



Application Form

Please Return to:

2505 Woodruff Ave. Apt #3

Lansing, Michigan 48912

Answer all the questions. Please clearly type or print each answer in black ink. When answering questions, be yourself. There are no right or wrong answers.

I. Applicant Information

Name: _____
First Last

Current Address:

City State/Province Zip/Postal Code Country

Home Phone () Work Phone () May we contact you at work? Yes/No

If applicable Fax No. Fax attention

Social Security or other I.D. Number _____

Date of Birth ___/___/___ Age Gender M/F mm dd yy

Email address _____

As of today I have completed ___year(s) of College/University

II. Availability

Standing in the Gap programs normally start in August. Can you start then? Yes No

If no: "I would prefer my Standing in the Gap dates to begin on or about ___ and end on or about ___"

Standing in the Gap programs normally last 9 or 12 months. Which do you propose to do? ___

I have the following "unmissable" family or other commitments during the coming year: _____

*Note: It may or may not be possible for us to accommodate these commitments.

III. Insurance Information

All interns are required to have health insurance FOR THE PLACE WHERE THEY SERVE. Please ensure that you have adequate coverage.

Name of company: _____ Policy # : _____

IV. Parent/Guardian Information

Father's Name _____ Home Phone (____)_____

Work Phone (____)_____ May we contact him at work? Yes/No

Current Address:

City State/Province _____ Zip/Postal Code _____ Country _____

Mother's Name _____ Home Phone (____)_____

Work Phone (____)_____ May we contact her at work? Yes/No

Current Address:

City State/Province _____ Zip/Postal Code _____ Country _____

V. Driving Information

Drivers License Number: _____

State/Country License was issued: _____

Expiration Date of License: _____

Number of years you have had a driving license: _____

Type of License held: _____ Operators _____ Chauffeur _____ Commercial

Are there any restrictions on your driving license at this time? (For example: daytime driving only; 1 more ticket and license will be revoked; or, limited to driving to and from work only.)

____ Yes ____ No

If you answered yes, please explain the restrictions on the back of this page.

Have you had any driving accidents or citations in the past three years? ____ Yes ____ No

VI . Providing a Safe Environment for Children

A. Have you ever been convicted of or plead guilty to any criminal charge other than a minor traffic violation or are there currently any criminal charges filed against you for any criminal offense?

___ Yes ___ No

B. Are you chemically (drugs, alcohol) dependent?

___ Yes ___ No

C. Are you currently using tobacco products?

___ Yes ___ No

VII . Vehicle Information

Will you have your your own or someone else’s vehicle available for your use during your GAP year?

___ Yes ___ No ___ Don’t Know

Name of the owner of the vehicle: _____

Does the vehicle have liability insurance coverage? ___ Yes ___ No

If you answered the question yes:

- Name of insurance company: _____

- Model and Year of Vehicle: _____

- Has the vehicle had a recent “all points” safety inspection? ___ Yes ___ No

(NOTE: We cannot and will not use vehicles that are not properly insured or maintained.)

VIII .

E

xperience

A. List previous church related work involving youth (list each church's name and address, type of work performed, age of children and approximate dates work was performed). (use additional paper if needed):

B. List previous non-church work involving youth (list each organization's name and address, type of work performed, age of children served, and approximate dates work was performed): Please attach a separate sheet if necessary.

IX. Language:

What is your mother tongue?

What other languages can you speak and how well? (Fluent, passable, weak.)

X. Service Skills:

What service experience do you have that might help us place you? Please answer below:

| | <u>Interest</u> (<u>S</u> trong, <u>M</u> edium, <u>W</u> eak) | <u>Ability</u> (<u>S</u> , <u>M</u> , <u>W</u>) |
|-----------------------------|---|---|
| Caring for children | _____ | _____ |
| Work with 10-14 year olds | _____ | _____ |
| Youth Work | _____ | _____ |
| Work with university aged | _____ | _____ |
| Office work | _____ | _____ |
| IT skills | _____ | _____ |
| Music/Worship skills | _____ | _____ |
| Financial/accounting skills | _____ | _____ |
| Sports/coaching skills | _____ | _____ |
| Drama/acting skills | _____ | _____ |
| Writing/editing skills | _____ | _____ |

Any other interests or abilities you would like to note:

The information I have given above is true and accurate to the best of my knowledge. I understand that any misrepresentation of the above information would cause me to be excluded or removed from the program.

Signed _____

Date _____

Note: The above questions have been asked for reasons as defined by Michigan State Law and for the protection of others. All information on this form will be held in strict confidence.

General Personal Essays -

(please complete on separate paper)

Christian Life

Write a brief narrative of your Christian experience (75-100 words).

Regarding your relationship with the Lord:

How often do you pray?

How much of the Bible have you read?

Have you been baptized in the Holy Spirit?

Describe how you experience charismatic worship in a prayer meeting or prayer room setting? Do you feel comfortable with praying aloud? praying with others? Have you exercised spiritual gifts in this setting before?

Please share some of the personal short term and long term goals you have for yourself. (75-100 words)

Personal

Briefly describe your three greatest strengths and your three greatest weaknesses.

How do you think these will impact your participation in the program to which you are applying?

Do you have any special needs that we should know about (health problems, special diet, allergies, etc.)?

How many hours of sleep per night do you need to function well?

After a particularly intense week of activities and /or work, describe what you do to rest and unwind.

Do you have skills and abilities in the areas of music, computers, finances, or administration?

Describe.

Relationships

Briefly describe your relationship with your parents and siblings - How well do you get along with them?

How well do you work with others?

Do you tend to get along with those you live and work with or is it an area of struggle for you?

If you disagree with a direction that was given by leaders, how would you handle it?

Are you willing to live by our policy to avoid romantic relationships while involved with CYC Programs (SIP, FP, GAP, or DSO)?

Consider jobs, school projects, or volunteer services you have performed when you've needed to work closely with others:

Describe a time when you took a leadership role in some task or project.

Describe how you made a positive contribution as a leader.

Describe what was challenging or difficult in this leadership role.

Consider a time when you worked with others as a team member. Describe one or two difficulties that developed in your relationship with a team member(s). How did you contribute to this difficulty? How did you resolve this difficulty