

Sojourn Collegiate Ministry

30 Fenway Unit 1 Boston, MA 02445

E-mail: timothy@sojourncollegiate.com

Website: www.sojourncolleigate.com

PERSONNEL INFORMATION

Name: _____

Current Address:

Street: _____

City, State, Zip: _____

Country: _____

Permanent Address:

Street: _____

City, State, Zip: _____

Country: _____

Phone:

Home: _____

Cell: _____

E-mail: _____

CHURCH INVOLVMENT

Local Church: _____

Denomination: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Involved since what year? _____

Name of Pastor: _____

WORK EXPERIENCE

Dates: _____

Organization: _____

Address: _____

Title: _____

Duties:

Dates: _____

Organization: _____

Address: _____

Title: _____

Duties:

Dates: _____

Organization: _____

Address: _____

Title: _____

Duties:

EDUCATION

Name of School: _____

Location: _____

Years Attended: _____

Degree: _____

Name of School: _____

Location: _____

Years Attended: _____

Degree: _____

Name of School: _____

Location: _____

Years Attended: _____

Degree: _____

EXPERIENCE AND VOCATION TO CHRISTIAN MISSION

Please respond to each of the following questions in one concise paragraph.

E-mail your responses in a word document along with your current resume, and this completed application to timothy@sojourncollegiate.com

1. CHRISTIAN EXPERIENCE

- a. In what ways do you experience the presence of God in your life?
- b. Describe ways in which you have been able to share your faith with others.

2. UNDERSTANDING MISSION

- a. How do you understand the nature and mission of the Church? What influences have helped shape your understanding?
- b. What factors have drawn you to pursue this internship?

3. PERSONAL RELATIONSHIPS AND INTERPERSONAL SKILLS:

- a. Describe your strengths.
- b. Describe your weaknesses.

4. PROFESSIONAL COMPETENCES AND EDUCATIONAL PREPARATION:

- a. List some titles and authors of books you have read in the past year.
- b. What blogs or sources do you regularly read?

REFERENCES

Please list below the names, addresses, e-mails, and phone numbers of at least four persons who are qualified to provide further information about you.

1. (Campus Minister; Your current or former Minister; Clergy Family: use non-relative)

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

E-mail: _____

2. (Teacher/Instructor In College Or other Learning Experience)

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

E-mail: _____

3. (Colleague In a Learning Experience)

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

E-mail: _____

4. (Professional Associate Or Co-Worker)

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

E-mail: _____

5. OPTIONAL (Good Friend)

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

E-mail: _____

AUTHORIZATION OF BACKGROUND CHECK

I authorize and request my educational institutions and present* / former employers and those individuals whom I have listed as references to furnish Sojourn Collegiate Ministry (SCM) information about my work performance, ability, and other qualities relevant to my qualifications for employment. In so doing, I release them from any and all liability or damages of whatever nature arising from furnishing the requested information.

I acknowledge that consideration for SCM's EXPERIENCE is contingent on a thorough and comprehensive investigation of my background. I further understand that the scope of the background investigation may include the following:
Verification of employment history, including and all personnel files; education/training records; character references; criminal arrests and convictions records; criminal and civil court records, birth and citizenship records, credit history; sex offender registry/sexual misconduct; and any other public record.

I understand that this application does not constitute an employment agreement.

I certify that the information furnished in this application is correct and complete to the best of my knowledge. I understand that any false statement, misrepresentation or omission of the facts given in this application will be cause for rejection of or may result in my dismissal from relationship / employment at any time. I further understand that, if selected, I understand and agree that nothing contained in this application or in the granting of the interview is intended to create an employment contract between the SCM and myself or provide any other benefit.

I hereby agree that SCM, in the course of considering my application, may make inquiries to ascertain information concerning my previous work record.

I certify that I have personally prepared this application and that the information I have provided is true to the best of my knowledge.

Signature: _____ Date: _____