

Procedure for the Completion of the CityInterns Full Year Track Application for Admission

1. Complete all pages of this Application.
2. Turn in one recent photo of yourself.
3. Submit a video recording of your testimony
4. Attach a copy of your high school diploma or GED
5. A parent or guardian must fill out the form titled: "Parent, Guardian, or Spiritual Covering"
6. Complete the "Host Home Request Form", if applicable.
7. Be sure those requested to serve as Character Reference, both completed and submitted the reference document.

STOP! After you have completed steps 1-6, bring these components along with your application fee to the Intern Director or send to the address below on or before the last Sunday in July.

Address:

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

After completing all necessary steps, please wait for a call indicating 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.

Application Fees:

\$100 application fee for Gap-Year Experience

\$50 application fee for Summer Experience

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 _____

City Internship

APPLICATION FOR ADMISSION

PERSONAL INFORMATION

(Please print information clearly.)

Date: _____

T-SHIRT SIZE: _____

Please attach your
photo here.

WHICH CITYINTERNS PROGRAM ARE YOU APPLYING FOR?

Gap-Year Experience _____ Summer Experience _____

PERSONAL INFORMATION

Full Legal Name: _____
Last First Middle

Preferred Name: _____
Last First Middle

Social Media Usernames: IG _____ FB _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Date of Birth Age: _____ Birth Place: _____ Ethnicity: _____

Social Security #: _____

Citizenship: _____

Relationship Status:

Single Dating Engaged Married Widowed Separated Divorced

Spouse's Name (if applicable) _____

Do you have Children? _____ If so, how many (include ages) _____

FAMILY INFORMATION

Father or Guardian

Mother or Guardian

Name: _____

Phone: _____

Email: _____

Accepted Christ? _____

CHURCH INFORMATION

Name of Home Church: _____

Pastor's Name: _____ Phone: _____

How long have you attended this church? _____

What ministries are you/were you involved in? _____

Date you accepted Christ as Savior: _____

Have you been water baptized? _____ Date: _____

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

EDUCATIONAL BACKGROUND

Name of High School: _____

GPA: _____ 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: _____

EMPLOYMENT HISTORY

Employer Status: Employed Full-Time Employed Part-Time Unemployed Laid off Looking

If not, do you plan on finding a job? Yes No Where? _____

Current Employment:

Name of Current Employer: _____ Manager: _____

Phone: _____ Length of Employment: _____

Job Title: _____ How many hours do you work weekly: _____

Previous Employment:

Name of Previous Employer: _____ Manager: _____

Phone: _____ Length of Employment: _____

Job Title: _____ Reason for Leaving: _____

HEALTH

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: _____

How would you describe your overall health condition? Poor Fair Good Excellent

List any allergies: _____

List all physical limitations/ disabilities (include physical, mental or learning): _____

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

If so, list medications you are currently taking: _____

Do you currently use tobacco (Cigarettes, Dip, Vape, etc.)? Yes No

If yes, please list the date of last use: _____

Do you currently drink alcohol? Yes No

If yes, please list the date of last use: _____

Have you ever abused medical prescriptions? Yes No

If yes, please list the date of last use: _____

Have you ever used illegal drugs? Yes No

If yes, please list the date of last use: _____

TUITION PAYMENT

How do you plan to pay for your tuition? _____

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

Will you be able to pay in full at the start of the Internship Year? _____

If no, indicate your payment plan preference: Two Payments Monthly Trimester

ABOUT YOU:

1. How did you hear about CityInterns? _____

2. CityInterns are provided with various opportunities. Please take a moment to let us know areas that interest you.

- | | | | |
|--------------------------------------|---|---|--|
| <input type="radio"/> Acting | <input type="radio"/> Children's Ministry | <input type="radio"/> High School Ministry | <input type="radio"/> Middle School Ministry |
| <input type="radio"/> Administration | <input type="radio"/> Event Planning | <input type="radio"/> Worship | <input type="radio"/> Creative Design |
| <input type="radio"/> Outreach | <input type="radio"/> Media Production | <input type="radio"/> Audio | <input type="radio"/> Photo/Videography |
| <input type="radio"/> Computer Tech. | <input type="radio"/> Service Production | <input type="radio"/> Facilities Management | |

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

Acting	
Working with Children	
Working with Youth - Middle School - High School	
Outreach - Community Service - Missions	
Administration	
Event planning	
Creative Design - Graphic Design - Stage Design	
Computer Technology	
Media Production	
Service Production	
Photography/Videography	
Facilities Management	
Leadership Roles	
Other	

SELF-EVALUATION:

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?

5. Define your idea of ministry.

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

7. What do you plan to do after your graduation from City Interns?

8. What are 2-3 goals you want to meet while in this program?

VIDEO SUBMISSION:

Submit a video of your personal testimony

CHARACTER REFERENCES:

Please provide two individuals whom we can send a character reference form. Individuals can be a mentor, pastor, boss, etc. whom would be able to attest to your character.

Reference #1

Name: _____

Phone Number: _____

Email Address: _____

Relationship to you: _____

Reference #2

Name: _____

Phone Number: _____

Email Address: _____

Relationship to you: _____

INTERN AGREEMENT:

I pledge that if 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 CityInternship requirements and values and promptly meet all financial and other obligations. I understand that if I do not uphold Summer Interns' standards, I place myself on grounds for dismissal.

DATE: _____ SIGNATURE: _____

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?

Background Screening Consent

This background screening is required by the insurance company of New City Church. Applicant should complete all relevant information and 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.

HOUSING/DORM REQUEST FORM

Date: _____

Your Name: _____

Last

First

Middle

Phone Number: _____

Age: _____ Gender: Male Female

ANSWER THE FOLLOWING QUESTIONS:

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

2. Do you have your own transportation? Yes No

3. Do you have any health or dietary needs? Yes No

Please Explain: _____

4. As a boarder, will you support your host family by helping with chores and other family expectations and standards? Yes No

5. Are you allergic to animals? Yes No

6. Would you be willing to live with animals? Yes No

Comments: _____

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

8. 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: _____

Stop!

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

- Copy of High School Diploma/GED
- Copy of Health Insurance Card or Policy Number (If applicable)
- 300 Word Essay
- Video Submission
- Two people to serve as character reference
- “Recommendation of Guardian/Spiritual Covering”
- Background Check form?
- Housing/Dorm Request Form (If Applicable)
- Application fee
 - **Gap-Year Experience:** \$100
 - **Summer Experience:** \$50

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