

Rebirth International

2010 Internship Application

Steps to complete the 2010 Rebirth International Application.

1. Complete this two page application entirely.
2. Please attach a recent picture of yourself or link with Mo Leverett on Facebook.
3. Please take the free version of the Myers Briggs Personality Inventory on line at <http://www.humanmetrics.com/cgi-win/JTypes2.asp> and report your personality type on question 9 of the application questions. Use this link for more information <http://www.personalitypage.com/home.html>.
4. Complete the short answer application questions.
5. Fill out the information on your recommenders. Ask each recommender to fill out the three page Recommendation Form and return it to us at the email address provided.
6. Submit your complete application packet, including recommendation information and application questions via email to:

Mo Leverett

mo@cptchurch.com

Subject: Rebirth Internship

Attach your application as a word document.

Personal Data	Last Name:			
	First Name:			
	Middle Initial:			
	Date of Birth:		Age:	

Contact Info	Mailing Address:			
	City:			
	State:		Zip:	
	Email Address:			
	Phone Number:			

Education	High School:			
	City:		State:	
	GPA:		Grad Date: (anticipated or actual)	

Rebirth International

Education	College:			
	City:		State:	
	Major:		Degree:	
	GPA:		Grad Date: <small>(anticipated or actual)</small>	

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	Grad School:			
	City:		State:	
	Degree:		Major:	
	GPA:		Grad Date: <small>(anticipated or actual)</small>	

Church Info	Home Church:		Denomination:	
	Church you attend at school (if applicable):		Denomination:	
	Ministry Involvement:			

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Recommendation List

Please provide the following information about your recommenders. Ask each recommender to fill out the 3 page Rebirth International Recommendation form and return it to us.

Pastor	Name:			
	Mailing Address:			
	City:			
	State:		Zip:	
	Email Address:			
	Phone Number:			

Educator	Name:			
	Mailing Address:			
	City:			
	State:		Zip:	
	Email Address:			
	Phone Number:			

Peer	Name:			
	Mailing Address:			
	City:			
	State:		Zip:	
	Email Address:			
	Phone Number:			

Application Questions

Please answer the following questions in the space provided. If you need additional space, please attach your answers to the end of your application. Brief but thoughtful responses are preferable.

1. What is your Christian testimony?

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2. What is your level of interest in urban ministry?

3. What is the extent of your cross-cultural experience?

4. Please define urban or inner-city ministry.

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5. What are your expectations from this internship?

6. What are your life goals? How does this internship fit into those goals?

7. What are your strengths? What are your greatest limitations?

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8. Please explain your personal experience with suffering.

9. What were the results of your Myers-Briggs personality Test? Do you feel these results are accurate?

10. Please use this space to tell us anything else you feel is necessary to evaluate your application.

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	O	MS	SAT	NI	U	Unable to Evaluate
Artistic Gifts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administrative Gifts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal Skills with Peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal Skills with Superiors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Likeability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ambition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaction to Stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works Independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility/Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Relationship to Applicant: Pastor: Teacher: Peer: Other:

If Other, please indicate relationship: _____

How long have you known applicant? _____

How well do you know applicant? _____

Do You: Highly Recommend Not
 (Check appropriate Recommend 3 2 Recommend
 box.) 5 4 1

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Additional Information: Use to amplify or add to characteristics rated on previous page. Indicate applicant's strengths and those qualities that require further development. (You may attach a separate sheet or letter.)

Strengths:

Qualities that Require Further Development: