

Procedure for the Completion of the CityInterns Application for Admission

- Step #1 Complete all pages of this Application.
- Step #2 Turn in one recent photo of yourself.
- Step #3 Attach a copy of your high school diploma or GED.
- Step #4 Attach a copy of your official high school and/or college transcripts.
- Step #5 Attach a copy of your passport. If you have applied for your passport and it is still processing, please write a letter stating so and attach it to the application.
- Step #6 A parent or guardian must fill out the form with the title of "Parent, Guardian, or Spiritual Covering."
- Step #7 Complete the "Host Home Request Form," if applicable.

STOP! After you have completed steps 1-8, send these components along with your \$50.00 application fee to the address below on or before the last Sunday in July.

**Application fee goes toward tuition.*

- Step #8 Have your pastor or youth pastor complete the "Pastor's Reference Form."
- Step #9 Have your pastor and employer/teacher mailed the completed "Reference Form" to the address below or they may email them to Lydia@newcitychurch.net.

New City Church
CityInterns
3355 Old Jonesboro Road
Fairburn, GA 30213

After completing all necessary steps, please wait for a call from the director indicating that your application has been received. If your enrollment has been approved, you will receive an acceptance letter that includes any pertinent information to assist in your transition to CityInterns.

CityInterns

APPLICATION FOR ADMISSION PERSONAL INFORMATION

(Please print information clearly.)

**Please attach your
photo here.**

Date: _____

Full Legal Name: _____
Last First Middle

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Cell Phone: _____ Fax: _____

Age: _____ Ethnicity: _____

Birth date: _____ Birth Place: _____

Social Security #: _____

Marital Status:

Single Engaged Married Widowed Separated Divorced

Spouse's Name (if applicable) _____

Date of Marriage: _____ Ages of Children: _____

Citizenship: _____

FAMILY INFORMATION

Father or Guardian

Mother or Guardian

Name: _____

Address: _____

Phone: _____

Occupation: _____

CHURCH INFORMATION

Home Church: _____

Church Mailing Address: _____

Pastor's Name: _____ Phone: _____

Date you accepted Christ as Savior: _____

Have you been Water Baptized? _____ Date: _____

Have you received the Baptism of the Holy Spirit? _____ Date: _____

EDUCATIONAL BACKGROUND

High School: _____

Address: _____

Years Completed: _____ Graduation Date: _____ or GED: _____

List below the colleges, universities, or other schools you have attended:

Name: _____ Location: _____

Dates: _____ Degree: _____

Name: _____ Location: _____

Dates: _____ Degree: _____

**A copy of your Diploma or your GED along with your high school and college transcripts must be attached to this application.*

EMPLOYMENT HISTORY

Please list most recent employer first.

1. Company: _____ Manager: _____

Phone: _____ Dates: ____ / ____ / ____ to ____ / ____ / ____

Position: _____ Reason for Leaving: _____

2. Company: _____ Manager: _____

Phone: _____ Dates: ____ / ____ / ____ to ____ / ____ / ____

Position: _____ Reason for Leaving: _____

HEALTH

Do you have any current physical or learning limitations, disabilities, or health issues which might affect your ability to function fully as a student? (Please include any sports injuries) _____

Describe your general health: _____

Do you use any of the following: Tobacco Alcohol Medications Prescriptions

Are you currently under medication prescribed by a doctor? Yes No

If so, indicate medication and any limitations: _____

Do you currently have health insurance? Yes No

If so, identify: _____

Policy name and number: _____

(Please attach a copy of your health insurance card or policy number.)

Address: _____

FINANCES

What is your anticipated source of income while in the CityIntern Program?

Will you be able to fulfill all payment requirements? Yes No Not Sure

How do you plan on paying the CI Fees? Pay in Full Monthly Payments

What is your place of employment? _____

How many hours do you typically work in a week? _____

How do you plan on finding a job? Yes No Where? _____

Please create an estimated monthly budget plan and write it in the space below.

Incoming:

Work Income \$ _____

Sponsored Income \$ _____

Misc. Income \$ _____

Outgoing:

Tithe (10% of income) \$ _____

CI Tuition \$ _____

Housing \$ _____

Food/Toiletries \$ _____

Car Payment \$ _____

Car Insurance \$ _____

Miscellaneous \$ _____

Total Incoming \$ _____ Total Outgoing \$ _____ = Total Surplus \$ _____

SELF-EVALUATION (Please be detailed and specific. Attach additional sheet, if needed.)

1. Describe in detail your relationship with your immediate family.

2. Describe in detail your relationship with your best friend.

(Friend's name: _____)

3. Describe in detail your relationship with your pastor or youth pastor.

4. What situations upset you the most?

PERSONAL HISTORY FORM

(Your answers to the below questions will not necessarily disqualify you for admittance to the program. However, failure to answer questions honestly will jeopardize your enrollment.)

****If you answer yes to any of these, please explain in the space given.*

Have you ever used?

Drugs

Alcohol

Cigarettes

Please explain: _____

Have you ever been involved in?

The Occult/a Cult

Gang Activity

Public or Private Violence

Public or Private Abuse

Please explain: _____

Have you ever struggled with?

Homosexuality Eating disorders Self-Mutilation

Masturbation Pornography

Please Explain: _____

Have you ever been?

Arrested

Suspended/Expelled from school

Please explain: _____

Are you currently involved in a dating relationship?

Yes

No

Are you a virgin?

Yes

No

Have you been sexually active within the last two years? Yes No

Please explain: _____

Have you ever had professional counseling? Yes No

Have you ever been pregnant or fathered a child? Yes No

Please explain: _____

Do you give New City Church permission to run a federal background check? Yes No
If so, complete attached form.

For office use only	
Date Received: _____	Date of Final Acceptance: _____
Name: _____	
Application fee:	Yes No
Health Care Info:	Yes No
Pastor's Signature of approval: #1 _____ #2 _____	

Background Screening Consent Form

The insurance company of New City Church requires this background screening. Applicant should complete all relevant information, sign, and date the form.

I, _____, hereby authorize New City Church and/or its agents, to make an independent investigation of my background, references, character, past employment, education, credit history, adult criminal or police records, and motor vehicle records including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for service now and, if applicable, during the tenure of my employment or service with New City Church.

I release New City Church and its agents and any person or entity, which provided information pursuant to this authorization, from any and all liabilities, claims or lawsuits regarding the information obtained from any and all of the above referenced sources used. The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Full Name (Printed): _____

Maiden Name or other Names Used: _____

Social Security Number: _____

Date of Birth*: _____

Present Address: _____

City: _____ State: _____ Zip: _____

How Long at Former Address? _____

Please list all states of residence since turning age 18: _____

(Please circle any of the following states in which you have lived:

CO, DE, HI, LA, MA, SD, VT, WV, WY, OR, RI)

Driver's License Number: _____

State of License: _____

Signature of Applicant/Date X _____

Note: The above information is required for identification purposes only, and is in no manner used as qualifications for employment, student, or service as a volunteer. New City Church abides by all applicable state and federal employment laws.

PERSONAL SKILLS AND EXPERIENCE FORM

Indicate your personal skills and experiences in the following areas. Include a brief explanation and the number of years of experience.

Drama/Mime

Worship

-Instruments

-Vocals

Children

Missions

Media/Video

Computer

Audio

Leadership

Outreach

Evangelism

Other

How did you hear about CityInterns?

Define your idea of ministry.

In your opinion, what are some necessary qualities to be a spiritual leader?

What do you plan to do after your graduation from CityInterns?

I pledge that if I am admitted to CityInterns, I will, at all times, conduct myself as a Godly man/woman. I will faithfully and diligently apply myself to the CityInterns requirements and values and promptly meet all financial and other obligations. I understand that if I do not uphold CityInterns' standards, I place myself on grounds for dismissal.

