

# INTERNSHIP APPLICATION



## PERSONAL INFORMATION

Legal Name: Mr./Mrs./Miss \_\_\_\_\_  
Last Name First Middle (or Maiden)

Name you preferred to be called \_\_\_\_\_

Sex:  Male  Female

Age: \_\_\_\_\_ Birthday: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Race: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Present Address: \_\_\_\_\_  
Number & Street

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

Telephone Number: Home: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_  
Area Code Number

Work: ( ) \_\_\_\_\_ Fax #: \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
 (If different from above) Number & Street

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

Country of Citizenship: \_\_\_\_\_ Naturalized:  Yes  No  
 Birthplace: \_\_\_\_\_ if so, when: \_\_\_\_\_  
 First Language: \_\_\_\_\_ Permanent U.S. Resident:  Yes  No

Marital Status:  Single  Engaged  Married  
 Have you ever been divorced or separated?  Yes  No  
 If yes, briefly explain pertinent details on a separate sheet.

Name of Spouse: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Birthplace: \_\_\_\_\_ Citizenship: \_\_\_\_\_  
(Your Spouse must submit his or her own application)

Number of children: \_\_\_\_\_

Names	Sex (M/F)	Age	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do any of your children have any physical or learning disabilities?  Yes  No  
 If so, please explain on a separate sheet.



## **HEALTH INFORMATION**

Do you have any special physical need of which we should be aware? (i.e., hearing impaired, wheelchair, etc.)  
 Yes  No If yes, please explain:

Height \_\_\_\_\_ Weight \_\_\_\_\_ General Health \_\_\_\_\_ Are you on medication?  Yes  No  
If so what kind? \_\_\_\_\_  
\_\_\_\_\_

In case of emergency who should be notified?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_  
\_\_\_\_\_

Please answer the following questions. If you answer affirmatively, provide details in the space provided below or attach a written explanation.

- |   |  |
|---|--|
| Have you ever been hospitalized for any reason?                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you used any illegal drugs of substance in the past 2 years? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you had a problem with alcohol in the past 2 years?          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever suffered from anorexia/bulimia?                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever suffered from depression?                           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever suffered from depression?                           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever received psychological / psychiatric counseling?    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you suffer occasionally from migraine headaches?               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have occurrences of insomnia?                              | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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

The applicant declares all information given in this document to be true and accurate as of this date.

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

## **AUTOBIOGRAPHICAL INFORMATION**

(Please attach separate sheets or additional data as you deem appropriate)

What is your reason in applying for internship with Bethany Urban Development and what circumstances led you to take this step?

What Christian ministries or activities do you participate in?

How would you describe your family life? ( i.e. relationships with parents and siblings etc.)

Have you any overseas experience? Yes  No  If yes, please describe them.

Do you speak any other language(s) besides English? Yes  No  If yes, please list

Do you have a criminal record? Yes  No  (If yes please submit written explanation)

**VOCATIONAL INFORMATION:**

Please list your employment experience, beginning with your present or most recent employment:

Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_      Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
Position: \_\_\_\_\_      Position: \_\_\_\_\_  
Name of Company: \_\_\_\_\_      Name of Company: \_\_\_\_\_  
Job Responsibilities: \_\_\_\_\_      Job Responsibilities: \_\_\_\_\_

Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_      Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
Position: \_\_\_\_\_      Position: \_\_\_\_\_  
Name of Company: \_\_\_\_\_      Name of Company: \_\_\_\_\_  
Job Responsibilities: \_\_\_\_\_      Job Responsibilities: \_\_\_\_\_

Have you had any military experience? Yes \_\_\_\_\_ No \_\_\_\_\_  
Dates: \_\_\_\_\_  
Discharge: \_\_\_\_\_

**Special Skills:**

- |                                |                        |                  |                           |
|--------------------------------|------------------------|------------------|---------------------------|
| ___ Sewing                     | ___ Auto Repair        | ___ Photography  | ___ Computer Skills       |
| ___ Cooking                    | ___ Electrical Ability | ___ Plumbing     | ___ Typing wpm            |
| ___ First Aid                  | ___ Mechanical Ability | ___ Carpentry    | ___ Secretarial           |
| ___ Child Care                 | ___ Art Work           | ___ Landscaping  | ___ Business Skills       |
| ___ Teaching                   | ___ Journalism         | ___ Accounting   | ___ Driving an automobile |
| ___ Radio, TV, Film Production |                        | ___ Receptionist |                           |

Data Processing: \_\_\_\_\_  
Office Machines: \_\_\_\_\_

Medical Skills: \_\_\_\_\_  
Musical Ability: \_\_\_\_\_  
Other: \_\_\_\_\_

**Statement of Accuracy of Information**

The answers I have provided on this application are true to the best of my knowledge. I understand that if any of the answers are proven untrue, it is grounds for release from volunteer work with Bethany Urban Development.

I authorize Bethany Urban Development to investigate the statements I've made on this application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Lifestyle Statement**

Those who commit themselves to missions must first develop a love for Jesus and be committed to His command to go and make disciples. Second, they must be willing to do whatever is required in order to reach people for Jesus and develop a strong faith that will carry them through challenges and difficulties.

Bethany Urban Development staff and volunteers are required to abstain from practices that are forbidden in Scripture such as dishonesty, profanity, pornography, and immorality



The above-named individual is applying for internship with Bethany Urban Development. The program consists of academic requirements, practical work assignments and evangelism outreaches. In view of the nature of this program we would greatly appreciate your careful and thoughtful consideration to the following evaluation of the applicant. *All references are held in strict confidence and will not be shown to the applicant.*

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**Your Name** \_\_\_\_\_ **Relationship to Applicant**

**Address**

\_\_\_\_\_  
Street Address City State  
Zip Code

**Daytime Phone Number** ( ) \_\_\_\_\_ **E-mail Address**

**How long have you known the applicant?** \_\_\_\_\_ **In what capacity?**

**Check all of the following reasons that you feel may be motivational in the applicant's desire to be an intern with Bethany Urban Development**

- |  |  |
|--|--|
| <input type="checkbox"/> Escape an unpleasant home situation                                     | <input type="checkbox"/> Seeking the Lord for direction  |
| <input type="checkbox"/> Failure in path endeavors/needs a new start                             | <input type="checkbox"/> Desire to please parents/pastor |
| <input type="checkbox"/> Lack of other options   | <input type="checkbox"/> Desire to spread the Gospel     |
| <input type="checkbox"/> Hopes to find support in dealing with profound personal/emotional needs | <input type="checkbox"/> Desire to help others           |

**To your knowledge has the applicant had a history of, or is currently experiencing any of the following**

- |  |   |
|--|---|
| <input type="checkbox"/> Substance abuse _____ alcohol _____ drugs | <input type="checkbox"/> Chronic Depression               |
| <input type="checkbox"/> Criminal conviction/Parole                | <input type="checkbox"/> Psychiatric Treatment/Counseling |
| <input type="checkbox"/> Debilitative Anxiety                      | <input type="checkbox"/> Eating Disorders                 |

**Please indicate the approximate dates of any item you marked above**

**Please comment on any of the above items that you have marked**

**Please comment on the applicant's home/family life**

**Please mark any of the following descriptions, which you observe to be true of the applicant**

**1. Physical Fitness**

- Frequently incapacitated
- Somewhat below average
- Healthy needs
- Very fit
- Obsessive about fitness and diet

**2. Social Skills**

- Avoided by others
- Tolerated by others
- Liked by others
- Well-liked by others through
- Very popular/sought after by others

**3. Intelligence**

- Learns and thinks slowly
- Somewhat below average
- Average
- Alert; has a good mind
- Extraordinary; exceptional mental ability

**4. Response to Difficulties**

- Easily angered/impulsive
- Suffers from frequent bouts of depression
- Defensive/territorial
- Tendency to withdraw
- Easily discouraged
- Responds constructively positions
- Overcomes with ease and grace

**5. Teamwork**

- Frequently causes friction
- Great difficulties in working under authority
- Insists on having his/her own way
- Usually cooperative
- Respects the views and ideas of others
- Thrives in team situations

**6. Emotional Responsiveness**

- Oblivious to the needs of others
- Self-centered/immature
- Inconsistent, but makes an effort to meet other's
- Understanding and thoughtful
- Consistently loving toward others

**7. Willingness to Serve**

- Refuses to serve
- Reluctant to serve
- Willing, but on his/her own terms
- Willing, but sometimes struggles with follow-
- Eager to serve
- Eager to serve in any capacity/selfless

**8. Achievement**

- Does not commit to any tasks them
- Starts tasks but doesn't finish them
- Undependable/not trustworthy
- Does only what is assigned
- Eager to improve/self-motivated
- Proactive/enthusiastic/creative/motivates others

**9. Leadership Potential**

- Completely dependant on the leadership of others
- Tries, but lacks ability
- Lacks self-confidence, but has potential
- Natural leader/regularly surfaces in leadership
- Driving/commands the submission of others

**10. Christian Experience**

- Uncertain/not evident
- Genuine, but immature
- Legalistic
- Evident and growing
- Mature/solid
- Contagious

**If you were working on a project with a team of people for an extended period of time would you elect to include the applicant on your team? Please explain:**

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**What is your overall evaluation of the applicant's potential in regard to missionary training?**

I do not recommend the applicant

I recommend the applicant

I recommend the applicant with reservations

I highly recommend the applicant

**Please comment:**

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**Is there anything else that you would like Bethany Urban Development to know as we evaluate the applicant's admission request?**

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**Your signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Please return to:**

**BETHANY URBAN DEVELOPMENT**

**P.O. Box 8940**

**Minneapolis, MN 55408**

Phone: (612) 598-3270 / E-mail: bud@visi.com