

2024 Summer Ministry Intern Application

Personal Data

Name in Full _____
(last) (first) (middle)

Preferred Name _____ Gender _____ Age as of May 1, 2024 _____

Birth Date _____ Social Security # _____

College Address _____

Home Address _____

Email Address _____ Cell Phone Number _____

Emergency Contact _____ Relationship _____

Address _____

Email _____ Phone _____

Education

High School

High School Attended _____

Year Graduated _____

Grade Point Average _____

College

College Attended _____

of college years completed by this May _____

Grade Point Average _____

Major _____

Last day of spring semester _____

List three personality or character traits in both categories below that you believe describes you.

STRENGTHS	GROWTH AREAS
1.	1.
2.	2.
3.	3.

CHURCH AFFILIATION

Are you a church member? Yes No What Church? _____

Do you attend church regularly? Yes No Where? _____

Are you active in a campus ministry organization? Yes No Which one? _____

The United Methodist Church is an inclusive church. This means that the church will be ministering to all kinds of children and youth, representing various ethnic groups, lifestyles, and family backgrounds. The United Methodist Church believes that all Christians are called to ministry, and both men and women are ordained as ministers in the United Methodist Church.

Are you willing to be a part of the staff, understanding that your ministry must be inclusive?

Yes No

STATEMENT OF FAITH

On a separate sheet of paper, write your Christian autobiography, noting experiences, persons and ideas that have helped shape your life as a Christian, incorporating a statement of your faith.

ADDITIONAL QUESTION (use a separate piece of paper)

Choose A or B depending on area of interest.

A. What areas of leadership do you bring to Children's Ministry?

B. What areas of leadership do you bring to Student Ministry?

PAST EMPLOYMENT

Dates	Employer Name & Address	Telephone #	Position Held	Reason for Leaving

LIST EXPERIENCES AND ACTIVITIES OF INVOLVEMENT, RELIGIOUS, SOCIAL, CIVIC

ACQUIRED SKILLS

First Aid and CPR Certified? _____ If yes, list expiration date _____ (If no, training will be provided) Are you a certified life guard? _____ if yes, list expiration date _____

REFERENCES & APPLICATION

This application will not be complete until 2 reference letters have been submitted. One reference must come from your pastor, church, or ministry setting and one must come from either a professional or a supervisory position (teacher, boss, etc.) Reference letters should be sent separately from your application to:

(Application must be postmarked or emailed to aparnell@iohumc.com)

**Isle of Hope United Methodist Church
Att: Andrew Parnell
412 Parkersburg Road
Savannah, Georgia 31406**

HEALTH STATEMENT

Are you in good health? _____ yes _____ no _____

Do you have any condition that would hinder your ability to be fully engaged in the life and ministry of Summer 2024?

_____ yes _____ no

Parents or guardians:

In the event of an illness or accident while employed by IOHUMC, I hereby give my permission for any necessary medication, hospitalization, or surgery. I understand that decisions concerning proper course of action will be made by my supervisor in consultation with a physician. The family will be contacted at the earliest possible moment.

I hereby state that _____ (name of applicant) is medically fit to participate as an IOHUMC Leadership Team member.

Applicant Signature _____ Date Submitted _____

*Parent Signature _____ Date Submitted _____

***Required if under 18**

LEGAL

Have you ever been arrested or convicted for any violation of criminal law other than a traffic violation? _____ Yes
_____ No

Have you ever been involuntarily discharged from a job? _____ Yes _____ No

Have you ever been convicted of a child abuse or sexual abuse offense? _____ Yes _____ No If your answer to any of the above is yes, please explain. _____

AUTHORIZATION

Please read each paragraph carefully.

By my signature placed below, I affirm that the information provided in this employment application is true and complete. I understand that if employed, any false information or omission shall be considered sufficient cause for dismissal without any obligation or liability to me other than for payment, at the rate agreed upon, for services actually rendered. I understand that any false information, omissions or misrepresentations of facts called for in this application may result in the rejection of my application or discharge at any time during my employment. I agree to immediately notify Isle of Hope UMC if I should be convicted of a felony, or any crime involving dishonesty or a breach of trust while my job application is pending or during my period of employment if hired.

I authorize the investigation of all statements contained in this application. I also authorize Isle of Hope UMC to contact my present employer (unless otherwise noted in this application form), past employers, listed references and other references that might know of my qualifications for employment, and I release such persons and organizations from any legal liability in making statements to Isle of Hope UMC. I understand that an investigation may be made whereby information is obtained regarding my character, previous employment, general reputation, educational background, training, certifications, professional credentials, driving record, substance abuse, child abuse, sex-related offenses, and/or criminal history.

In the event of my employment with Isle of Hope UMC, I agree to comply with all rules, regulations, and policies Isle of Hope UMC relates to summer staff. I understand that the use of alcohol, tobacco, and illegal drugs is strictly prohibited during employment. I understand this application does not, by itself, create a contract of employment, and that no person is authorized to change any of the terms mentioned in this employment application form.

I understand that by accepting a position with Isle of Hope UMC, I will be committing myself to a position of service, and my behavior and attitude will be examined in terms of my modeling Christ to others. I hereby acknowledge that I have read and understand the preceding statement.

Applicant's Printed Name Applicant's Signature