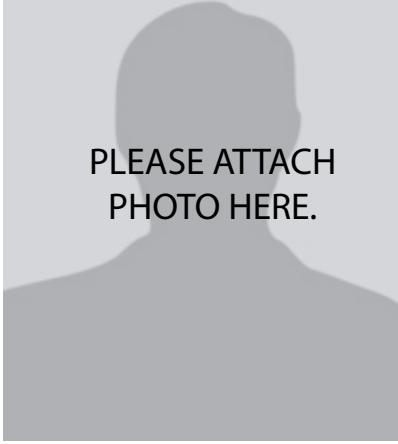


**His Mansion Institute
Academic Internship Application**



HIS MANSION MINISTRIES
ACADEMIC INTERNSHIP APPLICATION
PO Box 40 - Hillsborough, NH - 03244-0040
(603) 464-5555
www.hismansion.com



Date: _____

Start Date: Summer _____ Year _____
September _____ Year _____
January _____ Year _____

I. Personal Contact Information

Name _____

Current Address _____

City _____ State _____ Zip _____

Phone: Home (_____) _____ Work (_____) _____

Permanent (Mailing) Address _____

City _____ State _____ Zip _____

E-mail Address: _____

Age _____ Date of Birth _____ Country of Citizenship _____

Marital Status: ___ Single ___ Engaged ___ Married ___ Widowed ___ Separated ___ Divorced

Do you have any children? ___ Yes ___ No

(If yes), what are their names and ages? _____

Do you have legal and/or physical custody? _____

Emergency Contact Information

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Phone: Home (_____) _____ Work (_____) _____

E-mail Address: _____

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II. Education

List all High Schools, Colleges, Universities you have attended.

<u>School Name</u>	<u>Location</u>	<u>Dates Attended</u>	<u>Grad. Date</u>
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Degrees: _____

If you left school prematurely, please explain why: _____

III. Employment

Are you currently employed? Yes No

(If yes) a) Name of company _____

b) Your position _____

c) How long have you been employed there? _____ Full-time Part-time

May we contact your employer? _____ If not, why not? _____

Approximately how many other jobs have you had? _____

Have you been in the military? Yes No If yes, for how long? _____ What branch? _____

Please list any previous work, counseling or Christian ministry or service experience that would be relevant to your service at His Mansion.

If you have ever had to leave or been asked to leave an employment or service position prematurely, please explain the occurrence in detail on a separate sheet of paper.

IV. Church Information

Church Name _____

Pastor's Name _____

Address _____

City _____ State _____ Zip _____

Phone: (_____) _____ E-mail Address: _____

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Are you a member? Yes No How long have you attended there? _____Years _____Months

Have you discussed your intent to serve at His Mansion with your pastor? Yes No

Is this the church that will commend you? Yes No

May we contact your pastor to discuss your candidacy? Yes No If no, why not? _____

V. Background Information & Personal History

Height: _____ ft/in Weight: _____ lbs

Please Answer all of the following questions. Answering "yes" to the following questions will not necessarily disqualify you from service. Please provide a brief explanation for any item that you have checked "yes." Feel free to attach a separate sheet for short explanatory answers to these questions.

1. Please list and explain any medical conditions or health issues.

2. Have you received any diagnosis from a mental health professional? Yes No

If yes, what is the diagnosis? _____

3. Do you take any prescribed medications pursuant to a physician's direction? Yes No

If yes, please list the medication and dosage? _____

4. Is your diet restricted? Yes No

If yes, explain _____

5. Do you have any allergies? (e.g. drug, food, seasonal, animal, etc....) Yes No

If yes, explain _____

6. Do you now have or have you ever experienced problems with your back? Yes No

If yes, explain _____

7. Does anything hinder you from doing physical work, including heavy lifting? Yes No

If yes, explain _____

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8. Have you ever had an eating disorder? (Anorexia, Bulimia, etc...) Yes No

If yes, explain _____

9. Have you ever used illegal drugs? Yes No

If yes, please describe _____

10. Have you ever had a problem with substance abuse? Yes No

If yes, explain _____

11. Have you ever been involved in a homosexual experience? Yes No

If yes, explain _____

12. Have you ever been hospitalized for emotional or behavioral issues? Yes No

If yes, explain _____

a. When and where were you last hospitalized? _____

b. Have you ever tried to commit suicide? Yes No

13. Have you ever been abused or been an abuser? (includes mental, emotional, physical and sexual abuse) Yes No

If yes, explain (use a separate sheet if necessary):

14. Do you have a history of violent behavior? Yes No

(If yes), explain

15. Describe your exposure to pornography. _____

16. Describe your sexual history. _____

17. Have you ever been charged with or convicted of any criminal act, regardless of whether the conviction was later set aside or expunged? Yes No

Please provide the details of the offenses charged and the outcome – including sentencing, if applicable.

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VI. Spiritual

Serving at His Mansion carries a lot of responsibilities. We are accountable to the Lord for the way in which we lead and instruct these young people. Not everyone is meant to serve in this environment. Carefully read the following questions and answer them thoroughly, honestly and thoughtfully on a separate sheet of paper.

17. How would you describe your relationship with God? Who is Jesus Christ to you?
18. If you were presenting a brief explanation of the gospel of Jesus Christ to an interested young person, describe the main points that you would communicate?
19. Describe how you came to understand the gospel message described in the preceding question.
20. Describe the role of the Bible in your life?
21. Describe your past and present relationship with your mother and father (do this for each parent separately).
22. What is your reason for wanting to serve at His Mansion?
23. What character qualities or life experiences do you possess that could help you relate to the residents at His Mansion?
24. Describe how the beliefs and values that guide you find expression in your life, with specific examples.
25. Explain your understanding of spiritual authority and describe your relationships (past and present) to spiritual authorities in your life.

VII. References

Please list three individuals that we may contact for reference. Avoid using relatives. Please use pastors, elders, leaders of the church, ministry groups or organizations, close friends, etc.

Reference ONE:

Name _____

Address _____

City _____ State _____ Zip _____

Phone: Home (_____) _____ Work/Cell (_____) _____

E-mail Address: _____

Reference TWO:

Name _____

Address _____

City _____ State _____ Zip _____

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Phone: Home (_____) _____ Work/Cell (_____) _____

E-mail Address: _____

Reference THREE:

Name _____

Address _____

City _____ State _____ Zip _____

Phone: Home (_____) _____ Work/Cell (_____) _____

E-mail Address: _____

Please read the following statement and sign below.

I hereby certify that the answers and other information on this application are true and correct *to the best of my knowledge*. I understand that any material misrepresentation or omission of facts on my part will be grounds for dismissal from my internship at His Mansion Institute.

Signature _____ Date _____

PLEASE MAIL YOUR APPLICATION TO:

His Mansion Institute
P. O. Box 40
Hillsborough, NH 03244-0040
Attn: Nick Clark, HMI Program Administrator

Faxed applications will not be accepted.