Internship Application

Instructions:

1. All applicants for HopeCity Internship program should complete the HopeCity application.
2. Please also complete the addendum at the back of the application.

HopeCity Internship Application includes:

1. HopeCity Internship program application
2. Application fee payment form
3. HopeCity Internship program guidelines
4. HopeCity foundational commitments
5. HopeCity statement of faith
6. Pastoral recommendation form (completed by someone who is unrelated to the applicant and has known the applicant for at least one year)
7. Personal recommendation form (completed by someone who is unrelated to the applicant and has known the applicant for at least two years)
8. Visior’s program application addendum
**Application Process:**

The application has several components, which must all be sent together in one packet. Admissions decisions will not be made until we receive your complete application.

1. Application form, completed and signed
2. Current, personal photograph attached to the application
3. Personal testimony typed on a separate sheet; no more than two pages
4. Completed, pastoral recommendation in a sealed and signed envelope
5. Completed, personal recommendation in a sealed and signed envelope
6. Non-refundable application fee per applicant to HopeCity; make checks payable to HopeCity with the applicant’s name in the memo
7. All applicants must submit high school/secondary school transcripts (or official GED copies)
8. Internship program addendum, completed and signed

*Applications must be received no later than 1 week prior to the start date.*

**Mailing Address**

HopeCity
5101 E 24th Street,
Kansas City, MO,
64127

**Acceptance:**

1. We will contact you to let you know we have received your application, and to arrange a phone interview.
2. We will generally notify you of your acceptance or denial within thirty days of your phone interview.
3. Applicants are not until they have received an official notification of acceptance from HopeCity.
4. Accepted applicants will receive further instructions by email from HopeCity.
5. Please email hopecity@ihopkc.org or nadiathbaloubi@ihopkc.org if you have any questions during the application process.

**Payment:**

Payment may be made by credit or debit card or by Check to HopeCity. Make checks payable to Hope City and include the applicant’s name in the memo.
I am applying for:
Hope City Internship  ☐ January  ☐ April  ☐ July  ☐ September  20____

Personal Information

Date of application (MM/DD/YY) ___/___/___
Last/Family Name ________________________________________________
First/given name ________________________________________________
Middle name ____________________________________________________
Address __________________________________________________________
City ______________________________________________________________
State ------------------Zip/postal code ---------------------
Country __________________________________________________________
Phone ____________________________________________________________
Email _____________________________________________________________

Gender  ☐ Male  ☐ Female

Social Security number if US citizen --------------------------Dates of birth (MM/DD/YYYY) -----/------/------

Legal Status
Please check the box that applies to you.
☐ U.S. citizen/national
☐ U.S. legal permanent resident
☐ International applicant (any applicant who is not a U.S. citizen, a U.S. national, or a U.S. legal permanent resident)

Country of citizenship ------------------------------- Country of birth-----------------------------------

Language
Is English your first language?  ☐ Yes  ☐ No  If no, what is?

Do you speak, read, and write English fluently?  ☐ Yes  ☐ No  If no, describe your level of proficiency in English.

__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________

Attach a current photo above
List any languages you speak besides English.

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**Family Information**

Father/guardian  ___________________________________________  ☐ Deceased  ☐ Living

Mother/guardian  ___________________________________________  ☐ Deceased  ☐ Living

Marital status; check all that apply.  ☐ Single  ☐ Engaged  ☐ Married  ☐ Widowed
☐ Separated*  ☐ Divorced  ☐ Remarried

*If you are married but separated (i.e., not reconciled, or with a divorce finalization pending), your application for HopeCity will still be considered. Since marital situations vary, applications will be reviewed on a case-by-case basis. Please provide a brief explanation of your “separated” marital status.

Spouse’s name  ___________________________ Age _______ How long have you been married? _______

Is your spouse attending HopeCity?  ☐ Yes  ☐ No

If yes, your spouse must complete a separate application and submit it with yours. If no, your spouse will be asked to fill out a Spousal Consent Form that will be sent by the Admissions office when your application is received.

Do you have children under 18 accompanying you to/in Kansas City?  ☐ Yes  ☐ No

If yes, how many?  _____________

Emergency Contact  ___________________________ Relation to applicant  ___________________________

Mobile phone  ___________________________ Home or work phone  ___________________________

Email  ___________________________________________

Address  ___________________________________________

City  ___________________________ State/province  ___________________________

Zip/postal code  ___________________________ Country  ___________________________
Education, Employment, and Ministry Background

Please indicate the highest level of education you have completed.
☐ GED or equivalent ☐ Senior high/secondary school diploma ☐ Vocational school
☐ College/university undergraduate degree ☐ Graduate degree ☐ Postgraduate degree

List senior high/secondary school and institutions of higher education you have attended, beginning with the most recent.

<table>
<thead>
<tr>
<th>School name</th>
<th>City, State</th>
<th>Dates attended</th>
<th>Diploma, Degree</th>
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</tbody>
</table>

List previous places of employment, beginning with the most recent.

<table>
<thead>
<tr>
<th>Employer</th>
<th>Location</th>
<th>Dates</th>
<th>Phone</th>
<th>Supervisor</th>
</tr>
</thead>
<tbody>
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</table>

<table>
<thead>
<tr>
<th>Reason for leaving</th>
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</thead>
</table>

Are you involved in a local church? ☐ Yes ☐ No If no, please explain on a separate sheet of paper. If no, have you been involved in a church in the past? ☐ Yes ☐ No

List church involvement, beginning with the most recent.

<table>
<thead>
<tr>
<th>Church name</th>
<th>City/state</th>
<th>Dates</th>
<th>Senior pastor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attended</td>
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<td>Attended</td>
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<tr>
<td>Attended</td>
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</tbody>
</table>

Attended ☐ Regularly ☐ Occasionally
Describe any previous ministry training and involvement. Use an extra sheet of paper if more space is needed.

Describe how your church or spiritual family feels about your time at Hope City.

**Personal Evaluation**

Please assess yourself in the following areas.

<table>
<thead>
<tr>
<th>Area</th>
<th>Uncertain</th>
<th>Weak</th>
<th>Fair</th>
<th>Good</th>
<th>Outstanding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spiritual maturity</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Devotion to Jesus Christ</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Integrity and honesty</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Openness to correction</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Self-discipline</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Working without supervision</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Willingness to serve</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Ability to work with others</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Communication skills</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Leadership skills</td>
<td>☐</td>
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<td>Reliability</td>
<td>☐</td>
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<tr>
<td>Teachability</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Emotional stability</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Physical health</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Family life</td>
<td>☐</td>
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</tbody>
</table>

Additional comments:

What do you consider to be your talents, gifts, and strengths?

What do you consider to be your weaknesses or struggles?

What are some of your hobbies and interests?
What aspect of Hope City interests you the most?

How did you hear about Hope City? Check all that apply:

☐ Conferences in Kansas City:
☐ Onething regional conference:
☐ Awakening Teen Camp
☐ Christian event
☐ Friend or family member
☐ Pastor
☐ HopeCity website
☐ Facebook
☐ Twitter

☐ YouTube
☐ Charisma magazine ad
☐ Charisma website ad
☐ Relevant magazine ad
☐ Relevant website ad
☐ Other ad, please specify
☐ Other, please specify

What led you to apply to Hope City?

Have you applied for or attended any program at the House of Prayer in the past? ☐ Yes ☐ No

If yes, list which programs, the dates you applied or attended, and why you are applying to attend a program again.

Personal Testimony

Please write your personal testimony in a separate typed document. Include the following points:
1. A summary of your personal journey in Christ
2. Any past or present life-controlling issues, whether mental, emotional, or relational
3. Your goals for the future, including your life vision and ministry plans
4. Expectations for your time at HopeCity and a summary of what you hope to grow in at Hope City

Health Information

Please mark if you have had any occurrences of the following, whether mild or severe:

☐ ADD or ADHD  ☐ Alcohol abuse
☐ Mild depression  ☐ Drug abuse, including cigarettes and prescription drugs
☐ Chronic depression  ☐ Long-term medication
☐ Chronic fatigue syndrome  ☐ Eating disorder: bulimia, anorexia, diet obsessive, etc.
☐ Chronic pain  ☐ Allergies
☐ Insomnia or other sleeping disorders  ☐ Asthma
☐ Diabetes  ☐ HIV/AIDS
☐ Seizures  ☐ Communicable diseases
☐ Other
If you checked any of the above, please explain. Use a separate sheet of paper if necessary.

Do you have any physical disabilities or conditions that require special care?  ☐ Yes  ☐ No  If yes, please explain.

Do you have any substance abuse problems or addictions?  ☐ Yes  ☐ No  If yes, please explain.

Do you currently have, or have you ever had, any life-controlling mental, emotional, or relational issues?  ☐ Yes  ☐ No  If yes, please explain. Use a separate sheet of paper if necessary.

Have you ever received help for psychological, sexual, emotional, or relational problems?  ☐ Yes  ☐ No  If yes, please provide details below.

<table>
<thead>
<tr>
<th>Date</th>
<th>Caregiver(s)/program(s)</th>
<th>Identified problem(s)</th>
<th>Was treatment voluntary?</th>
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<tr>
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<td>☐ Yes  ☐ No</td>
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<td>☐ Yes  ☐ No</td>
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</tbody>
</table>

Have you ever been accused of and/or reported for physically or sexually abusing someone?  ☐ Yes  ☐ No  If yes, provide details and circumstances of accusations/reports of abuse on a separate sheet.

Do you have a police record?  ☐ Yes  ☐ No  If yes, please explain on a separate sheet.

Have you ever attempted or considered suicide?  ☐ Yes  ☐ No  If yes, please explain the circumstances. Include when, where, and how you were treated and whether treatment was voluntary or involuntary.

Do you have suicidal thoughts?  ☐ Yes  ☐ No  If yes, please describe.

Have you ever viewed child pornography?  ☐ Yes  ☐ No  If yes, please explain the circumstances, including dates.
Do you have a prescription for medication related to psychological problems?  ☐  Yes  ☐  No
If yes, you will be asked to list medications in the Medication Disclosure.

If yes, are you taking this medication?  ☐  Yes  ☐  No  If no, explain.

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Have you taken or been prescribed medication related to psychological problems in the past?  ☐  Yes  ☐  No  If yes, please list your medications and describe your treatment methods.

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Are you currently taking any other prescription medications?  ☐  Yes  ☐  No  If yes, you will be asked to list medications in the Medication Disclosure.

Do you have health insurance?  ☐  Yes  ☐  No  If yes, please briefly describe your coverage.

List all medications prescribed to you and the name and phone number of the doctor who prescribed and regulates it.

<table>
<thead>
<tr>
<th>Medication</th>
<th>Doctor’s name</th>
<th>Doctor’s phone number</th>
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I agree to continue taking these medications under the supervision of my doctor throughout my time at Hope City. I understand that failure to keep taking my medications under my doctor’s care is grounds for my immediate dismissal.

Name in print ---------------------------- Date (MM/DD/YY) _ _ / _ / _ _ _

Signature -- -------------------------------------------------------------

Acknowledgment of Agreement
☐ I have read, agree with, and will abide by the HopeCity Internship Guidelines.
☐ I have read, agree with, and will abide by the HopeCity Missions Base Foundational Commitments.
☐ I have read and agree with the HopeCity Statement of Faith.*
☐ I understand that my program at HopeCity will include practical ministry training and service to others.
☐ I understand that I must secure funds sufficient to cover all my tuition before attending HopeCity.
☐ I understand that I must secure funds sufficient to cover all my personal expenses.
☐ I declare that the information I have provided in my application is true, accurate, and complete.
☐ I understand that providing false information in my application may be grounds for denial of my application and/or dismissal from HopeCity.

Name in print ---------------------------- Date (MM/DD/YY) _ _ / _ / _ _ _

*If you disagree with any section of the HopeCity Statement of Faith, please explain on a separate sheet of paper.
This Page is intentionally blank.
Application Fee
The application fee for the Internship program is $50. Application fees are nonrefundable.

Please print.

Applicant name

Internship program □ Hope City Internship
Start date □ January □ April □ July □ September 20

Payment Options
Payment must be made in US dollars.

1. Make a check or money order payable to Hope City. Write the applicant’s name and school/program in the memo. Attach to this document.
2. Complete the credit card information below.

