**CONNECT CITY INTERN APPLICATION**

Greetings from Connect City,

Thank for your consideration of our Internship Program. Please return this form (via mail or email) to begin processing of your application. Please be aware that complete processing of your application can take up to one month. All documentation is required before official acceptance into the internship program is granted.

**APPLICATION PROCEDURE**

1. Complete and return this application.

2. Distribute copies of the reference form.

3. You will be contacted to confirm that your application has been received by Connect City.

4. When all of references have been received, you will be contacted for a phone or personal interview.

5. Complete a criminal background check, and remaining forms.

6. After successful application, reference checks, interview and criminal background check, you will receive your official acceptance into the Internship Program.

Please remember that we are available to assist you in this application process and to answer your questions (contact info provided below). It is your responsibility to ensure all documentation is received by Connect City in a timely manner.

Connect City is excited to have you join our team!!

*“We believe strongly that young adults are tired of doing the church thing. They want to be the church, alive, active, valiantly serving people in the nitty gritty of life. It is here, right in the heart of serving the poor and oppressed, in doing mission, young adults will better understand and know Jesus while developing their spiritual walk and leadership abilities. Get ready for an adventure. Get ready to meet thy God!“* - Rev. Colin McCartney, Founder, Connect City

**CONTACT INFORMATION**

Colin McCartney

Email – [colin@connectministries.org](mailto:colin@connectministries.org)

**Internship Application Form**

**CONTACT INFORMATION**

**NAME**

FIRST MIDDLE LAST

**GENDER -**  Male  Female

**ADDRESS**

Number / Street Name Apt #

City Province / State

Postal Code / Zip Country

Home Phone: Cell:

**Birthdate Email**

Day Month Year

**PARENT’S NAME(S)**

Father Mother

Address (If different from above:

**Internship Application Form**

**Church Information**

Name Affiliation

**Education (Highest Level)**

Name Of School: Last year Attended: Level / Degree Completed:

**Work / Volunteer Experience**

Employer / Agency Job / Volunteer Description Dates

**REFERENCES**

**Pastoral**

Name: Title:

Phone: Address:

Email: How long have they known you:

**Past Professor / Teacher**

Name: Title:

Phone: Address:

Email: How long have they known you:

**Peer / Co – Worker**

Name: Title:

Phone: Address:

Email: How long have they known you:

**Past Volunteer Supervisor / Coach**

Name: Title:

Phone: Address:

Email: How long have they known you:

**Internship Application Form**

**Medical Information** *At Connect, providing a safe environment for those we serve and especially towards our children and youth is paramount. As such, we endeavour to be as forthcoming as possible with the stresses an Intern can expect to experience in our environment. We also ask that applicants are upfront with Connect about past or current struggles and/or medical conditions. Please be aware that, in some circumstances, further documentation may be required. Anything not disclosed can be grounds for dismissal.*

***Information provided in the following section is kept in strict confidence.***

**1. Do you have a history or past incidents of:**

a. Emotional difficulties? Yes / No b. Medical / physical conditions? Yes / No

**2. Of these, how do you think they could impact:**

a. Serving a vulnerable population (children and youth)

b. How you will live in community with other Apprentices?

**3. Please check off any of the following conditions that you suspect may be true for you (even if it has not been medically diagnosed):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Condition** |  |  |  |  |
| Depression – Yes / No | | | |  |
| Eating Disorder (Anorexia, Bulimia etc ) – Yes / No | | | |  |
| Anxiety - Yes / No | | | |  |
| Chronic Fatigue - Yes / No | | | |  |
| Allergies - Yes / No | | | |  |
| ADD / ADHD - Yes / No | | | |  |
| ODD - Yes / No | | | |  |
| Self Injury (e.g. Cutting) – Yes / No | | | |  |
| Anger Management - Yes / No  **If you said yes to any of the above please provide information:**  **If you currently are on any medications please list the reasons for use:**  **If you have any dietary needs / restrictions or allergies please describe:** | | | |  |

**Internship Application Form**

**PERSONAL REFLECTION QUESTIONS:**

*\*\* Please answer each question with a paragraph on a separate sheet of paper.*

|  |
| --- |
| **I. PERSONALITY AND HISTORY**  1. Write a brief narrative of why you want to work with Connect and how you heard of us.  2. Briefly describe your family.  3. What words would best describe your personality?  4. What are your strengths and weaknesses?  5. Share positive and negative past experiences you have had in working under a team leader and what you have learned through those experiences.  6. What is your favourite secular book or movie and why?  **II. SPIRITUAL**  1. Write a brief narrative of your past Christian experience.  2. In what area do you feel you have been most challenged in the past year?  **III. Skills**  1. What experiences do you have in working with children/youth?  2. What experiences do you have working with the poor and / or oppressed?  3. Describe any artistic, athletic, academic or musical interests (including formal training / experience) |

**CONSCENT:** I hereby apply for placement for the Connect Internship Program and authorise Connect for further inquiries from the above references. I confirm that all that I have submitted is complete and true to the best of my knowledge.

**Signature of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*** Please print 4 copies of the following reference form, write your name in the **Applicants Name:** box, and distribute to your four references (Pastoral, Supervisor, Co-Worker, Parent).

**MISSION INTERNSHIP APPLICATION**

**Name Of Applicant:**

**Reference Name: Reference’s Phone Number:**

Please fill out this form and email it to:

Colin McCartney **:** [colin@connectministries.org](mailto:colin@connectministries.org)

Alternatively, you can also mail it as soon as you can to:

Judith McCartney 27 Toynbee Trail Scarborough, Ontario M1E 1E8 Canada

**Please read the following description of Connect City and our expectations of the applicant before filling out the reference.**

Connect City exists to extend the kingdom of God by developing a missional movement of young adults who will initiate and build sustainable ministries that exhibit the character and priorities of Jesus in our city’s most vulnerable communities. Our goal is to do mission by revitalizing or planting churches in high - risk neighbourhoods in becoming missional hubs to the people living in the community. One of the key ways that we achieve this goal is by sending out Interns who will start up new mission programs in churches, or plant churches in the vulnerable communities we have targeted. These programs will be highly relational and our Interns will be expected to create ministries that develop relationships with the families who reside there. Many of the ministries they will create will focus on children and youth.

The Internship program is designed for young adults who feel they might have a calling to full – time ministry vocation. It allows young emerging leaders the opportunity to get experience in mission while gaining valuable mentoring, coaching and training through the staff at Connect. Our hope for each Intern is that they will receive valuable leadership development while doing mission so that when they leave Connect they will be fully encouraged, equipped and empowered to do mission wherever God takes them.

***The Information on this form is kept strictly confidential and is not seen by the applicant at any time.***

**RELATIONSHIP**

1. In what capacity (i.e. Pastor, Co-worker or Peer, Supervisor or Teacher, Parent) do you know this applicant and for how long?

2. What are the applicants’ strengths?

3. What are the applicants’ weaknesses?

**CHARACTER**

How would you describe the applicant’s character?

On a scale of 1 – 10 (10 being the highest score) please rank the applicants in the following categories:

Trait Score Comments

Team Player

Kindness

Disciplined

Integrity

Sense of humour

Flexibility

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
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|  | | | | | | | |

Additional Comments / Concerns:

**WORK ETHIC**

How would you describe the applicant’s work ethic?

On a scale of 1 – 10 (10 being the highest score) please rank the applicants in the following categories:

Trait Score Comments

Organizational Skills

Time Management

Initiative

Punctuality

Dependability

Co - operative

Willing To Learn

Pride In Work

Patience

Physical Fitness

Additional Comments / Concerns:

**EMOTIONAL HEALTH**

Please describe any past history you might know about the applicant regarding emotional instability that could impact this applicants’ work with a vulnerable population of children, youth or adults? Are you aware of any emotional conditions that could require additional support at the present time?

How does the applicant handle conflict? Are you aware of any anger issue concerning the applicant?

**RELATIONSHIPS**

How would you describe the behaviour of the applicant towards:

A. Children

B. Youth

C. Opposite Sex

**SPIRITUALITY**

In what ways do you see Jesus in the life of the applicant?

On a scale of 1 – 10 (10 being the highest score) please rank the applicants in the following categories:

Trait Score Comments

Spiritual Maturity

Response To Authority

Moral Integrity

Christian Walk

Empathy

Gracious

Peaceful

**FINAL COMMENTS**

How do you feel the applicant will perform in their role at Connect as an Intern?

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**Signature Of Reference Date**