DATE: _____

SIGNATURE: _____

CITYINTERNS PLEDGE OF HONOR AND CORE VALUES

I, _____, am fully persuaded that it is the will of God for me to be enrolled in CityInterns for the _____ academic year. I sincerely believe that I am here by the direction of the Holy Spirit and that God desires to do a unique work in my life. This includes a deeper understanding of His Word and works, the application of spiritual disciplines to my life, the sharpening of my ministry skills, and the development of life-long friends.

Because of this, as a CityIntern, I make the following pledge:

INTIMACY

I pledge to deepen my relationship with God and make knowing Him my first priority.

CHARACTER

I pledge to let God shape my character and transform me into His image.

AUTHORITY

I pledge to come under the authority and covering of New City Church and its leaders.

STUDY

I pledge to study to show myself approved and grow in my knowledge of the Word of God.

STEWARDSHIP

I pledge to be responsible in the area of my finances and all my financial commitments.

HEALTH

I pledge to maintain my body as God's temple and practice sound eating, sleeping, and exercise habits.

FAITHFULNESS

I pledge to be prompt and faithful in my attendance to all prayer times, class times, ministry tracks, and services.

PURITY

I pledge to avoid immoral or illegal activities that engage in any behavior that is contrary to Biblical conduct and ethics.

FELLOWSHIP

I pledge to be an encouragement to my fellow interns and build solid relationships with others.

LEADERSHIP

I pledge to develop my leadership skills by taking initiative, both verbally and practically.

FOCUS

I pledge to abstain from dating and spending exclusive time with any individual of the opposite sex.

EXCELLENCE

I pledge to communicate a spirit of excellence in my speech, conduct, appearance, and attitude.

I further understand that by signing below I accept the entire Pledge of Honor and Core Values, and agree that I must comply with the Pledge of Honor to remain a member of Summer Interns.

Signature: _____ Date: _____

RECOMMENDATION OF PARENT, GUARDIAN, OR SPIRITUAL COVERING

Name of Applicant: _____

Last

First

Middle

The person named above is applying for admission to the CityInterns program of New City Church. Because the program is church-related and desires to support the authority of parents in the student's life, we desire your cooperation in completing this form. All information is confidential. Your reference, along with other required references, will help us in our decision to accept this student's application.

INFORMATION from Parent, Guardian, or Spiritual Covering

Your name: _____

Last

First

Middle

What relationship does the applicant have to you?

Son Daughter Other _____

Has the applicant discussed with you his/her interest in participating in CityInterns? Yes No

Has the applicant had any serious problems submitting to parental or other authority? Yes No

Please comment: _____

What do you understand to be the applicant's motive for joining CityInterns?

In what ways do you think the applicant will benefit from CityInterns?

HOUSING/DORM REQUEST FORM

Date: _____

Your Name: _____

Last

First

Middle

Phone Number: _____

Age: _____

Gender:

Male

Female

What amount would you be able and willing to pay, if a monthly fee was required to stay with a family?

Do you have your own transportation?

Yes

No

Do you have any health or dietary needs?

Yes

No

Please explain:

As a boarder, will you support your host family by helping with chores and other family expectations and standards?

Yes

No

Are you allergic to animals?

Yes

No

Would you be willing to live with animals?

Yes

No

Comments:

How do you feel about living with a family that has young children?

What do you expect from living in a host home or dorm?

I hereby commit to accept all responsibility for communication, personal as well as monetary provisions, termination of residence, and all other matters stated above with my specified host home. During my stay of residency, if I am responsible for any damage to the personal property of the host home or dorm, I agree to pay compensation equal to or greater than the current value of the damaged property."

Signature: _____

Date: _____

If you are finished completing the “Application for Admission” do not forget to double check the list of things to complete the process:

- Applied for my Passport?
- Attached healthcare information (if applicable)?
- Attached a copy of my diploma or GED?
- Attached my transcripts from high school and college?
- Finished or attached my 300-word essay?
- Gave my “Pastoral Reference Form” to my pastor/leader?
- Is my “Recommendation of Guardian/Spiritual Covering Form” filled out?
- Attached “Background Check Form?”
- Attached my \$50.00 application fee?

If everything is complete, then you are ready to turn your application in!