

# LIFE:DRIVEN INTERNSHIP

Dear Applicant,

Thank you for your interest in the Word of Life Christian Center Internship Program. We are excited about the possibility of having you as an intern in our next program cycle. Our desire is to raise up the next generation of leaders to champion the cause of Christ through the local church. Our internship program is designed to provide you with strong mentorship and hands-on experience in the work of the ministry.

Our internship program offers five (5) ministry tracks: Outreach, Children's Ministry, Youth Ministry, Performing Arts, and Church Services. Details about these five areas are included in this application packet. Applicants are required to select one (1) of these areas to intern in.

Please read through this application packet thoroughly. It contains information about our program that answers the most frequently asked questions. Please keep in mind that our internship program isn't for everyone. There are some prerequisites that applicants must meet in order to be considered for our program.

We encourage you to complete your application and submit it no later than **Sunday, August 12, 2012**. Your application will be reviewed and prayerfully considered for admission to our program. Those who are considered will be contacted to schedule an interview. For applicants who are selected to participate, the internship program will begin on **Tuesday, August 28, 2012**.

If you have any questions, please feel free to contact us by email at [internship@wolhawaii.com](mailto:internship@wolhawaii.com), or call the church office at (808) 528-4044.

Advancing, Equipping & Building Together,

Pastor Wally Matanza  
Internship Program Director  
Word of Life Christian Center  
Honolulu Hawaii

## **FREQUENTLY ASKED QUESTIONS**

### **What is the purpose of Word of Life Christian Center's Internship Program?**

The purpose of our program is simple: to raise up the next generation of leaders to champion the cause of the local church. Our program provides more than information shared in a classroom, but also mentorship and hands-on experience in a church that is impacting its community and the world.

### **What can an intern expect to gain through this program?**

Word of Life Christian Center and its pastors, Art & Kuna Sepúlveda, are known around the world for creative and impacting ministry. Interns will be mentored by and work alongside the various Pastors & Staff of their chosen field. They will gain firsthand knowledge and experience on what it takes to build a thriving church. Ultimately, everything is about winning souls and making disciples.

### **How long is the internship program?**

The internship program runs for ten (10) months, from August to May. Interns will need to put in thirty (30) hours per week. The weekly schedule is determined by the area of internship they select. Intake for each program cycle takes place in June & July.

### **Who can apply for the internship program?**

Applicants must be at least eighteen (18) years of age and have graduated from high school (or equivalent). They must be Christians (e.g. born again, having received Jesus Christ as their personal Lord & Savior), and committed to living as such (please see our "Code of Conduct"). Applicants must be US citizens or legal aliens. They must also pass a criminal background check and be able to commit to thirty (30) hours per week, for ten (10) months. There are additional requirements for each area of internship.

### **What are the financial considerations?**

At this time, there is no cost to participate in the internship program. Interns will not be paid or provided with health insurance. Housing, meals and transportation are at the intern's expense. We strongly encourage applicants to ensure that their financial affairs are in order and that they are financially able to participate in the internship program. Interning for thirty (30) hours a week, over a ten (10) month period is a big commitment and should not be taken lightly.

### **What areas are available for internship?**

We are currently offering five (5) ministry tracks for our internship program: **Outreach, Children's Ministry, Youth Ministry, Church Services, Performing Arts (Production, Music, or Audio)**. Applicants must select one (1) ministry track to be involved with. Interns will not be permitted to switch ministry tracks during the program.

## **APPLICATION INSTRUCTIONS**

To submit your Internship Program Application, please follow the instructions below. Your completed application must be received by **Sunday, August 12 2012**.

