntarily or involuntarily for any reason you will not receive a tuition refund. For more details, please see RGI's “Financial Policy.”

## **Relationships**

The Rock Global Internship is only accepting single individuals. No dating, courtship, etc. is permitted during the nine months. This is to ensure that your stay in The Rock Global Internship is set aside for Jesus alone.

# 2010-2011 Parent / Guardian Reference

**Applicant: Please sign before giving this to Parent / Guardian**

I hereby authorize my Parent(s) and/or Guardian(s) to provide the Rock Global Internship with the information requested.

I release him/her from all liability for any damage incurred in the giving of this information.

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

## Parent/Guardian Info

To the Parent(s) and/or Guardian(s),

**Serious consideration will be given to your comments. We truly appreciate your help in this process of application and we will keep any information you provide in total confidence.**

**Please mail this directly to the Internship:**

**The Rock Global Internship  
Attn: Danielle Meyering  
725 Vernon Street  
Roseville, CA 95678**

Mr.  Mrs.  Ms.  Dr. Name \_\_\_\_\_

Name of Applicant \_\_\_\_\_

Relationship to Applicant? \_\_\_\_\_

## Student Information

Has the applicant ever had any serious problem in submitting to parental authority?  Yes  No

Please comment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has the applicant discussed/counseled with you his/her interest in the Rock Internship?  Yes  No

What do you understand to be the motive for the applicant's desire to attend The Rock Internship? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has the applicant read through and discussed with you the guidelines that have been presented so far (from brochures, handouts, etc.)  Yes  No

What was his/her general attitude regarding these guidelines? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Understanding that it is our desire to avoid conflict with parental authority, would you be supportive of these guidelines?  Yes  No

If no, please comment: \_\_\_\_\_  
\_\_\_\_\_

Are there any legal actions involving or surrounding the applicant that staff should be aware of? (IE: restraining orders, custody orders, etc.)  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Religious Info**

Do you attend church?  Yes  No

If yes, please answer the following questions:

Church presently attending? \_\_\_\_\_  
Pastor's name \_\_\_\_\_  
Phone Number \_\_\_\_\_ How long have you been attending? \_\_\_\_\_

**Approval**

Do you fully approve of the applicant coming into the Internship?  Yes  No

What are your reservations/concerns, if any, about the applicant joining The Rock Global Internship?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please add any additional comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please contact RGI if you have any questions by phone (916) 789-7625 ext 415 or email [rockinterns@rockofroseville.com](mailto:rockinterns@rockofroseville.com)

Thank you very much for taking the time to fill out this reference.

## 2010-2011 Pastoral Reference

**Applicant: Please sign before giving this to Pastor / Leader**

"I hereby authorize my Pastor/Spiritual Covering to provide the Rock Global Internship with the information requested. I release him/her from all liability for any damage incurred in the giving of this information."

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

### Applicant Info

*Please have your pastor complete this form and mail it directly to us. If your pastor is your parent or legal guardian, please ask another member of the pastoral staff to complete this recommendation form.*

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

### Pastoral Info

**To the Pastor,**

**The above named is applying for admission to The Rock Global Internship. Serious consideration will be given to your comments. We truly appreciate your help in this process of application and we will keep any information you provide in total confidence. Please mail this directly to the Internship:**

**The Rock Global Internship  
Attn: Danielle Meyering  
725 Vernon Street  
Roseville, CA  
USA 95678**

Name / Position \_\_\_\_\_

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

In what capacity do you know them? \_\_\_\_\_

How well do you know this person? *(Please check one of the following:)*

- Very well, pastoral relationship
- Fairly well, many personal contacts
- Casually, few personal contacts
- By name only

To your knowledge, has this person made a personal commitment to Jesus Christ?  Yes  No  Unsure

In your opinion, does this person display the character of Christ?  Yes  No

To what extent is this person involved in the activities of your church? *(please check one)*

- Enthusiastic, deeply involved
- Cooperative, usually willing to help
- Seldom participates, but attends regularly
- Attends irregularly

In what forms of Christian service has the applicant participated regularly? \_\_\_\_\_

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What, from your perspective, are the applicant's strengths? \_\_\_\_\_

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Are you aware of any weaknesses in the applicant that we should know of? \_\_\_\_\_

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What characteristics do you think best describe the applicant? *(please check all that apply)*

- |  |  |                                      |
|--|--|--------------------------------------|
| <input type="checkbox"/> Tenderhearted | <input type="checkbox"/> Critical                        | <input type="checkbox"/> Passive     |
| <input type="checkbox"/> Sympathetic   | <input type="checkbox"/> Rebellious                      | <input type="checkbox"/> Respectful  |
| <input type="checkbox"/> Enthusiastic  | <input type="checkbox"/> Loving                          | <input type="checkbox"/> Teachable   |
| <input type="checkbox"/> Diligent      | <input type="checkbox"/> Active relationship with Christ | <input type="checkbox"/> Other _____ |

Please contact RGI if you have any questions by phone (916) 789-7625 ext 415 or email [rockinterns@rockofroseville.com](mailto:rockinterns@rockofroseville.com)

Thank you very much for taking the time to fill out this reference.