



# Summer Intern Missionary Application

## How To Fill Out This Application

Please type or print in black ink.

Your application will be considered complete when:

- You have answered all of the questions and essays in the application (Sections 1–3)
- You have collected all of your completed references (Sections 4a–d)
- Mail the original form and references to:  
**General Board of Global Ministries, United Methodist Church**  
**Young Adult Programs**  
**475 Riverside Drive, Room 320**  
**New York, NY 10115**

Please note:

- Complete criteria for selection of candidates can be found online
- Verification of all data contained in this application is required prior to acceptance into the program.

### Program Timeline

#### Summer Intern Program–

A ten-week short term summer mission opportunity for young adults ages 18–25. This program provides the young adult opportunities to develop leadership skills as they work to alleviate human suffering and institutional neglect. One year of college or work required.

Application Deadline	January 1
Phone Interview	March
Notification of Acceptance	March/April
Notification of Placement	May
Training	Summer
Placement Begins	Summer

# Section 1: Basic Data

Please type or print clearly using black or blue ink.

Program(s) to which you are applying:

- Summer Intern

Name: (Ms., Miss, Mrs., Mr., Rev.)

-----  
(first) (middle) (last)

Present address: (until \_\_\_\_\_)

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip  
code \_\_\_\_\_

Country \_\_\_\_\_

Phone (home)  
\_\_\_\_\_

Phone  
(other) \_\_\_\_\_

Best time to call  
\_\_\_\_\_

Email address  
\_\_\_\_\_

Permanent address: (person who can always  
reach you)

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip code \_\_\_\_\_

Country \_\_\_\_\_

Phone \_\_\_\_\_

Name: \_\_\_\_\_

**Language skills:** (use this code: F=fluent; A=adequate; M=minimum)

Language	reading	writing	speaking
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**Legal consideration:** have you ever been found guilty of a felony charge? If so, please explain.

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**Church Membership**

Name of church\* \_\_\_\_\_

Address	Denomination
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City/state	Name of pastor
---	-----

Zip code	Church phone number
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\*If United Methodist, your annual or central conference  
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**Health considerations:** An expectation of Summer Intern is the ability to work flexible hours, and potentially to participate in physical activity. Do you have any health issues that would prohibit you from meeting these expectations?

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Name: \_\_\_\_\_

**Formal education (list most recent first)**

High School/College/University	Program/Major	Degree Received
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----

**Certifications/Awards/Continuing Education**

Dates	School/Organization	Location	Type
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----

**Activities** *(include internships and participation in church, volunteer, and community organizations)*

Dates	Organization	Location	Type
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How did you find out about the General Board of Global Ministries Young Adult Mission Opportunities?

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## ***Section 2:*** Narrative Section, Summer Interns

Please answer the following questions for reflection (Do not exceed a total of three typed single-spaced pages for your answers to questions 1–5.) Answer the preference section on this page.

1. What meaning does Jesus Christ have in your life?
2. What is God’s mission for the church? In your experience, how is the church fulfilling and/or falling short of God’s mission?
3. What do you expect to gain from the experiences and challenges of being a Summer Intern? How do you think this will influence your future plans?
4. What are the issues that concern you most in the world today?
5. What special skills, gifts, and graces can you bring to the Summer Intern Program? (Be Specific).

### **Preference Section**

Place:

- Rural parish or agency
- Urban/inner-city parish or agency
- Willing to serve where needed

People you would work with:

- Children
- Youth
- Adults
- Combination

Which of the following would you be interested in learning or using in your placement site?

- Planning and leading worship
- Teaching a Sunday Vacation Bible School

Name: \_\_\_\_\_

- Leading discussions
- Working with community service groups
- Organizing and guiding committees
- Public Speaking
- Teaching arts and crafts
- Coaching athletics (specify)
- Leading singing
- Leading group recreation
- Directing dramatics
- Being a camp counselor
- Tutoring / Mentoring
- Working with physically or mentally challenged persons

**Essay:** (Please limit your statement to no more than two typed single-spaced pages.)

Share your faith journey, including the person and experiences that have been most significant in your life. Include why you have chosen a particular program and how that decision fits into your ongoing journey of faith.

## ***Section 3: Personal Assessment***

Answer the following questions by giving yourself a numerical rating and several descriptive words or phrases. Please use the following scale: **5 = Outstanding, 4 = Good, 3 = Satisfactory, 2 = Fair, 1 = Poor**. If you have not experience some of the given situations, please give yourself a **U = Unknown**.

Please characterize your ability to...

- \_\_\_a. Live out your understanding of social justice and the gospel.
- \_\_\_b. Sustain yourself spiritually in times of difficulty.
- \_\_\_c. Be conscious of and work with your personal strengths and weaknesses.
- \_\_\_d. Adapt to new situations.
- \_\_\_e. Learn from your own mistakes.
- \_\_\_f. Deal with criticism, rejection, or disapproval.
- \_\_\_g. Recognize how your culture impacts your attitudes, assumptions, values and behaviors.
- \_\_\_h. Respect and work within communities of different attitudes, assumptions, values, behaviors, and religious beliefs.
- \_\_\_i. Listen to other people.
- \_\_\_j. Perceive nonverbal communication.
- \_\_\_k. Cope in situations where the goals and objectives are ambiguous.

Name: \_\_\_\_\_

\_\_\_l. Show leadership.

\_\_\_m. Work independently.

\_\_\_n. Work as part of a team.

\_\_\_o. Work with supervisors who may be of a different gender, race, religion, sexual orientation, age or culture.

## ***Section 4: References List***

Please give the Confidential Reference Form to the four persons who will serve as your references. This list should include a pastor who knows you well, an employer, a teacher/professor or academic advisor, and one other person.