1. Complete the APPLICATION FOR ADMISSION.
  - You must answer all questions
  - You must include your birthdate and Social Security number. This will be used to process a criminal background check.
  - Please use a pen with blue or black ink or type out your answers.
2. Enclose a RECENT PICTURE of yourself. This picture should be of your head and shoulders, similar to a driver's license or passport photo.
3. Complete a personal BIOGRAPHY that includes how you became a Christian, your reason(s) for applying to our internship program, and how our program relates to your future goals.
4. Sign the CODE OF CONDUCT. Applicants must agree to live by a code of conduct. An intern's character and conduct should exemplify their commitment to Christ.
5. Sign the CONFIDENTIALITY AGREEMENT. Applicants must agree in keeping confidentiality and integrity during and after their volunteer work with Word of Life Christian Center.
6. Sign the APPLICATION AGREEMENT. Applicants must acknowledge that the information they have provided on this application are true, correct and complete.
7. Complete all REFERENCES.
  - Three (3) references are required: Pastoral, Family, and a Personal Reference.
  - In order to process your application, we MUST receive all three (3) references. To expedite your application, we recommend that the people completing your references return their completed form to you in a SEALED envelope. You can then submit them along with the rest of your application. You should NOT read their references in any way.
8. Send your completed application (along with your picture, biography, and references) to our office by the application deadline. Applications can be submitted in the following ways:
  - Mail: Word of Life Christian Center  
ATTN: Internship Program  
550 Queen Street  
Honolulu, HI 96813
  - Drop off in person (at the same address above, during regular business hours)

## **CODE OF CONDUCT**

Word of Life Christian Center's Internship Program requires that interns conduct themselves in a way that reflects positively upon their commitment to Christ and His Church. Applicants should understand that in ministry, there is no separation between their public and private lives. The Bible states in 1 Timothy 3, that those in ministry should have a "good testimony", a "pure conscience", and be in "good standing". This doesn't mean that we are to be perfect, but we should be committed to a standard of living that has a positive influence on others.

The following Code of Conduct is based on Biblical values and reflects the standard of living that Word of Life Christian Center expects from its interns:

### **1. SPIRITUAL DISCIPLESHIP:**

An intern's personal devotion to Christ should be their highest priority in life. Discipleship is simply learning to follow Christ and putting that learning into practice. Discipleship is cultivated daily through prayer, reading God's Word, and journaling. And discipleship is supported by healthy relationships and accountability through participation in a Life Group.

### **2. WALK IN LOVE & FORGIVENESS:**

Jesus said that disciples are known by how well they love others (see John 13:35). Anyone can love those who are good to them. But those who follow Christ are called to love those that cannot or will not love you in return. Forgiving those who offend or take advantage of you is vital to keeping a pure heart.

### **3. COMMITMENT TO EXCELLENCE:**

We are to strive to be better and do better, always. Excellence is the commitment to personal growth and development. We cannot settle for doing our best; we must challenge ourselves to become better at what we do, so our "best" will always be improving. Interns are expected to be early, not on time, and never late. They should always have good hygiene, be well groomed, and dress appropriately.

### **4. SUBMISSION TO AUTHORITY:**

Teamwork is what makes the dream work. Collaboration and the sharing of ideas is an important part of ministry but ultimately decisions must be made. This is true for any family, business, or organization, and is especially true in ministry. Interns are expected to regard, submit and support those in authority.

**5. PERSONAL PURITY:**

Although we live in the world, we are not of it (see John 15:19). As such, we are not to be conformed to this world but transformed from it (see Romans 12:1-2). Interns are expected to conduct their lives with personal purity. This includes, but is not limited to the following:

- Not involved with any illegal or immoral activities
- Not sexually involved with anyone other than your spouse
- Not using illegal drugs or abusing prescription medication
- No drinking of alcohol, of any kind, or in any amount
- No smoking of any kind (e.g. cigarettes, cigars, chewing tobacco, electronic cigarettes, etc...)
- Not involved with gambling

**6. FINANCIAL STEWARDSHIP:**

Where our treasure is, our heart will be also (see Matthew 6:21). Money must be handled with the utmost integrity and in accordance with Biblical principle. Interns are expected to be tithing to their local church (see Malachi 3:8-10) and wise stewards of their personal finances. Interns must also refrain from promoting their own businesses, or others through the church. Raising funds, soliciting business, or political campaigning of any kind is prohibited. Ministry is about caring for God's people, not profiting off of them.

