

B) Education

- 1- Highest grade completed: _____ Do you have a GED? _____
- 2- Do you plan on continuing your education in the future? _____

C) Medical History

- 1- Have you been under a doctor's care for any reason in the last year? _____

If yes explain: _____

- 2- Do you have any medical conditions that require medication? _____

If yes explain: _____

- 3- Do you have any type of disability that would limit you while at Teen Challenge? _____

If yes explain: _____

- 4- Do you have any type of communicable illness or disease? _____

If yes explain: _____

D) Religion

- 1- What church have you attended most? _____
- 2- Do you have personal devotions on a consistent basis? _____
- 3- Share about your conversion experience with Jesus Christ? (explain):

E) Personal Habits

- 1- Have you ever used alcohol to get drunk? _____ Age started: _____
- 2- Have you ever smoked cigarettes? _____ Age started: _____
- 3- Have you ever smoked marijuana? _____ Age started: _____
- 4- Have you ever used other types of drugs to get high? _____ What? _____
- 5- Have you ever been involved with homosexuality? _____ How long? _____
- 6- Have you ever been involved in witchcraft or the occult? _____

F) Legal Record

- 1- Have you ever been arrested? _____ How many times? _____

Please describe when arrested and for what crimes:

- 2- Are you currently on probation or parole? _____ If so please list name of probation officer:
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G) Teen Challenge Record (If Applicable)

- 1- What Induction Center did you attend? _____
- 2- What Training Center did you attend? _____
- 3- Who was your personal counselor or supervisor in the Training Center you attended?

H) Financial Responsibilities

- 1- Do you have any outstanding debts? _____
- 2- If "Yes" how do you plan on taking care of these responsibilities?

I) Employment History (Please list your employment history with your most recent job first)

1- Name of employer: _____

Address of employer: _____

Date started: _____ **Date ended:** _____

Reason for termination: _____

Contact Person's name & phone #: _____

2- Name of employer: _____

Address of employer: _____

Date started: _____ **Date ended:** _____

Reason for termination: _____

Contact Person's name & phone #: _____

3- Name of employer: _____

Address of employer: _____

Date started: _____ **Date ended:** _____

Reason for termination: _____

Contact Person's name & phone #: _____

4- Name of employer: _____

Address of employer: _____

Date started: _____ **Date ended:** _____

Reason for termination: _____

Contact Person's name & phone #: _____

J. Personal References (Please list 4 personal references that are not family members or previous employers)

1- Name of reference: _____

Address of reference: _____

Years known: _____ Relationship: _____

Reference's phone #: _____

2- Name of reference: _____

Address of reference: _____

Years known: _____ Relationship: _____

Reference's phone #: _____

3- Name of reference: _____

Address of reference: _____

Years known: _____ Relationship: _____

Reference's phone #: _____

4- Name of reference: _____

Address of reference: _____

Years known: _____ Relationship: _____

Reference's phone #: _____

Be aware that Teen Challenge Accreditation policy requires all Teen Challenge Centers to contact references & keep their response concerning applicant in applicant's file.

Heart of America Teen Challenge Agreement

I, _____, agree to abide by the policies of Heart of America Teen Challenge of Greater Kansas City and state that I wish to serve as Intern staff and make an initial commitment of 6 months.

I understand that I will receive a salary of \$100 per month and room & board will be provided for me.

I understand that Heart of America Teen Challenge, Inc. cannot be held responsible for personal property or injury to anyone who is in our program. Any personal property or money left at Teen Challenge after my departure becomes the property of Teen Challenge. It is further understood that if I do not cooperate with the rules and regulations of Teen Challenge I can be asked to leave.

I also understand that Heart of America Teen Challenge is unable to provide medical insurance and so any coverage desired must be provided by myself.

I have read & understand the HOATC Staff Manual as to the guidelines for Intern Staff.

Signature of Intern Staff candidate: _____

Date: _____

Signature of Pastor or TC Program Director: _____

Phone #: _____

(By signing this application you are endorsing the above person for ministry at Heart of America Teen Challenge)

-----Office Use Only-----

Date application received: _____

Date applicant contacted: _____

Results of Contact: