

# G. INTERNSHIP

## Training Leaders to Change the World

Thank you for your interest in the G.Internship. If you have any questions about the application process or the G.Internship, please contact our office at (509) 735-1650 or e-mail us at [Lynsie.Landen@gcatc.com](mailto:Lynsie.Landen@gcatc.com). Information is also available at [thegardentricities.com](http://thegardentricities.com).

Our application process focuses on understanding the individual and is designed to select those applicants who will thrive in the G.Internship. We carefully and prayerfully consider each application while making our decision.

### APPLICATION CHECKLIST:

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

(All information will be held in complete confidentiality.)

- Application form with your essay questions
- Self-evaluation exam
- Financial plan
- Medical history form
- Three recommendations
- \$25 application fee (check payable to The Garden)
- A recent photo (will not be returned)

*Once your completed application is received, a staff member will contact you to schedule an interview.*

### COMPLETING THE APPLICATION:

1. Be sure to FULLY complete each page. **(Incomplete applications will not be accepted for consideration.)**
2. Enclose the \$25 non-refundable application fee payable to The Garden. (Check or money order) Your application for admission will not be accepted for review until the application fee is received.
3. Request 3 recommendations using the forms included in this application. A pastor, church staff member, or youth worker must complete at least one of your recommendations. Recommendations should be mailed directly to The Garden. The G.Internship Department does not accept recommendations from family members.

### SUBMITTING THE APPLICATION:

Please mail your completed application directly to The Garden 6811 W. Okanogan Place Kennewick, WA 99336. You may bring it by The Garden campus during our office hours: Monday – Thursday, 9am-4pm, or drop it off at the info center before or after any service.

### FEES/ FEE DEPOSIT:

The cost of the internship is \$2,400 per year (\$200 per month). If admitted to the GInternship, you must submit your first payment by the fifth day of the month. **Each future payment is due by the fifth day of each month.**

**PERSONAL INFORMATION:**

Referred by:

Referred by:

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

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Twitter Handle: \_\_\_\_\_ Instagram Feed: \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

Marital Status:  Single  Engaged  Married  Divorced  Widowed

Name of Spouse: \_\_\_\_\_

Does your spouse support your decisions to do the G.Internship? \_\_\_\_\_

How did you become familiar with the G.Internship? \_\_\_\_\_

Do you speak any foreign languages?  Yes  No

If so, what languages? \_\_\_\_\_

Do you have any specialized skills or talents? (ex. music, media, administration, carpentry, etc.) \_\_\_\_\_

**SPIRITUAL INFORMATION:**

When did you make Jesus Lord of your life? \_\_\_\_\_

Do you tithe on a consistent basis? \_\_\_\_\_

Have you received the baptism of the Holy Spirit? \_\_\_\_\_

Name of home church: \_\_\_\_\_

Address: \_\_\_\_\_

Are you a member?  Yes  No If so, how long? \_\_\_\_\_

Pastor's name: \_\_\_\_\_

Pastor's email or contact info: \_\_\_\_\_

List areas of involvement at your church: \_\_\_\_\_

What prior and current leadership/ministry positions have you held?

\_\_\_\_\_  
\_\_\_\_\_

**EDUCATION:**

High School Name: \_\_\_\_\_

Location: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

Garden Growth Track completed?  Yes  No Year Completed: \_\_\_\_\_

College name: \_\_\_\_\_

Years Completed: \_\_\_\_\_ Year Graduated: \_\_\_\_\_ G.P.A.: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Bible School: \_\_\_\_\_

Years Completed: \_\_\_\_\_ Year Graduated: \_\_\_\_\_ G.P.A.: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

**EMPLOYMENT HISTORY:**

**Business:** \_\_\_\_\_

Manager: \_\_\_\_\_ Phone: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Position: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Business:** \_\_\_\_\_

Manager: \_\_\_\_\_ Phone: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Position: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Business:** \_\_\_\_\_

Manager: \_\_\_\_\_ Phone: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Position: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

## **MEDICAL HISTORY:**

Are you affected by any physical, medical or psychological condition, which might prevent you from full participation in the G.Internship? \_\_\_\_\_

If yes, please provide particulars: \_\_\_\_\_

\_\_\_\_\_

Are you currently taking medication prescribed by a physician? \_\_\_\_\_

If yes, please provide particulars: \_\_\_\_\_

\_\_\_\_\_

Do you have any learning difficulties? \_\_\_\_\_

If yes, please provide particulars: \_\_\_\_\_

\_\_\_\_\_

**Please answer yes or no to the following. If yes, please explain on a separate sheet of paper.**

**Suffered Abuse:**  Yes  No

**Been involved in the occult/a cult:**  Yes  No

**Been involved in drugs/alcohol:**  Yes  No

**Been involved in gang activity:**  Yes  No

**Been arrested:**  Yes  No

**Struggled with an eating disorder:**  Yes  No

**Currently smoking/using tobacco products:**  Yes  No

**Currently involved in a dating relationship (if single):**  Yes  No

**Been sexually active within the past year (if single):**  Yes  No

**Been pregnant (if single):**  Yes  No

**Fathered a child (if single):**  Yes  No

**Had professional counseling:**  Yes  No

## Essay Questions

**Please answer each of the following questions individually. Each answer should be typed on a separate sheet of paper, double-spaced, at least one page in length and no more than two pages.**

1. Briefly explain your testimony and describe your spiritual growth including your current relationship with God.
2. Who has been the most spiritually influential person in your life? Explain.
3. Describe your three greatest strengths and your three greatest weaknesses.
4. What is the biggest challenge you have overcome?
5. Describe your relationship with your family.
6. Why do you want to be a part of the G.Internship, and how will the program benefit from your involvement?

**FINANCIAL INFORMATION:**

**\*An application fee of \$25 must be submitted with all applications.**

Full-time Intern      4 days a week      \$200 per month      \$2,400 for the year

Part-time Intern      May be addressed on special occasions.

*Included:*

Curriculum Materials

Fitness Training

Lunch on office days

**Please clearly detail your plan for payment of personal expenses as well as G.Internship fees for the duration of your intern year. Include your current monthly budget and any expenses or debts you currently have. Attach on a separate sheet.**

I, \_\_\_\_\_ certify that to the best of my knowledge, that the  
*(print name)*  
information in this application is true and accurate.

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

## **SELF-EVALUATION FORM**

Please reply to each item below by selecting the one alternative that is most likely to be your response. Think about the way you usually respond to these kinds of situations, not the way you would like to respond or the way you think you should respond. No "correct" answers exist for any of the items. **Mark only ONE answer per item.**

1. When I get really upset, I...
  - a. \_\_\_\_\_ analyze why I am so upset
  - b. \_\_\_\_\_ blow up and let off steam
  - c. \_\_\_\_\_ keep it to myself and remain calm
  
2. In a situation in which a colleague takes credit in public for my work and my ideas, I would probably...
  - a. \_\_\_\_\_ let it slide to avoid confrontation
  - b. \_\_\_\_\_ later, in private, confront them and let them know I would appreciate being given credit for my work and ideas
  - c. \_\_\_\_\_ thank the person in public for referencing my work and ideas and then elaborate on my contributions
  
3. When I approach another person and try to strike up conversation but the other person doesn't respond, I...
  - a. \_\_\_\_\_ try to cheer up the person by sharing a funny story
  - b. \_\_\_\_\_ ask the person if he or she's wants to talk about what's on his or her mind
  - c. \_\_\_\_\_ leave the person alone; they obviously don't want to talk
  
4. When I enter a social group I usually...
  - a. \_\_\_\_\_ remain quiet and wait for people to talk to me
  - b. \_\_\_\_\_ try to find something complimentary I can tell someone
  - c. \_\_\_\_\_ find ways to be the life of the party
  
5. On important issues I usually...
  - a. \_\_\_\_\_ make up my own mind and disregard others' opinions
  - b. \_\_\_\_\_ weigh both sides, and discuss it with others before making a decision
  - c. \_\_\_\_\_ listen to my friends or colleagues and make the same decision they do
  
6. When someone that I do not particularly like becomes romantically attracted to me, I usually...
  - a. \_\_\_\_\_ tell that person directly that I'm not interested
  - b. \_\_\_\_\_ respond by being friendly but aloof
  - c. \_\_\_\_\_ ignore the person and try to avoid him or her
  
7. When I am in the company of two people who have opposing points of view about an issue, and are arguing about it, I...
  - a. \_\_\_\_\_ find something they both agree on and emphasize it
  - b. \_\_\_\_\_ pick a side and get involved in the debate
  - c. \_\_\_\_\_ suggest that they stop arguing
  
8. When I am playing a sport and the game comes down to my last second performance, I...
  - a. \_\_\_\_\_ get very nervous and hope I don't choke
  - b. \_\_\_\_\_ see this as an opportunity to shine
  - c. \_\_\_\_\_ stay focused and give it my best effort
  
9. In a situation in which I have an important obligation and need to leave work directly at 5pm but my colleague asks me to stay to meet a deadline, I would probably...
  - a. \_\_\_\_\_ cancel my obligation to meet my colleague's deadline
  - b. \_\_\_\_\_ exaggerate a bit and tell me colleague that I have an emergency that I cannot miss
  - c. \_\_\_\_\_ require some sort of compensation to miss the obligation

10. In a situation in which another person becomes very angry and begins yelling at me, I...
- \_\_\_\_\_ get angry in return; I don't take that from anyone
  - \_\_\_\_\_ walk away. It doesn't do any good to argue
  - \_\_\_\_\_ listen first, and then try to discuss the issue
11. When I encounter someone who has just experienced a major loss, I...
- \_\_\_\_\_ really don't know what to do or say
  - \_\_\_\_\_ tell the person I feel very sorry and try to provide support
  - \_\_\_\_\_ share a time when I experienced a similar loss
12. When someone makes an inappropriate joke or tells a crude story, I usually...
- \_\_\_\_\_ point out that this is inappropriate and not acceptable, and then change the subject
  - \_\_\_\_\_ ignore it so I don't cause a scene
  - \_\_\_\_\_ get upset and tell that person just what I think about what he or she said

**\*ATTENTION PASTORS**

The desire of the G.Internship is to train men and women for effective ministry in their local church. Therefore, any applicants that are not members of The Garden will be encouraged to return to their home church upon completion of the GInternship. **Referrals must be sealed and mailed directly to: The Garden 6811 W. Okanogan Place. Kennewick, WA 99336**

To assist us in this purpose please answer the following:

Do you expect the applicant to return to your church upon graduation?  Yes  No

If yes, what area(s) of the church would you recommend for them to be trained? \_\_\_\_\_

\_\_\_\_\_

Please list any additional comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Church: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Website: \_\_\_\_\_

Name of referral: \_\_\_\_\_

Signature of referral: \_\_\_\_\_ Date: \_\_\_\_\_

## REFERRAL EVALUATION

Please provide as much information as possible concerning the applicant's character, experience, and aptitude for the G.Internship. All information will remain confidential. Members of the G.Internship Lead Team are not acceptable referrals. **Referrals must be sealed and mailed directly to The Garden: 6811 W. Okanogan Place. Kennewick, WA 99336**

Applicant's Name: \_\_\_\_\_

Referral's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

How long have you known the applicant? \_\_\_\_\_

How well do you know him/her:  Casual  Fairly Well  Very Well

Rate the following by circling the number that you believe best describes the applicant:

1-poor/2-minimal/3-average/4-excellent/5-outstanding

Adaptability	1	2	3	4	5
Self-confidence	1	2	3	4	5
Reliability	1	2	3	4	5
Emotional stability	1	2	3	4	5
Ability to communicate clearly	1	2	3	4	5
Teachable attitude	1	2	3	4	5
Attitude towards opposite sex	1	2	3	4	5
Problem-solving	1	2	3	4	5
Manners	1	2	3	4	5
Handling stress	1	2	3	4	5
Leadership	1	2	3	4	5

Please comment briefly on the applicant's family and social background: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Is the applicant financially responsible? \_\_\_\_\_

Has the applicant on any occasion proven to be:

Unreliable  Yes  No

Dishonest  Yes  No

Questionable Character  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To your knowledge has the applicant:

- |   |  |
|---|--|
| Suffered abuse:   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Been involved in the occult/a cult:                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Been involved in drugs/alcohol:                             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Been involved in gang activity:                             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Been involved in homosexual activity:                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Been arrested:  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Struggled with an eating disorder:                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Currently smoking/using tobacco products:                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Currently involved in a dating relationship (if single):    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Currently sexually active within the past year (if single): | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Been pregnant (if single):                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Fathered a child (if single):                               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Had professional counseling:                                | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Applicant's outstanding strength: \_\_\_\_\_

\_\_\_\_\_

Applicant's greatest weakness: \_\_\_\_\_

Please give any additional information that may be helpful to the GInternship in its consideration of the applicant.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

On the basis of the above information, the applicant is (choose one):

- Strongly recommended with the highest assurance
- Recommended with confidence
- Recommended with reservation
- Not recommended
- Please contact me regarding the applicant

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\_\_\_\_\_

\_\_\_\_\_

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Dishonest  Yes  No

Questionable Character  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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| Been pregnant (if single):                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Fathered a child (if single):                               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Had professional counseling:                                | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Applicant's outstanding strength: \_\_\_\_\_

\_\_\_\_\_

Applicant's greatest weakness: \_\_\_\_\_

Please give any additional information that may be helpful to the GInternship in its consideration of the applicant.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

On the basis of the above information, the applicant is (choose one):

- Strongly recommended with the highest assurance
- Recommended with confidence
- Recommended with reservation
- Not recommended
- Please contact me regarding the applicant

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\_\_\_\_\_

\_\_\_\_\_

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Has the applicant on any occasion proven to be:

Unreliable  Yes  No

Dishonest  Yes  No

Questionable Character  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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| Been pregnant (if single):                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Fathered a child (if single):                               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Had professional counseling:                                | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Applicant's outstanding strength: \_\_\_\_\_

\_\_\_\_\_

Applicant's greatest weakness: \_\_\_\_\_

Please give any additional information that may be helpful to the G.Internship in its consideration of the applicant.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

On the basis of the above information, the applicant is (choose one):

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- Not recommended
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