**7. CONFIDENTIALITY:**

Interns may hear or overhear conversations that contain private, confidential or sensitive information. Interns shall keep confidential any private, confidential or sensitive information.

I, \_\_\_\_\_, have read and understand the above "Code of Conduct", and agree to live by the Biblical standards it describes. If I fail to uphold these standards, I understand that it could result in my dismissal from Word of Life Christian Center's Internship Program.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**INTERNSHIP PROGRAM APPLICATION**

Please submit this completed application with a cover letter explaining why you would like to serve in your chosen area of ministry along with a resume. We appreciate your interest in our Word of Life Internship Program. However, the receipt of this application does not automatically mean that an intern position is available nor does it obligate us in any way to offer an intern position to you. Please mail out your completed application to Word of Life Internship Program, 550 Queen Street Honolulu Hawaii 96813.

**PERSONAL INFORMATION**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

E-mail: \_\_\_\_\_ Work: (\_\_\_\_)\_\_\_\_\_ Cell:(\_\_\_\_)\_\_\_\_\_

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

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

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Sex:  Male  Female

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (For criminal background check)

Date of Last TB Test: (Attach Copy of Results)  Positive  Negative

Marital Status:  Single  Married (Spouse Name) \_\_\_\_\_ (Date Married)\_\_\_\_/\_\_\_\_/\_\_\_\_

If Single, are you living with someone of the opposite sex who is not a relative?  Yes  No

Twitter: \_\_\_\_\_ Facebook: \_\_\_\_\_

Person to Contact in Case of Emergency: \_\_\_\_\_

Relationship: \_\_\_\_\_ Work: (\_\_\_\_)\_\_\_\_\_ Cell:(\_\_\_\_)\_\_\_\_\_

Have you accepted Christ?  Yes  No If so when?\_\_\_\_/\_\_\_\_/\_\_\_\_

Do you attend church regularly?  Yes  No Have you been water baptized?  Yes  No

Choose One Internship Track you are interested in:  Outreach  Youth  Children’s  Church Services  
Performing Arts  
 Production  Music  Audio

**SPOUSAL AGREEMENT**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Are you in agreement with your spouse participating in Word of Life’s Internship Program?  Yes  No

Spouse Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**CHURCH INFORMATION** \*To be completed by Members of Word of Life Christian Center

How long have you been attending Word of Life? \_\_\_\_\_ Which Campus do you attend? \_\_\_\_\_

Are you currently attending a Life Group? \_\_\_\_\_ If yes, who is your leader? \_\_\_\_\_

Are you currently a Team Church Volunteer? \_\_\_\_\_ Which Ministry are you currently involved in? \_\_\_\_\_

**CHURCH INFORMATION** \*If Word of Life is “not” your home church, please fill out this portion.

Name of Church: \_\_\_\_\_

Denomination: \_\_\_\_\_ Pastor/Church Leader: \_\_\_\_\_

How long have you been a member of this church? \_\_\_\_\_

In what capacity are you currently volunteering? \_\_\_\_\_

How did you hear about the Word of Life Internship Program? \_\_\_\_\_

Is your Pastor/Church Leadership aware and supportive of your decision to enroll?  Yes  No

**EDUCATION INFORMATION**

High School Name: \_\_\_\_\_ Did You Graduate?  Yes  No  Diploma  G.E.D

College: \_\_\_\_\_ Diploma / Degree Earned: \_\_\_\_\_

**EMPLOYMENT INFORMATION**

Present Employer: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Dates Employed: \_\_\_\_\_ to \_\_\_\_\_

Duties Performed: \_\_\_\_\_

**PERSONAL HEALTH**

Do you have any physical limitations or conditions preventing you from performing certain types of activities related and non-related to ministry work?  Yes  No If Yes, please explain: \_\_\_\_\_

List any medications you are currently using: \_\_\_\_\_

Have you ever used illegal drugs?  Yes  No

Do you currently smoke?  Yes  No

Do you currently drink alcoholic beverages?  Yes  No

Have you ever been arrested?  Yes  No

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

**COMMITMENT**

If you are accepted to our Internship Program, are you willing to make a 10 month commitment?  Yes  No

**FINANCIAL**

What is your current source of income? \_\_\_\_\_

Will you be working part time or full time during your Internship Program?  Yes  No

Do you have your own transportation?  Yes  No

**GENERAL QUESTIONNAIRE**

Have you ever been arrested and/or convicted of any criminal violation(s)?  Yes  No

If yes, please explain and give date: \_\_\_\_\_

Have you ever been accused and / or convicted of child / youth / adult abuse (sexual, verbal & physical)?  Yes  No

If yes, please explain and give date: \_\_\_\_\_

Have you ever been involved in sexual activity outside of marriage?  Yes  No

If yes, please explain and give date: \_\_\_\_\_

Do you presently have any or been diagnosed with mental or emotional problems?  Yes  No

If yes, please explain and give date: \_\_\_\_\_

Is there anything from your past that may come up in the future that could potentially hurt the ministry of Word of Life Christian Center?  Yes  No

If yes, please explain and give date: \_\_\_\_\_

\*Along with your signed application, please submit the required documents before we can start processing your application.

1) Your Personal Testimony

2) A recent picture of yourself (not to be returned)

3) Reference Forms (to be mailed directly to Word of Life Christian Center by the person filling it out)

- Pastoral Reference Form
- Personal Friend
- Family Member or Employer

**INTERNSHIP APPLICANT AGREEMENT:**

I certify that the information contained on this application is true, correct and complete. I have not omitted any information that I reasonably believe would reflect unfavorably on Word of Life Christian Center's decision regarding my application to the Word of Life Christian Center Internship Program.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the internship program, whenever it is discovered.

I expressly authorize, without reservation, Word of Life Christian Center, its representatives, employees or agents to contact and obtain information from all references, personal and professional, employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application or interview and to receive any other information that would be relevant to my application. I hereby waive any and all rights and claims I may have regarding Word of Life Christian Center, its agents, employees or representatives, for seeking, gathering and using such information in the internship application process and all other persons, corporations or organizations for furnishing such information about me.

I authorize Word of Life Christian Center, in its discretion to conduct a criminal background check of me. [I agree to submit to fingerprinting if the internship for which I am applying results in interaction with anyone under the age of 18 years.] I understand that the internship is an unpaid internship and that I will be responsible for obtaining my own health insurance.

If I am accepted into the internship program, although the internship program is scheduled for 10 months, I understand that I am free to resign at any time, with or without prior notice, and Word of Life Christian Center may, without liability to me, terminate my participation in the internship program at any time, with or without cause and without prior notice.

I also understand that if I am accepted into the internship program, I will be required to provide proof of identity and legal authority to participate in the internship program if required under applicable law. **DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT AGREEMENT.** I certify that I have read, fully understand and accept all terms of the foregoing Applicant Agreement.

Signature of the Applicant: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**CONFIDENTIALITY STATEMENT:**

I, \_\_\_\_\_ agree to keep all written and verbal information pertaining to Pastors Art & Kuna Sepúlveda, the staff and congregation members of Word of Life Christian Center confidential. Due to my responsibilities as an intern, I understand that I am responsible for keeping confidentiality and integrity during and after my volunteer work with Word of Life Christian Center.

I agree to secure and protect all equipment, material, property and documents belonging to Word of Life Christian Center in a safe and orderly manner and that all items belonging to Word of Life Christian Center remain on the premises at all times unless authorized by Senior Pastor, Associate Pastor or Executive Administrator.