Check the box that applies.
□ Visa □ MasterCard □ Discover □ American Express

Cardholder’s name as it appears on the card (please print) __________________________

Credit card number __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __

Billing zip code (US cards only) _______ Expiration date __/__/____

Security code (3-digit code on back of card, or 4-digit code on front of card) __ __ __ __

Signature ___________________________ Date (MM/DD/YY) __/__/____
Hope City Internship Program Guidelines

Teachability: We ask that every participant be teachable, willing to learn, and sincere in his or her pursuit of holiness.

Dating: We ask that every participant not date/court during this program. However, every participant in a relationship before beginning the program (whether dating, courting, or engaged) may continue in the relationship, but we ask that it be through written communication only. The purpose of our program is focused pursuit of the Lord. We are confident that when participants separate themselves for this short season, they will find that the reward far outweighs the sacrifice. We recommend that applicants who are engaged attend this program after they are married.

Vacation: We ask that participant not take personal breaks during the program. Participants should plan ahead and keep the time a focused season to seek the Lord.

Personal appearance: Participants are expected to uphold a clean, modest, and non-distracting appearance in their dress for all meetings, classes, services, and gatherings throughout the HopeCity community. We desire to bring glory to Jesus with our bodies and clothing. We also ask that clean, untorn clothing and shoes be worn when on any ministry platform.

Health insurance: Applicants should provide their own health insurance coverage. Neither HopeCity nor the Internship programs are responsible for covering hospitalization, visits to the doctor, or medications.

Vehicle: Participants are responsible for their own transportation and timeliness (i.e., they must be punctual for meetings and classes) whether they have a vehicle or not.

Personal expenditures: Participants are required to have sufficient funds to cover all personal and living expenses incurred throughout the program. Due to the extensive time commitments during the program, it is recommended that participants not acquire outside employment.

Base Foundational Commitments
For all staff, Internships, and interns:
We recognize that external rules of behavior are not the highest ideal for any Christian community and desire that our motivation for holiness would be love for Jesus and His people, not rules. In this spirit we affirm the following:
The Hope City community expects all its staff members (all staff, Internships, and interns), to make a personal commitment to live counter to the prevailing moral laxity of our society by not participating in, advocating, supporting, or condoning sexual activity (heterosexual or homosexual) outside of marriage between a man and a woman, as set forth in the Scripture. Further, we will demonstrate our commitment to Christ and to each other by refraining from the use of tobacco and the public or social use of alcoholic beverages.

Statement of Faith
We believe only the sixty-six books of the Bible are the inspired and therefore inerrant Word of God. The Bible is the final authority for all we believe and how we are to live. (Mt. 5:18; Jn. 10:35; 17:17; 2 Tim. 3:16–17; 2 Pet. 1:20–21)
We believe Jesus Christ is God incarnate, fully God and fully man. He was conceived and born of a virgin, lived a sinless life, and offered Himself as a penal, substitutionary sacrifice for sinners. By His blood shed at the cross, He obtained for us eternal redemption, the forgiveness of sins, and life everlasting. He was raised bodily on the third day and ascended to the right hand of the Father, there to make intercession for the saints forever. (Mt. 1:18–25; Jn. 1:1–18; Rom. 8:34; 1 Cor. 15:1–28; 2 Cor.
We believe salvation is by grace alone, through faith alone, in Christ alone. No ordinance, ritual, work, or any other activity on the part of man is required or accepted in order to be saved. This saving grace of God, through the power of the Holy Spirit, also sanctifies us by enabling us to do what is pleasing in God’s sight in order that we might be progressively conformed to the image of Christ. (Jn. 1:12–13; 6:37–44; 10:25–30; Acts 16:30–31; Rom. 3:1–4:23, 8:1–17, 31–39; 10:8–10; Eph. 2:8–10; Phil. 2:12–13; Titus 3:3–7; 1 Jn. 1:7, 9)

We believe the Lord Jesus Christ baptizes believers in the Holy Spirit, in whom we are also sealed for the day of redemption. The Holy Spirit regenerates, forever indwells, and graciously equips the Christian for godly living and service. Subsequent to conversion, the Spirit desires to fill, empower, and anoint believers for ministry and witness. We also believe that signs and wonders, as well as all the gifts of the Spirit described in the New Testament, are operative today and are designed to testify to the presence of the kingdom and to empower and edify the Church to fulfill its calling and mission. (Mt. 3:11; Jn. 1:12–13; 3:1–15; Acts 4:29–30; Rom. 8:9; 12:3–8; 1 Cor. 12:12–13; 2 Cor. 1:21–22; Gal. 3:1–5; Eph. 1:13–14; 5:18)

