



House of Help

community center

23700 Clarita St.
Detroit, MI 48219
(313) 766-6440

House of Help Internship Application

PERSONAL INFORMATION

Date of Application _____ Internship you are applying for : _____

Last Name _____ First _____ Middle _____

Date of Birth _____ Current Age _____ Sex [M] [F]

Address _____ City _____

State _____ Zip _____ Country _____

Home Phone _____ Cell Phone _____ Other _____

Primary Email Address _____

FAMILY INFORMATION

Fathers/Guardian Name _____ Deceased [] Living []

Mothers/Guardian Name _____ Deceased [] Living []

Emergency Contact Name _____ Relation to applicant _____

Address _____ City _____

State _____ Zip _____ Country _____ Phone _____

Marital Status; please check all that apply:

[] Single [] Engaged [] Married [] Widowed [] Separated* [] Divorced*

*Please include further explanation on a separate sheet of paper.

If married:

Spouses Name _____ Date of Birth _____ How long married _____

Do you have children under the age of 18? Yes [] No []

EDUCATION/ EMPLOYMENT AND MINISTRY BACKGROUND

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

School name	City, State	Dates Attended	Diploma, Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

Employer _____ City, State _____ Dates _____

Phone _____ Supervisor _____

Responsibilities _____

Reasons for leaving _____

Employer _____ City, State _____ Dates _____

Phone _____ Supervisor _____

Responsibilities _____

Reasons for leaving _____

Employer _____ City, State _____ Dates _____

Phone _____ Supervisor _____

Responsibilities _____

Reasons for leaving _____

Employer _____ City, State _____ Dates _____

Phone _____ Supervisor _____

Responsibilities _____

Reasons for leaving _____

Are you involved with a local church? Yes No

If no, please explain on a separate sheet of paper.

Please list church involvement, beginning with most recent.

Church, city, and state	Dates	Senior Pastor	Attended
_____	_____	_____	<input type="checkbox"/> Regularly <input type="checkbox"/> Occasionally
_____	_____	_____	<input type="checkbox"/> Regularly <input type="checkbox"/> Occasionally
_____	_____	_____	<input type="checkbox"/> Regularly <input type="checkbox"/> Occasionally
_____	_____	_____	<input type="checkbox"/> Regularly <input type="checkbox"/> Occasionally

Please describe any previous ministry training or experience. Use a separate paper if necessary.

Is English your first language? If No, what is? _____

Do you speak, read, and write fluently in English? If no, please describe your proficiency in English. _____

Please list any other languages you speak other than English. _____

Do you plan any musical instruments? If so, what? _____

PERSONAL EVALUATION

1. Please assess yourself in the following areas:

	Uncertain	Weak	Fair	Good	Outstanding
Spiritual Maturity	[]	[]	[]	[]	[]
Devotion to Jesus Christ	[]	[]	[]	[]	[]
Integrity and honesty	[]	[]	[]	[]	[]
Openness to correction	[]	[]	[]	[]	[]
Self-discipline	[]	[]	[]	[]	[]
Working without supervision	[]	[]	[]	[]	[]
Willingness to serve	[]	[]	[]	[]	[]
Ability to work with others	[]	[]	[]	[]	[]
Communication skills	[]	[]	[]	[]	[]
Leadership skills	[]	[]	[]	[]	[]
Reliability	[]	[]	[]	[]	[]
Teachability	[]	[]	[]	[]	[]
Emotional stability	[]	[]	[]	[]	[]
Physical health	[]	[]	[]	[]	[]
Family life	[]	[]	[]	[]	[]

Additional comments or explanations _____

2. What do you consider to be your talents, skills, gifts and strengths? _____

3. What do you consider to be your weaknesses or struggles? _____

4. What are some of your hobbies and interests? _____

5. How did you hear about the House of Help Community center? _____

6. What interest you most about attending a House of Help internship? _____

7. What is your plan for paying tuition? _____

8. Do you plan on bringing a vehicle? [] Yes [] No

9. How do you intend on managing your financial responsibilities if accepted into the internship?
(ie insurance, student loans, car payment, etc.)

PERSONAL TESTIMONY

Please write you testimony on 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 physical, mental, emotional, or relational.
3. Your goals for the future, including your life vision and ministry plans.
4. Expectations for your time at House of Help, and what you hope to learn.

HEALTH INFORMATION

1. Please mark if you have had any of the following, whether mild or severe.

- | | |
|---|--|
| [<input type="checkbox"/>] ADD or ADHD | [<input type="checkbox"/>] Alcohol abuse |
| [<input type="checkbox"/>] Allergies | [<input type="checkbox"/>] Asthma |
| [<input type="checkbox"/>] Diabetes | [<input type="checkbox"/>] HIV or AIDS |
| [<input type="checkbox"/>] Depression | [<input type="checkbox"/>] Drug abuse, including cigarettes and prescription drugs |
| [<input type="checkbox"/>] Chronic fatigue syndrome | [<input type="checkbox"/>] Long-term medication |
| [<input type="checkbox"/>] Eating disorder | [<input type="checkbox"/>] Chronic pain |
| [<input type="checkbox"/>] Seizures | [<input type="checkbox"/>] Sleep disorders |
| [<input type="checkbox"/>] Communicable diseases | [<input type="checkbox"/>] Tumors, masses, or growths |

If you checked any of the above, please explain. Use a separate sheet of paper if necessary. If you are accepted into the internship, you will be required to fill out a complete health history form. _____

Please list any other medical conditions that you have that have not been mentioned previously.

2. Do you have any disabilities or conditions that require special care or accommodations?
If yes, please explain. _____

3. Have you ever been treated for, or are you currently struggling with any addiction?

Yes No

If yes, please explain _____

4. Do you currently have, or have you ever had, any life-controlling mental, emotional, or relational issues? Yes No

If yes, please explain _____

5. Have you ever received help for psychological, sexual, emotional, or relational problems? Yes No

If yes, please provide details below.

Date	Caregiver(s)/program(s)	Identified problem(s)	Was treatment voluntary?
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

6. Have you ever been accused of and/or reported for physically or sexually abusing someone? Yes No If yes, please explain on a separate sheet.

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

All House of Help interns and staff are required to submit to a background check as part of our policy of maintaining a safe and healthy environment.

8. 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. Use a separate sheet of paper if necessary.

9. Do you currently wrestle with suicidal thoughts? Yes No

If yes, please describe. _____

10. Have you ever viewed child pornography? Yes No

If yes, please explain. _____

11. 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 currently taking this medication? Yes No

12. 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.

13. Are you currently taking any other prescription medications? Yes No

If yes, you will be asked to list medications in the Medication Disclosure.

14. Do you have health insurance? Yes No

If yes, please describe your coverage here. _____

MEDICATION DISCLOSURE

Medication/Dosage

Doctor's name

Doctor's phone number

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I agree to continue taking these medications under the supervision of my doctor throughout my time at House of Help. I understand that failure to keep taking my medications under my doctor's care is grounds for my immediate dismissal.

Student Name _____ Date _____

Signature _____

Please initial all below:

I understand that my time at House of Help will include practical ministry training and service to others.

I understand that I must secure funds sufficient to cover all my tuition before attending House of Help.

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 House of Help.

Signature _____ Date _____



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PASTORAL RECOMMENDATION FORM

TO BE COMPLETED BY THE APPLICANT

Name _____ Phone _____

Applying for _____ 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 Internship@houseofhelpcc.org

Name _____ Church name _____

Staff position _____ Church phone _____

Church address _____ City _____

state _____ zip/post 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. House of Help programs will at times 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 House of Help? _____

10. Please assess the applicant in the following areas:

	Uncertain	Weak	Fair	Good	Outstanding
Spiritual Maturity	[]	[]	[]	[]	[]
Devotion to Jesus Christ	[]	[]	[]	[]	[]
Integrity and honesty	[]	[]	[]	[]	[]
Openness to correction	[]	[]	[]	[]	[]
Self-discipline	[]	[]	[]	[]	[]
Working without supervision	[]	[]	[]	[]	[]
Willingness to serve	[]	[]	[]	[]	[]
Ability to work with others	[]	[]	[]	[]	[]
Communication skills	[]	[]	[]	[]	[]
Leadership skills	[]	[]	[]	[]	[]
Reliability	[]	[]	[]	[]	[]
Teachability	[]	[]	[]	[]	[]
Emotional stability	[]	[]	[]	[]	[]
Physical health	[]	[]	[]	[]	[]
Family life	[]	[]	[]	[]	[]

Additional comments or explanations _____

11. Would you have the applicant on your staff? _____

12. Do you recommend this applicant for a House of Help Internship?

[] Highly recommend [] Recommend [] Recommend with reservations* [] Do not recommend*

*Please explain: _____

Additional comments: _____

Signature _____ Date _____



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PERSONAL RECOMMENDATION FORM

TO BE COMPLETED BY THE APPLICANT

Name _____ Phone _____

Applying for _____ 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 years. 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 Internship@houseofhelpcc.org

Name _____ Age _____

Phone _____

Address _____ City _____

state _____ zip/post 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. Please describe your understanding of the applicant's intentions for his/her time as a House of Help intern. _____

4. House of Help programs may at times 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 which might affect the applicant's involvement at House of Help? _____

8. Please assess the applicant in the following areas.

	Uncertain	Weak	Fair	Good	Outstanding
Spiritual Maturity	[]	[]	[]	[]	[]
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Physical health	[]	[]	[]	[]	[]
Family life	[]	[]	[]	[]	[]

Additional comments or explanations _____

9. Do you recommend this applicant for a House of Help internship?

[] Highly recommend [] Recommend [] Recommend with reservations* [] Do not recommend*

*Please explain: _____

10. Do you support the applicant's decision to come to Detroit as a House of Help intern? Why or why not? _____

Additional comments: _____

Signature _____ Date _____