



INTERNSHIP APPLICATION

Dear Applicant,

Thank you for your interest in Succat Hallel and our ministry of worship and intercession here in Jerusalem. This application form is for our three-month internship program.

Living and ministering in Jerusalem is a wonderful privilege and we would like to help you be prepared to make the most of the experience. Here are a few points that you will want to consider.

EXPENSES

The internship program costs \$2800 USD. This includes your housing, teachings and all internship related trips. All program costs must be paid upon arrival. We recommend raising an additional \$600-\$1000 for daily life expenses over 3 months (food, cell phone minutes, bus passes etc..).

HOUSING

Succat Hallel offers shared housing for accepted applicants. Early application submission is advised to secure housing. You and the other volunteers will live together in community, shared rooms and bunks. Unfortunately we do not provide housing for married couples.

VISAS

Three month tourist visas are given free to US, EU, UK, Ireland, New Zealand, Australia and Canadian citizens without prior application, when they enter Israel and show passports that are valid for at least 9 months beyond the time of arrival. If you live in another country please check the regulations for entry into Israel.

SUPPORT

The ministry of Succat Hallel is staffed entirely by volunteers who raise their own financial and prayer support. For this reason all costs associated with your travel and stay are your own responsibility. There are no scholarships available.

DATES

We have intakes for our volunteer program 4 times a year, March, June, September, December. Please contact us for exact dates each year.

HEALTH INSURANCE

Each applicant must provide his or her own health insurance coverage. Neither Succat Hallel or the internship program will be able to cover hospitalization and/or visits to the doctor. Ask your travel agent about travel insurance that will fully cover you while you are here. If you require prescription medication (or even non-prescription medication) we recommend you bring a sufficient supply with you to cover your stay.

BEHAVIOR

Succat Hallel acknowledges our call to live worthy of the Lord. We understand that the imposition of external “rules of behavior” is not an ideal to motivate people to holiness. Our motivations for holiness are love for Jesus and people, not the pressure of imposed rules. However, in the spirit of Galatians 3:21-23, we recognize the need for standards set in place until the character of Christ is formed in us as articulated in the Sermon on the Mount (Matt 5-7). We ask all staff members and volunteers to live counter to the prevailing moral laxity of our society by not participating in or condoning sexual activity outside of marriage and to refrain from, illegal drugs, tobacco and gambling.

WEATHER

Jerusalem is usually hot and dry in the summer months – from May to September (although it will be cooler in the evenings). However, it can get quite cold (and rainy) during the winter months – December to April. The temperature rarely drops below freezing in Jerusalem but winter clothing will be needed if you will be here in the winter.

We look forward to receiving your application.

Blessings and Shalom

APPLICATION PROCESS

We will review this application once we have received your application packet which MUST contain the four components below:

1. The Application Form
2. Photograph
3. 1 or 2 page personal testimony
4. Pastoral recommendation form (in a sealed, unopened envelope)
5. Personal Reference from

REMEMBER: all 5 components must be sent in together in one packet. Send your application packet by airmail to:

**Mrs. N. Sarvis
PO Box 2489
Jerusalem 91024
Israel**

Alternatively you may FAX your application documents to the following number:

+972 73 729 5365

Once your application has been approved, you will receive an e-mail confirming your acceptance into the program.

Please feel free to email us with any questions you may have at:

volunteering@jerusalempraise.com

INTERNSHIP APPLICATION FORM

PERSONAL INFORMATION

Full name

Address

City

State/province

Zip/Postcode

Country

Home Telephone

Mobile

Email

Birthday (day/month/year)

Sex Male Female

Country of Birth

Country of Citizenship

Passport nr.

Exp. Date

Marital Status Single Married Divorced Seperated Widowed

Name of parent guardian (if under 21)

Which countries have you visited?

Is there a stamp in your passport identifying a Muslim or Middle-Eastern country? Yes No

If yes, which countries

(Israeli authorities may not allow you into Israel if your current passport contains a stamp from certain Muslim countries. If this is the case you will need to obtain a second or new passport).

EMERGENCY CONTACT INFORMATION

In case of an emergency, whom may we contact?

Name:

Phone numbers:

How is this person related to you:



INTERNSHIP INFORMATION

We have 4 intakes a year, March, June, September and December. Contact us for exact dates on when our volunteer programs start. During your first week you will receive guidelines and general orientation to Jerusalem and Succat Hallel from our leadership team. Please indicate which intake you would like to be part of (include the year).

March
 June
 September
 December

PERSONAL TESTIMONY

Please share your testimony (1 page, typed on a separate paper and stapled to application), including the highs and lows of your life. We encourage you to share some of the negatives that still affect you today, in order to help us understand you. This information will by no means disqualify you. Your application will not be processed without this testimony.

EDUCATIONAL / OCCUPATIONAL BACKGROUND

Do you have a high school diploma (or equivalent)? Yes No

How much college education do you have?