We believe the one true God exists eternally in three persons—Father, Son, and Holy Spirit—and that these, being one God, are equal in deity, power, and glory. We believe God not only created the world, but also now upholds, sustains, governs, and providentially directs all that exists and that He will bring all things to their proper consummation in Christ Jesus to the glory of His name. (Ps. 104:1–35; 139:1–24; Mt. 10:29–31; 28:19; Acts 17:24–28; 2 Cor. 13:14; Eph. 1:9–12; 4:4–6; Col. 1:16–17; Heb. 1:1–3; Rev. 1:4–6)

We believe that when Christians die, they pass immediately into the blessed presence of Christ, there to enjoy conscious fellowship with the Savior until the day of the resurrection and the glorious transformation of their bodies. The saved will then forever dwell in blissful fellowship with their great triune God. We also believe that when unbelievers die, they are consigned to hell, there to await the Day of judgment when they shall be punished in the lake of fire with eternal, conscious, and tormented separation from the presence of God. (Mt. 25:46; Lk. 16:19–31; Jn. 5:25–29; 1 Cor. 15:35–58; 2 Cor. 5:1–10; Phil. 1:19–26; 3:20–21; 2 Thes. 1:5–10; Rev. 20:11–15; 21:1–22:15)

We believe that water baptism and the Lord’s Supper are the two ordinances of the Church to be observed until the time of Christ’s return. They are not a means of salvation but are channels of God’s sanctifying grace and blessing to the faithful in Christ Jesus. (Mt. 26:26–29; 28:19; Rom. 6:3–11; 1 Cor. 11:23–34; 1 Pet. 3:21)

We believe in the literal second coming of Christ at the end of the age when He will return to earth personally and visibly to consummate His kingdom. We believe the Church will go through the great tribulation with great power and victory. We believe the Church will be raptured at the end of the great tribulation. We also believe in and are praying for a great end-time harvest of souls and the emergence of a victorious Church that will experience an unprecedented unity, purity, and power in the Holy Spirit. (Ps. 2:7–9; 22:27–28; Jn. 14:12; 17:20–26; Rom. 11:25–32; 1 Cor. 15:20–28, 50–58; Eph. 4:11–16; Phil. 3:20–21; 1 Thes. 4:13–5:11; 2 Thes. 1.3–12; Rev. 7:9–14)

We believe Adam was originally created in the image of God, righteous and without sin. As a consequence of his disobedience, Adam’s posterity is born subject to both imputed and inherent sin, and all humans are therefore by nature and choice the children of wrath, justly condemned in the sight of God, wholly unable to save themselves or to contribute in any way to their acceptance with God. (Gen. 1:1–3:22; Ps. 51:5; Isa. 53:5; Rom. 3:9–18; 5:12–21; Eph. 2:1–3)

We believe the Church is God’s primary instrument through which He is fulfilling His redemptive purposes in the earth. To equip the saints for the work of ministry, God has given the Church apostles,
prophets, evangelists, pastors, and teachers. We also affirm the priesthood of all believers and the
importance of every Christian being joined with and actively involved in a local community of the saints.
We believe women, no less than men, are called and gifted to proclaim the gospel and do all the works of
the kingdom. (Mt. 16:17–19; Acts 2:17–18, 42; Eph. 3:14–21; 4:11–16; 1 Tim. 2:11–15; Heb. 10:23–25;
1 Pet. 2:4–5, 9–10)

We believe God has called the Church to preach the gospel to all nations, to especially remember the
poor, and to minister to their needs through sacrificial giving and practical service. This ministry is an
expression of the heart of the Lord Jesus Christ and is an essential part of the kingdom of God. (Isa. 58:6–
12; 61:1; Mt. 5:1–7:28; 28:18–20; Lk. 4:18; 21:1–4; Gal. 2:10; 1 Tim. 6:8)

We believe Satan, originally the great and good angel Lucifer, rebelled against God, taking a multitude of
angels with him. He was cast out of God’s presence and is at work with his demonic hosts to establish his
counter-kingdom of darkness, evil, and unrest on earth. Satan was judged and defeated at the cross of
Christ and will be cast forever into the lake of fire which has been prepared for him and his angels. (Isa.
Jude 6; Rev. 12:7–9; 20:10)
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Pastoral Recommendation Form

TO BE COMPLETED BY THE APPLICANT

Name ------------------------------------------ Phone --------------------------------------

Hope City Internship program and start date ------------------------------------------

Email ------------------------------------------

TO BE COMPLETED BY THE PASTORAL REFEREE

The pastoral referee must be unrelated to the applicant and must have known the applicant for at least one year. Please return this form directly to the applicant in a sealed and signed envelope so that they may submit all components together in one packet.

If you have any questions, please email hopecity@ihopkc.org or nadiathbaloubi@ihopkc.org

Name ------------------------------------------

Church name ------------------------------------------

Staff position ------------------------------------------ Church phone ------------------------------------------

Church address ------------------------------------------

City ------------------------ State ---------------- Zip/postal code ----------------

Country ------------------------ Contact phone ------------------------------------------

Email ------------------------------------------

1. How long have you known the applicant? How well do you know him/her?

2. Please describe the applicant’s level of involvement in your church.

3. What is the applicant’s effect on his/her peers?
4. Has the applicant served your congregation in any capacity?  □ Yes  □ No  If yes, please give a brief description.

5. Hope City programs consist of a heavy weekly schedule. Do you foresee difficulties for the applicant with a schedule combining high expectations and extensive time constraints?

6. What is your assessment of the applicant’s ability to handle situations involving change, crisis, and correction?

7. From your observation, what are the strengths and spiritual gifts of the applicant?

8. From your observation, what are the applicant’s weaknesses and struggles?

9. Are you aware of any complex family or relational factors that might affect the applicant’s time at HopeCity?
Please assess the applicant in the following areas:

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<tr>
<th>Area</th>
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Additional comments or explanations:

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10. Would you have the applicant on your staff? ☐ Yes ☐ No Why or why not?

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11. Do you recommend this applicant for Hope City?

☐ Highly recommend ☐ Recommend ☐ Recommend with reservations* ☐ Do not recommend*

*Please explain:

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Additional comments:

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Signature ------------------------------------------------------ -Date (MM/DD/YY) _ _ / _ _ / _ _ _ _
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Personal Recommendation Form

TO BE COMPLETED BY THE APPLICANT

Name ------------------------------------------------- Phone --------------------------------------------------

Hope City Internship program and start date --------------------------------------------------

Email --------------------------------------------------

TO BE COMPLETED BY THE PERSONAL REFEREE

The personal referee must be unrelated to the applicant and must have known the applicant for at least two year. Please return this form directly to the applicant in a sealed and signed envelope so that they may submit all components together in one packet.

If you have any questions, please email hopecity@ihopkc.org or nadiathbaloubi@ihopkc.org

Name --------------------------------------------------

Age ------------------------------------------------- Phone --------------------------------------------------

Address --------------------------------------------------

City ------------------------------------------------ State --------------------------------------------------

Zip/postal code --------------------------------- Country --------------------------------------------------

Email --------------------------------------------------
1. How long have you known the applicant? How well do you know him/her?

2. What relationship do you have to the applicant?

3. Describe your understanding of the applicant’s intentions for his/her time as a Hope City Internship.

4. Hope City programs consist of a heavy weekly schedule. Do you foresee difficulties for the applicant with a schedule combining high expectations and extensive time constraints?

5. From your observation, what are the strengths and spiritual gifts of the applicant?

6. From your observation, what are the applicant’s weaknesses and struggles?

7. Are you aware of any complex family or relational factors that might affect the applicant’s time at HopeCity?
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8. Do you recommend this applicant for Hope City?

☐ Highly recommend ☐ Recommend ☐ Recommend with reservations* ☐ Do not recommend*

*Please explain:

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9. Do you support the applicant’s decision to move to Kansas City as a HopeCity Internship?

☐ Yes ☐ No Why or why not?

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Additional comments:

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Signature --------------------------------------------------------------Date (MM/DD/YY) ______/____/____