

NEXT-GENERATION INTERNSHIP

(January 18, 2010 – January 18, 2011)

APPLICATION PROCESS

Thank you for your interest in the Next-Generation Internship program at Church of the Harvest. Our application process focuses on understanding the individual and is designed to select those applicants who will thrive in the internship program. We carefully and prayerfully consider each application while making our decision. If you have any questions about the application process, please contact our office at 405-478-7373. Information is also available at www.harvestokc.com.

APPLICATION CHECKLIST

For your application to be considered complete, you must submit ALL of the following:

- Application Form
- Essay Response
- Medical History Form
- Two Recommendations
- \$60 Non-Refundable Application Fee (check payable to Church of the Harvest)
- Two different, recent head shot photos (will not be returned)

Once we have received your completed application, you will have two phone interviews with our admissions staff. A staff member will contact you regarding the interview times. When both interviews are completed, you will receive notice via mail of your acceptance status.

COMPLETING THE APPLICATION

1. Please print legibly in ink or type the Application Form. Be sure to complete each page.
2. Enclose the \$60 non-refundable Application Fee. Check or money order is preferred. Your application for admission will not be evaluated until the application fee is received.
3. Request two recommendations using the forms included. One must be completed by a pastor or youth pastor, and one must be completed by your high school/college counselor, a teacher or a friend. Completed recommendations must be mailed directly to Church of the Harvest.

TUITION DEPOSIT / TUITION SCHEDULE

All Next-Generation Internship fees and tuition payments are non-refundable.

\$60.00	Application Fee (non-refundable)
\$300.00	Deposit within 30 days of acceptance (non-refundable)
\$2200.00	Payment due January 4, 2010 (non-refundable)
\$1250.00	Payment due February 1, 2010 (non-refundable)
\$1250.00	Payment due April 1, 2010 (non-refundable)

MAIL COMPLETED APPLICATION TO:

Church of the Harvest
Attn: Business Department / Next-Generation Internship
P O Box 20,000
Oklahoma City, OK 73156

APPLICATION FOR ADMISSION

PERSONAL INFORMATION

Full Name _____ Male Female
LAST FIRST MIDDLE INITIAL

Preferred Name _____ SS# _____ Birth Date _____
MM / DD / YYYY

Current Address _____
STREET ADDRESS CITY STATE / COUNTRY ZIP / POSTAL CODE

Cell Phone (_____) _____ Email Address _____

Permanent Address _____
STREET ADDRESS CITY STATE / COUNTRY ZIP / POSTAL CODE

Are you a U.S. Citizen? Yes No If not, what is your U.S. immigration status? _____

Country of Birth _____ Country of Citizenship _____

Name of your Church _____

Denomination _____ Church Phone (_____) _____

Church Mailing Address _____
ADDRESS CITY STATE / COUNTRY ZIP / POSTAL CODE

Name of Senior Pastor or Youth Pastor _____

How long have you been involved in this church? _____

If less than one year, what church were you involved in previously? _____

Age or year when you accepted Jesus Christ as your personal Lord and Savior _____

Age or year when you were water baptized _____

Have you received the Baptism of the Holy Spirit? Yes No If yes, when? _____

List any ministry experiences/positions you have held, paid or unpaid, inside and outside your church: _

Is there anything in your life that might come up as questionable? Yes No If yes, explain. ____

FINANCIAL INFORMATION

How will you pay for your tuition? _____

Do you see any reason why you would not have the required tuition by the deadlines? Yes No

If yes, please explain why and how you plan to make your tuition payments. _____

List the total amount of current debts, loans and/or payments you owe: _____

Will these be paid off by the time you enter the Next-Generation Internship program? Yes No

If not, how do you plan to make these payments? _____

Do you own a vehicle? (required) Yes No Is it in good working condition? Yes No

Do you have automobile insurance for your vehicle? (required) Yes No

Insurance Company _____ Phone (_____) _____

Policy Number _____ Agent's Name _____

EMPLOYMENT

Are you currently employed? Full-time Part-time Not employed

Employer _____ Position _____

Work Phone (_____) _____ How long have you worked there? _____

Describe your responsibilities: _____

Describe your relationship with your supervisor and coworkers: _____

Please list your previous employment, including military service and periods of unemployment:

Employer	Position	Start Date	End Date

LIFESTYLE

Do you now/have you ever smoked? Yes No If yes, explain. _____

Do you now/have you ever consumed alcohol? Yes No If yes, explain. _____

Do you now/have you ever used any illegal drugs? Yes No If yes, explain. _____

Have you ever been convicted of a felony? Yes No (If yes, please attach a detailed explanation to this application.)

FAMILY BACKGROUND

Father's Name _____ Living Deceased
LAST FIRST MIDDLE INITIAL

Father's Address _____
STREET ADDRESS CITY STATE / COUNTRY ZIP / POSTAL CODE

Home Phone (_____) _____ Cell Phone (_____) _____

Employer _____ Occupation _____

Mother's Name _____ Living Deceased
LAST FIRST MIDDLE INITIAL

Mother's Address _____
STREET ADDRESS CITY STATE / COUNTRY ZIP / POSTAL CODE

Home Phone (_____) _____ Cell Phone (_____) _____

Employer _____ Occupation _____

I live with: Both Parents My Father My Mother A Guardian/Stepparent
 On My Own Other _____

If you live with a guardian, stepparent or person other than your mother or father, please complete their information below.

Name _____ Relationship _____
LAST FIRST MIDDLE INITIAL

Address _____
STREET ADDRESS CITY STATE / COUNTRY ZIP / POSTAL CODE

Home Phone (_____) _____ Cell Phone (_____) _____

Person to contact in case of emergency:

Name _____ Relationship _____
LAST FIRST MIDDLE INITIAL

Phone 1 (_____) _____ Phone 2 (_____) _____

Briefly describe your family environment: _____

How does your family feel about you entering the Next-Generation Internship/Program? _____

SPIRITUAL PERSPECTIVES

How did you hear about Next-Generation Internship? _____

Why are you applying to be a part of this program? _____

What do you believe God has called you to do with your life? _____

What is your definition of a servant? _____

What is your definition of ministry? _____

What qualities do you think are necessary for a spiritual leader to have? _____

If you are accepted as an intern, are you willing to make a twelve-month commitment? Yes No

Please check the area of ministry that you are interested in:

- Ministry
- Event Management & Administration
- Creative & Media
- Worship & Music

Please give three references (not family members) of people who are well-acquainted with you. These must be different from your recommendation sources.

Name _____ Relationship _____ Phone (_____) _____

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MEDICAL HISTORY

PAST MEDICAL HISTORY

List any serious illnesses and/or injuries you've experienced: _____

List the dates of any operations and/or hospitalizations and their outcomes: _____

List any allergies: _____

MEDICATIONS

List any medications taken regularly: _____

Are you allergic or sensitive to any medications? If so, please list: _____

Rate your current health: Excellent Good Fair Poor

Describe your overall physical condition: _____

Do you have any physical limitations? Yes No If yes, please explain. _____

Are there any other illnesses or conditions that run in your family? _____

NEXT-GENERATION INTERNSHIP RECOMMENDATION FORM

APPLICANT: Please complete and read this section before copying and distributing this form.

Applicant's Name _____ Date _____

This form should be completed by your pastor or youth pastor and one other person (not a family member) and returned by them directly to Church of the Harvest. If the minister is a family member, please refer the form to an associate minister in your church. Your signature below waives your right of access to the completed recommendations.

Applicant Signature _____

MINISTER/RECOMMENDER: Once completed, please mail this recommendation form directly to Church of the Harvest at the address below.

Each applicant for the Next-Generation Internship program must submit two recommendations. Serious consideration will be given to your comments; therefore we ask that you complete this form carefully, candidly and in a timely manner. Thank you!

Please print or type.

How long have you known the applicant? _____

How well do you know the applicant? By name/sight Casually/few personal contacts
 Somewhat close Very close and personal relationship

How would you rate the applicant's level of maturity? Excellent Above average
 Average Below average No opportunity to observe

To your knowledge, does the applicant endeavor to live a lifestyle that would be considered consistent with Biblical/Christian values? Yes No If no, please explain. _____

Please share with us any other information you believe Church of the Harvest should consider about the applicant. _____

On the basis of the above, the applicant is: Highly recommended Recommended
 Recommended with some reservation Not recommended

Recommender's Name _____ Signature _____

Organization _____

Organization or Personal Address _____

Phone (_____) _____ Email Address _____

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