None
 Less than 2 years
 2 Year degree
 Bachelors degree
 Masters degree

Please list employment for the past three years.

Employer:	City:	Dates employed:	Type of work:
		to	
		to	
		to	
		to	
		to	

Have you ever been on any overseas ministry trips? Yes No (if yes, where did you go?)

Please tell us if you have had (past) or have (present) any life controlling issues.

Please describe your emotional health over the past 3 years.

Have you ever been involved with or experienced any of the following activities:

- | | | |
|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Witch craft | <input type="checkbox"/> Trance Music | <input type="checkbox"/> Fortune telling |
| <input type="checkbox"/> Horoscope | <input type="checkbox"/> Ouija board | <input type="checkbox"/> Yoga / T.M. |
| <input type="checkbox"/> Tarot cards | <input type="checkbox"/> Freemasonry | <input type="checkbox"/> Other occult activities |

If you checked any of the above, please explain what influence this has on you today

Please try to assess yourself in the following areas:

	Uncertain	Weak	Fair	Good	Very Good	Outstanding
Spiritual maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Devotion to Christ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to Serve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to Learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal Relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work with Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How much experience do you have in the following areas:

	No Experience	Some Experience	Lots of Experience
Intercession	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intercession Leading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Musician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specify Instruments played			
Worship leading with instrument	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worship leading without instrument	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (dance, art, sound, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specify Here			

Why do you want to join our internship program?

What are your goals for the future? What vision do you have for life and ministry?

How do you plan to financially support yourself?

Please sign and date the form below:

Signature	Date
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PASTORAL REFERENCE FORM

Dear Pastor,

The person named below has applied to join our internship program in Jerusalem. We would be grateful if you would complete this form, place it in a sealed envelope and hand it back to the applicant who will include it when sending their application packet to us.

Thank you very much!

TO BE COMPLETED BY THE APPLICANT

Firstname		Lastname	
Address		City	
State		Zip / Postcode	
Telephone		Email:	

To the applicant: Please complete the information in the above box only and then give this two-page form to your Pastor for completion.

TO BE COMPLETED BY THE PASTOR

Your Name _____ Your Church _____

Church Address _____

Church Telephone _____ Email _____

How long have you known the applicant? _____

How well do you know the applicant? Very well Fairly well Casually By name, sight

Please describe the applicant's level of involvement in your church (check all that apply):

Attends regularly Involved Enthusiastic Cooperative
 Attends irregularly Interested Distant Other

Has the applicant served your congregation in any capacity? If so, please give a brief description:

What are the strengths and spiritual gifts of the applicant according to your observations?

What is your assessment of the applicant's weaknesses?

What is the applicant's effect on his/her peers? Positive Neutral Negative Unknown

Are there any complex family, relational or emotional factors which might affect the applicant's service with us?

Please try to assess the following based on your knowledge of the applicant:

	Uncertain	Weak	Fair	Good	Very Good	Outstanding
Spiritual maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Devotion to Christ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to Serve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to Learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal Relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work with Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments on any of the above:

Would you have the applicant on your staff? Yes No Why or why not?

Does your congregation intend to financially support the applicant? Yes No

Comment:

Recommendation of the applicant for Succat Hallel's internship program in Jerusalem:

Highly Recommend Recommend Recommend with reservations* Do not recommend

*Please explain concerns here or on the back of this page

Signature

Date

Thank you for taking the time to complete this form.

PERSONAL REFERENCE FORM

Dear Friend,

The person named below has applied to join our internship program in Jerusalem. We would be grateful if you would complete this form, place it in a sealed envelope and hand it back to the applicant who will include it when sending their application packet to us.

Thank you very much!

TO BE COMPLETED BY THE APPLICANT

Firstname		Lastname	
Address		City	
State		Zip / Postcode	
Telephone		Email:	

To the applicant: Please complete the information in the above box only and then give this two-page form to your referee for completion.

TO BE COMPLETED BY THE REFEREE

Your Name _____

Address _____

Telephone _____

Email _____

How long have you known the applicant? _____

How well do you know the applicant? Very well Fairly well Casually By name, sight _____

What is the relationship between you and the applicant? _____

What are the strengths and spiritual gifts of the applicant according to your observations? _____

What is your assessment of the applicant's weaknesses? _____

Are there any complex family, relational or emotional factors which might affect the applicant's service with us?

Please try to assess the following based on your knowledge of the applicant:

	Uncertain	Weak	Fair	Good	Very Good	Outstanding
Spiritual maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Devotion to Christ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to Serve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to Learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal Relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work with Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments on any of the above:

Recommendation of the applicant for Succat Hallel's internship program in Jerusalem:

Highly Recommend Recommend Recommend with reservations* Do not recommend

*Please explain concerns here or on the back of this page

Would you support your friend's decision to move to Jerusalem as staff with us? Yes No

If no please explain

Signature

Date

Thank you for taking the time to complete this form.