THE ROCK INTERNSHIP

ATTACH A CURRENT PHOTO OF YOURSELF HERE

(all photos submitted will not be returned)

The Rock Church and World Outreach Center

Which Internship Are You Applying For:
(If for more than one, please mark first and second choice)

Youth Ministry ☐

Young Adults Ministry ☐

Children's Ministry ☐

Sound Department ☐

Video Department ☐

Design & Production ☐

Other_____ ☐

ROCK CHURCH
& WORLD OUTREACH CENTER

APPLICANT NAME:_____

PHONE NUMBER:_____

EMAIL:_____

DATE: _____ **BIRTH DATE:** _____

The Rock Internship Application

The Rock Church and World Outreach Center
2345 S Waterman Ave. San Bernardino, CA 92408
(909) 825-8887

PLEASE PRINT YOUR INFORMATION SO WE CAN EASILY READ IT. USE BLUE OR BLACK INK. USE ANOTHER PAPER IF NEEDED TO ANSWER ANY QUESTIONS.

I. General Information

Name _____ Birth Date ___/___/___ City _____

Address _____ State _____ Zip _____

Driver's License # _____ Home Phone _____ Cell Phone _____

E-Mail Address _____ Circle One: Male ☐ Female ☐

Are you currently a student? ☐ Yes ☐ No If so, are you enrolled: ☐ Full time ☐ Part time

Current School you attend: _____ High School Graduation Year: _____

Schools you have attended: _____ Graduated/Degree Earned: _____

_____ Graduated/Degree Earned: _____

_____ Graduated/Degree Earned: _____

Do you plan on attending The Rock Bible College during your Internship? ☐ Yes ☐ No

Have you ever gone on any mission trips? Please list them:

Organization:_____ Where To:_____ Year:_____

Organization:_____ Where To:_____ Year:_____

Have you completed any computer training courses? On what programs? _____

What computer programs/software are you familiar with? (Mark all that apply) ☐MS Windows ☐Mac OS ☐ MS Word ☐ MS PowerPoint

☐ MS Excel ☐ Final Cut ☐iWork ☐ Adobe Illustrator ☐ Photoshop ☐ List Any Others _____

II. Family

Parents'/Legal Guardians' Names *(Only if you are living with your parents)* _____

Address _____

City _____ State _____ Zip _____

Are you… ☐ Single ☐ Engaged ☐ Divorced ☐ Currently In A Relationship ☐ Widow/er ☐ Other _____

Do you have children? ☐ Yes ☐ No What ages? _____

Briefly describe your family environment _____

_____

What does your family think about you applying for Propel? _____

_____

III. Employment and Financial

Are you currently employed? ☐ Yes ☐ No If yes, where? _____ Do you work: ☐ Full Time ☐ Part Time

How long have you been employed there? _____ What is your current position? _____

Supervisor's name _____ Phone _____

What other employment experiences have you had in the past? _____

Do you plan on finding/keeping a job in addition to the internship? ☐ Yes ☐ No

Do you currently own your own vehicle? ☐ Yes ☐ No

If no, do you have a reliable form of transportation? ☐ Yes ☐ No What is it? _____

Do you currently have a driver's license? ☐ Yes ☐ No Do you currently have auto insurance? ☐ Yes ☐ No

Do you currently have health insurance? ☐ Yes ☐ No

What current debts, loans, or payments do you have? List any amounts owed.

1. _____ $_____ 2. _____ $_____

3. _____ $_____ 4. _____ $_____

5. _____ $_____ 6. _____ $_____

Will these be paid off by the start of the Internship? ☐ Yes ☐ No

If not, what are your plans for paying them off? _____

_____

IV. Church

How long have you been attending The Rock Church? _____

If less than one year, what church were you involved in before? _____

Are you currently involved in any ministries here at The Rock? ☐ Yes ☐ No _____

_____

What ministries have you been involved with at The Rock previously? _____

_____

When did you accept Jesus Christ as your Lord and Savior? _____ Baptized in water? _____

Have you received the Baptism of the Holy Spirit (evident by speaking in tongues)? ☐ Yes ☐ No If yes, when? _____

What ministry experiences have you had outside of church? _____

_____

Do you have a regular Bible study or devotional time? If so, please describe it. _____

_____

V. Personal Information and History *(This Section Is Optional)*

Is there anything that might come up as a questionable issue? ☐ Yes ☐ No

If yes, please explain: _____

Have you been sexually active within the last twelve months? *(Not Applicable if married.)* ☐ Yes ☐ No

Have you used tobacco in the past 6 months? ☐ Yes ☐ No Have you ever? ☐ Yes ☐ No If yes, when? _____