I agree to hold Word of Life Christian Center harmless for any negligence of mine and will be liable for any unlawful acts personally.

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

Internship Department: \_\_\_\_\_



**PASTORAL REFERENCE**

(Should be completed by the Pastor who oversees the ministry in which you currently serve in)  
Please submit this pastoral reference form in a "sealed" envelop to the applicant upon completion.  
The applicant is instructed to mail this reference form directly to Word of Life Christian Center  
Attention: WOL Internship Director 550 Queen Street Honolulu Hawaii 96813

**NAME OF INTERN APPLICANT**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

**PASTOR/CHURCH LEADER INFORMATION**

Name of Church: \_\_\_\_\_ Pastor/Church Leader: \_\_\_\_\_

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

2. How do you see the participant's involvement in the Word of Life Internship Program becoming beneficial to your church? \_\_\_\_\_

3. Are you aware that they will be required to fulfill 30 intern hours on a weekly basis including Sundays at Word of Life? \_\_\_\_\_

4. Do you think participation in the Internship program would be beneficial for the applicant? \_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

5. Is there anything you would think helpful for us to know about the applicant?

Comments: \_\_\_\_\_

\_\_\_\_\_

6. Do you recommend that they participate in the Internship Program? \_\_\_\_\_

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

## PERSONAL REFERENCE

(Should be given to a mature christian, someone who knows you well enough to give meaningful reference)  
Please submit this personal reference form in a "sealed" envelop to the applicant upon completion.  
The applicant is instructed to mail this reference form directly to Word of Life Christian Center  
Attention: WOL Internship Director 550 Queen Street Honolulu Hawaii 96813

## NAME OF INTERN APPLICANT

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

## GENERAL QUESTIONNAIRE FOR PERSON COMPLETING THE FORM

1. How do you know this person? \_\_\_\_\_
2. How long have you know them? \_\_\_\_\_
3. Please describe the applicant's growth as a Christian: \_\_\_\_\_

**Please assess the applicant on the qualities listed below according to the following evaluation system.**

**4 - Consistently    3 - Often    2 - Sometimes    1 - Rarely**

Emotionally Stable	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Positive Attitude	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	4   3   2   1		4   3   2   1
Takes Initiative	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Punctual	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	4   3   2   1		4   3   2   1
Communicates well	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Handles stress well	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	4   3   2   1		4   3   2   1
Team Player	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Faithful/Reliable	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	4   3   2   1		4   3   2   1
Cooperative	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Teachable	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	4   3   2   1		4   3   2   1
Submitted	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Responsible	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	4   3   2   1		4   3   2   1
Self Disciplined	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Humble	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	4   3   2   1		4   3   2   1

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

## FAMILY REFERENCE

(Should be given to parents or a close family member)  
Please submit this personal reference form in a "sealed" envelop to the applicant upon completion.  
The applicant is instructed to mail this reference form directly to Word of Life Christian Center  
Attention: WOL Internship Director 550 Queen Street Honolulu Hawaii 96813

## NAME OF INTERN APPLICANT

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

## GENERAL QUESTIONNAIRE FOR PERSON COMPLETING THE FORM

1. How do you know this person? \_\_\_\_\_
2. How long have you know them? \_\_\_\_\_
3. Please describe the applicant's growth as a Christian: \_\_\_\_\_

**Please assess the applicant on the qualities listed below according to the following evaluation system.**

**4 - Consistently    3 - Often    2 - Sometimes    1 - Rarely**

Emotionally Stable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Positive Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4	3	2	1		4	3	2	1
Takes Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Punctual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4	3	2	1		4	3	2	1
Communicates well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Handles stress well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4	3	2	1		4	3	2	1
Team Player	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Faithful/Reliable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4	3	2	1		4	3	2	1
Cooperative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Teachable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4	3	2	1		4	3	2	1
Submitted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Responsible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4	3	2	1		4	3	2	1
Self Disciplined	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Humble	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4	3	2	1		4	3	2	1

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_