

# 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. Visitor'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 24<sup>th</sup> 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](mailto:hopecity@ihopkc.org) or [nadiathbaloubi@ihopkc.org](mailto: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 -----

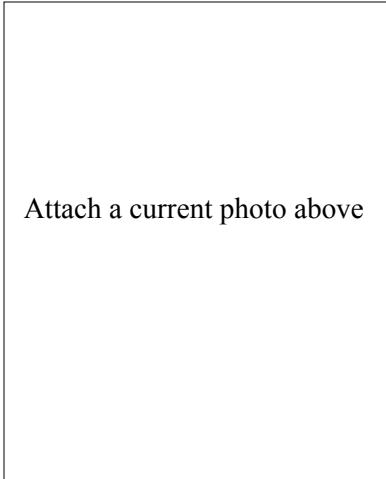
Country -----

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

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.

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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.

School name	City, State	Dates attended	Diploma, Degree
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List previous places of employment, beginning with the most recent.

Employer ----- Location -----

Dates Phone ----- Supervisor -----

Responsibilities -----

Reason for leaving -----

Employer ----- Location -----

Dates ----- Phone ----- Supervisor -----

Responsibilities -----

Reason for leaving -----

Employer ----- Location -----

Dates ----- Phone ----- Supervisor -----

Responsibilities -----

Reason for leaving -----

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.

<i>Church name</i>	<i>City/state</i>	<i>Dates</i>	<i>Senior pastor</i>
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Attended <input type="checkbox"/> Regularly <input type="checkbox"/> Occasionally			
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Attended <input type="checkbox"/> Regularly <input type="checkbox"/> Occasionally			
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Attended <input type="checkbox"/> Regularly <input type="checkbox"/> Occasionally			
-----	-----	-----	-----
Attended <input type="checkbox"/> Regularly <input type="checkbox"/> Occasionally			

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

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

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**Personal Evaluation**

Please assess yourself in the following areas.

	Uncertain Weak	Fair	Good	Outstanding
Spiritual maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Devotion to Jesus Christ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity and honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Openness to correction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working without supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to serve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teachability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional comments:

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

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What do you consider to be your weaknesses or struggles?

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What are some of your hobbies and interests?

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What aspect of Hope City interests you the most?

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

- |  |   |
|--|---|
| <input type="checkbox"/> Conferences in Kansas City:   |   |
| <input type="checkbox"/> Onething regional conference: |   |
| <input type="checkbox"/> Awakening Teen Camp           | <input type="checkbox"/> YouTube                  |
| <input type="checkbox"/> Christian event               | <input type="checkbox"/> Charisma magazine ad     |
| <input type="checkbox"/> Friend or family member       | <input type="checkbox"/> Charisma website ad      |
| <input type="checkbox"/> Pastor                        | <input type="checkbox"/> Relevant magazine ad     |
| <input type="checkbox"/> HopeCity website              | <input type="checkbox"/> Relevant website ad      |
| <input type="checkbox"/> Facebook                      | <input type="checkbox"/> Other ad, please specify |
| <input type="checkbox"/> Twitter                       | <input type="checkbox"/> Other, please specify    |

What led you to apply to Hope City?

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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.

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### 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:

- |   |   |
|---|---|
| <input type="checkbox"/> ADD or ADHD                          | <input type="checkbox"/> Alcohol abuse  |
| <input type="checkbox"/> Mild depression                      | <input type="checkbox"/> Drug abuse, including cigarettes and prescription drugs  |
| <input type="checkbox"/> Chronic depression                   | <input type="checkbox"/> Long-term medication                                     |
| <input type="checkbox"/> Chronic fatigue syndrome             | <input type="checkbox"/> Eating disorder: bulimia, anorexia, diet obsessive, etc. |
| <input type="checkbox"/> Chronic pain                         | <input type="checkbox"/> Allergies  |
| <input type="checkbox"/> Insomnia or other sleeping disorders | <input type="checkbox"/> Asthma   |
| <input type="checkbox"/> Diabetes                             | <input type="checkbox"/> HIV/AIDS   |
| <input type="checkbox"/> Seizures                             | <input type="checkbox"/> Communicable diseases                                    |
| <input type="checkbox"/> Other -----                          |   |

If you checked any of the above, please explain. Use a separate sheet of paper if necessary.

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

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

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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.

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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

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.

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

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Have you ever viewed child pornography?  Yes  No If yes, please explain the circumstances, including dates.

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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.

Medication	Doctor's name	Doctor's phone number
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-----	-----	-----
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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.

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**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) \_\_/\_\_/

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## 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.

5:21; Gal. 3:10–14; Eph. 1:7; Phil. 2:6–11; Col. 1:15–23; Heb. 7:25; 9:13–15; 10:19; 1 Pet. 2:21–25; 1 Jn. 2:1–2)

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. 14:10–17; Ezek. 28:11–19; Mt. 12:25–29; 25:41; Jn. 12:31; 16:11; Eph. 6:10–20; Col. 2:15; 2 Pet. 2:4; 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 -----  
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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](mailto:hopecity@ihopkc.org) or [nadiathbaloubi@ihopkc.org](mailto: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?  
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2. Please describe the applicant's level of involvement in your church.  
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3. What is the applicant's effect on his/her peers?  
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4. Has the applicant served your congregation in any capacity?  Yes  No If yes, please give a brief description.

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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?

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

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

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

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9. Are you aware of any complex family or relational factors that might affect the applicant's time at HopeCity?

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Please assess the applicant in the following areas:

	Uncertain	Weak	Fair	Good	Outstanding
Spiritual maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Devotion to Jesus Christ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity and honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Openness to correction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working without supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to serve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teachability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 -----  
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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](mailto:hopecity@ihopkc.org) or [nadiathbaloubi@ihopkc.org](mailto: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?

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2. What relationship do you have to the applicant?

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

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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?

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

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

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7. Are you aware of any complex family or relational factors that might affect the applicant's time at HopeCity?

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Please assess the applicant in the following areas:

	Uncertain	Weak	Fair	Good	Outstanding
Spiritual maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Devotion to Jesus Christ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity and honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Openness to correction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working without supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to serve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teachability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional comments or explanations:

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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) \_\_ / \_\_ / \_\_