Have you consumed alcohol in the past 6 months? ☐ Yes ☐ No Have you ever? ☐ Yes ☐ No If yes, when? _____

Have you used any illegal drugs in the past 6 months? ☐ Yes ☐ No Have you ever? ☐ Yes ☐ No If yes, when? _____

Which drugs? _____

VI. Health

What is your physical condition (health)? ☐ Excellent ☐Good ☐ Fair ☐ Poor

Please list any allergy, dietary, or physical conditions you may have:_____

Do you have any physical limitations or conditions that restrict you from physical activities? ☐ Yes ☐ No

Please explain: _____

What medications, if any, are you currently taking? _____

VII. The Rock Intern Program

Are you currently involved in another internship? ☐ Yes ☐ No If so, please list which ones:_____

Are you currently applying for other internships? ☐ Yes ☐ No If so, please list which ones:_____

Are you willing to commit to a… ☐12 Month Internship ☐ 6 Month Internship

How did you hear about Propel? _____

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 do you think a servant is? _____

_____

What do you think ministry is? _____

_____

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

_____

If you aren't selected for Propel, what other plans do you have? _____

_____

VIII. Attachments

Please include the following with your application on separate sheets of paper. They must be typed.

1. **Personal Testimony** (No fewer than 200 words, no more than 500).

2. **An Outline of Goals and Expectations.** What are your goals and expectations for this next year as well as any future plans you may have concerning career and/or ministry goals.
   Include:
   a. *Goals for the Internship*
   b. *Future and Career Goals*
   c. *Personal Goals*

3. **Complete a Leadership Recommendation**. Have a Pastor or Ministry Head complete and turn in the Leadership Recommendation given with this application.

IX. References

1. Name: _____ Relation: _____ Phone Number _____
2. Name: _____ Relation: _____ Phone Number _____
3. Name: _____ Relation: _____ Phone Number _____

I have completed this application form honestly and to the best of my ability. I have read and fully understand the internship information packet and its requirements and will abide by all of the guidelines and codes given therein.

_____ _____

Signature ***Date***

Pastor's Name _____ Dept. Head_____ Dept. Name_____

422295 **THE ROCK CHURCH AND WORLD OUTREACH CENTER**

Volunteer

Authorization For Release of Background Information

In connection with my application for volunteer service with THE ROCK CHURCH AND WORLD OUTREACH CENTER, I authorize THE ROCK CHURCH AND WORLD OUTREACH CENTER and, or, ACCUFAX Div., Southvest Inc., their agent, to solicit background information relative to my criminal record history. I understand that THE ROCK CHURCH AND WORLD OUTREACH CENTER may conduct inquiries into my background that may include criminal records, personal references and other public record reports pertaining to me.

I authorize without any reservation, any person, agency, or other entity contacted by THE ROCK CHURCH AND WORLD OUTREACH CENTER or ACCUFAX Div., Southvest Inc., their agent for purposes of obtaining background report information, to furnish the above mentioned information.

I release THE ROCK CHURCH AND WORLD OUTREACH CENTER, their respective employees or ACCUFAX Div., Southvest Inc. their agent and employees and all persons, agencies and entities providing information or reports about me from any and all liability arising out of furnishing any such information or reports.

Requested by: 422295 **PLEASE PRINT**

Last Name_____ First Name_____Date of Birth_____

City of Birth_____County_____ State_____

AKA/ Maiden Name_____ Social Security No._____

Drivers License # and State _____

Please note: if address is a rural route, or post office box, we must have City & County mail was delivered to.

Current
Address_____City_____Co._____ St.___ Zip_____
How long at this address? (Months/Years) _____

Previous
Address_____City_____Co._____ St.____Zip_____
How long at this address? (Months/Years) _____

Previous
Address_____City_____Co._____ St.____Zip_____
How long at this address? (Months/Years) _____

SIGNATURE _____ **DATE** _____

Form No. 0019

Thank you for applying to help in the ministry at
THE ROCK CHURCH AND WORLD OUTREACH CENTER

Please turn application in with a
REFUNDABLE $100 Deposit
(Refunded ONLY if you are not accepted into the internship)

OFFICE USE ONLY
TURNED IN $100 DEPOSIT
YES_____ **NO**_____

Signature: _____

Name: _____

Phone Number: _____

DOB: _____

I am able to pay $500 tuition by May 1st.
YES NO

I am able serve at the church at least 15-30 hours a week during the times and ministry the internship requests of me. (Times & days depend on ministry you serve at)
YES NO

I am able to serve at special events even if it requires me to come in on days I normally have or goes over my usual intern hours.
YES NO

I currently work at: _____

I currently am enrolled at: _____