Please list your references below and return this form with the rest of your papers so that we will know your file is complete. **Make sure your references return the forms to you in a sealed envelope for you to include with your completed application.**

- 4a. Pastoral Reference (pastor or leader of a worship community who is not a member of your family; for clergy, a district superintendent or bishop is also acceptable).

Name\_\_\_\_\_

Address\_\_\_\_\_

Phone\_\_\_\_\_

E-mail\_\_\_\_\_

Relationship to you\_\_\_\_\_

- 4b. Work-Related Reference (an employer, manager, shift supervisor)

Name\_\_\_\_\_

Address\_\_\_\_\_

Phone\_\_\_\_\_

E-mail\_\_\_\_\_

Relationship to you\_\_\_\_\_

- 4c. Academic Reference (a teacher, professor, or academic advisor)

Name\_\_\_\_\_

Address\_\_\_\_\_

Phone\_\_\_\_\_

E-mail\_\_\_\_\_

Relationship to you\_\_\_\_\_

Name: \_\_\_\_\_

4d. Personal Reference (a friend, colleague, mentor, etc.)

Name\_\_\_\_\_

Address\_\_\_\_\_

Phone\_\_\_\_\_

E-mail\_\_\_\_\_

Relationship to you\_\_\_\_\_

## ***Section 4a:*** Pastoral Reference Form

*Please Type or Print in Blue or Black Ink*

\_\_\_\_\_ is applying for a Youth and Young Adult program through The United Methodist Church. Since it is our purpose to secure an understanding of the applicant's personality as a whole, we urge you to be honest, in justice both to the person under consideration and to our program. Feel free to offer pertinent facts and judgments about the applicant's abilities not otherwise covered in the following questions. ***We are grateful for your prompt assistance and will treat your reply confidentially.***

1. How long, how well, and under what circumstance have you known the applicant?
2. What has the applicant given as her/his reason for applying to this program?
3. Note specific strengths you have observed in the applicant.
4. If you have noticed any limitation in the applicant, please specify.
5. Our programs often involve considerable contact with people in different cultural settings under different circumstances. Please indicate your observation of the applicant's reactions under stress. Be specific.
6. Answer the following questions by giving the applicant a numerical rating and several descriptive words or phrases Please use the following scale: **5 = Outstanding, 4 = Good, 3 = Satisfactory, 2 = Fair, 1 = Poor.** If you are not familiar with the applicant in some of the given situations, please give the applicant a **U = Unknown.**

Please characterize the applicant's ability to...

\_\_\_\_a. Live out her/his understanding of social justice and the gospel.

\_\_\_\_b. Sustain herself/himself spiritually in times of difficulty.

\_\_\_\_c. Be conscious of and work with her/his personal strengths and weaknesses.

Name: \_\_\_\_\_

\_\_\_\_d. Adapt to new situations.

\_\_\_\_e. Learn from her/his own mistakes.

\_\_\_\_f. Deal with criticism rejection, or disapproval.

\_\_\_\_g. Recognize how her/his culture impacts her/his attitudes, assumptions, values, and behaviors.

\_\_\_\_h. Respect and work within communities of different attitudes, assumptions, value behaviors, and religious beliefs.

\_\_\_\_i. Listen to other people.

\_\_\_\_j. Perceive nonverbal communications.

\_\_\_\_k. Cope in situations where the goal and objectives are ambiguous.

\_\_\_\_l. Show leadership.

\_\_\_\_m. Work independently.

\_\_\_\_n. Work as part of a team.

\_\_\_\_o. Work with supervisors who may be of a different gender, race, religion, sexual orientation, age or culture.

Name: \_\_\_\_\_

7. How do you rate the applicant's overall potential for success in our programs?  
Please check one of the following and then write a summary paragraph. Add any significant information and impressions that have not been brought out by the preceding questions.

- Exceptional
- Superior
- Good
- Average
- Below Average
- Should be discouraged

Name: \_\_\_\_\_  
Relationship to Applicant: \_\_\_\_\_

Address \_\_\_\_\_  
Phone Number \_\_\_\_\_

Signature: \_\_\_\_\_  
Date \_\_\_\_\_

*Thank you very much for your help! Please return this form to the applicant in a sealed envelope with your signature across the seal. Applicants cannot submit their application until they have received all their reference forms back. Thank you again!!*

## ***Section 4b:*** Work-Related Reference Form

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- \_\_\_\_n. Work as part of a team.
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Name: \_\_\_\_\_

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- Exceptional
- Superior
- Good
- Average
- Below Average
- Should be discouraged

Name: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Signature: \_\_\_\_\_

Date \_\_\_\_\_

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## ***Section 4c: Academic Reference Form***

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Name: \_\_\_\_\_

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- |                                      |                                        |                                                |
|--------------------------------------|----------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Exceptional | <input type="checkbox"/> Superior      | <input type="checkbox"/> Good                  |
| <input type="checkbox"/> Average     | <input type="checkbox"/> Below Average | <input type="checkbox"/> Should be discouraged |

Name: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Signature: \_\_\_\_\_

Date \_\_\_\_\_

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## ***Section 4d:*** Personal Reference Form

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- \_\_\_\_d. Adapt to new situations.
- \_\_\_\_e. Learn from her/his own mistakes.
- \_\_\_\_f. Deal with criticism rejection, or disapproval.
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Name: \_\_\_\_\_

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- |                                      |                                        |                                                |
|--------------------------------------|----------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Exceptional | <input type="checkbox"/> Superior      | <input type="checkbox"/> Good                  |
| <input type="checkbox"/> Average     | <input type="checkbox"/> Below Average | <input type="checkbox"/> Should be discouraged |

Name: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Signature: \_\_\_\_\_

Date \_\_\_\_\_

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