



Dear Potential Summer Intern for 2010,

Welcome to the Silver Ring Thing internship application packet!!! We are so excited that you are considering an internship with us. Give us a yell if you have any questions at any point in this process. Our goal is for our interns to have a broad experience with a Christian company that cares about students and wants to provide a platform for young people to exercise and grow as leaders. As you plan to internship with us, plan to go on one weekend retreat with the team, plan to create and sustain relationships with our high school Leadership Week teens for seven straight days towards the end of your experience, plan to adventure in your faith, plan to be challenged, plan to be a leader, plan to experience teamwork in action, plan to enter a new community, plan to see God show you where He wants you, and be prepared to leave Pittsburgh this summer with the skills needed to encourage others to live an obedient and radical life.

Love...your future team members @ SRT

Contact us!

Silver Ring Thing
544 Moon-Clinton Road
Moon Twp, PA 15108

Contact by phone:

Office: 412-424-2400

Fax: 412-424-2401

Contact by web

www.silverringthing.com

Contact by email

Missy Patton – Internship Director – missy@silverringthing.com



Application Form (all the stuff in this packet)

Return by April 15 for out of state for clearance processing time.
Return by May 1 if Pennsylvania state resident.

Read the following instructions closely before you complete the application form.

1. Answer each question clearly and completely.
2. Write as neatly as possible if not sending back through email.
3. Include a copy of the following:
 - ✓ Copy of a Personal Resume
 - ✓ Three Personal Recommendations (email them to Missy or have your reference send in a sealed envelope to SRT)
 - ✓ A copy of this whole Application Form
 - ✓ Pennsylvania Act 33/34 Clearances (we will be working with minors over the summer so we must have these)

Financials:

Tax-deductible support is suggested to be raised in which the intern will receive the donation minus administrative costs. Please ask for a sample letter of support to be emailed to you.

When housing is needed, SRT provides host-home families and groceries for each intern.

DEADLINES AND NOTIFICATION OF ACCEPTANCE:

For students in Pennsylvania: Applications are due May 1, 2009...you are encouraged, however, to apply as early as possible for better your chances of acceptance.

Out of state applicants: Please return application by April 15, 2009 as we need to go through the lengthy federal standards to work with minors including fingerprinting, etc. We work with minors during our Leadership Week and take many precautions to be sure we follow safety for all people involved.

Once a decision has been made concerning your application, you will be notified by telephone and additionally you will receive an official letter of notification no later than May 15, 2009.



Application Form

Personal Information

Preferred Name: _____

First Name: _____

Last Name: _____

Age: _____

Occupation: _____

Date of Birth (MM/DD/YY): _____

Address: _____

City: _____ State: ____ Zip: _____

Home Phone: _____

Cell Phone: _____

E-mail Address: _____

Drivers License Number: _____

MySpace/FaceBook: _____

Recent Photograph –
put one here or email pic to
missy@silverringthing.com



PARENT/GUARDIAN INFORMATION

Please check:

Father Name: _____
Stepfather Occupation: _____
Address:
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Cell Phone: _____
Work Phone: _____

Please Check:

Mother Name: _____
Stepmother Occupation: _____
Address:
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Cell Phone: _____
Work Phone: _____

FAMILY

Shortly describe your relationship with your father/stepfather:

Shortly describe your relationship with your mother/stepmother:

How many family members are in your family? _____
Describe the atmosphere in your house:

Can you discuss personal and confidential issues with your parents? Yes No

Please explain:

Do your parents support you in your choice to be at SRT? Yes No

Please explain:



LEGAL INFORMATION

Have you ever been convicted of a felony? Yes___ No___
If you answered yes, please elaborate

Have you ever spent time in jail? Yes_____ No_____
If you answered yes, please elaborate

Please be sure to fill out and send in PA Act 33/34 Clearances

EDUCATION

High School

High School Name:

City: _____ State: _____ Zip: _____

Year Graduated: _____ GPA _____

Activities and Clubs involved in (Beta Club, Basketball Team, Band, Choir, Drama):

College

College Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Cumulative GPA: _____

Major: _____

Minor: _____

Year expected to graduate: _____

If graduated, what did you get your degree in? _____

Activities or Clubs involved in:



JOB EXPERIENCE

Most Recent Jobs

Name & Address of Employer:

Telephone Number: _____

Date of Employment: _____

Date of Termination of Service: _____

Reason for Termination: _____

Name & Address of Employer:

Telephone Number: _____

Date of Employment: _____

Date of Termination of Service: _____

Reason for Termination: _____

Have you ever been expelled from or had an application denied due to any criminal offense? Yes ___ No ___ If yes, why? _____

CHURCH STUFF

Church Denomination: _____

Church Name: _____

Pastor's Name: _____

Address of Church: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

How long have you been attending this church?

What activities are you involved in within your church?



SPIRITUAL STUFF

(Please answer very honestly)

Have you received Jesus as your personal Savior? Yes _____ No _____

If yes, when and where? _____

Briefly explain what happened:

What do you think about sharing your faith with other people on a one-on-one basis or collectively? _____

Have you done this recently?

HABITS

Do you smoke? Yes _____ No _____

Are you willing to quit during an internship? _____

Do you use alcohol? Yes _____ No _____

If yes, specify: _____

Are you willing to quit during an internship? _____

Have, or are you presently using any form of drug related substance? Yes No

If yes, specify the type: _____

Duration: _____ Last time used: _____

Yes, we need to ask these questions. Answering “Yes” does not necessarily disqualify your application. We know that people make mistakes. Heck – we even have a “starting over” talk in our show! We are all about second chances. Therefore, each individual will be dealt with on a case-by-case basis.



STUFF WE ARE CURIOUS ABOUT WHEN IT COMES TO YOU

How did you hear about Silver Ring Thing?

Give 3 reasons why you specifically want to intern with Silver Ring Thing:

How would SRT benefit from having you intern with our team?

Where do you see yourself in 5 years?

What do you want to do as an occupation?

Please list any talents you feel would be beneficial to SRT (ex: drama, public speaking, etc.)

- Have you seen a SRT program Yes No
- Are you currently wearing a Silver Ring? Yes No For how long _____
- Have you ever intentionally inflicted harm on yourself? Yes No
- Have you struggled with homosexuality in the last 3 years? Yes No
- Have you struggled with pornography? Yes No
- Have you ever been pregnant or fathered a child? Yes No
- Have you ever had professional counseling? Yes No



DRIVING HISTORY

Do you have a valid driver's license? _____

Will you have access to a vehicle to get yourself to and from SRT office M-F and do you feel comfortable transporting high school students to and from the airport, etc. during leadership week? _____

Have you had any accidents or tickets in the past 3 years? Yes No

Explain:

PERSONALITY:

Please rate yourself 1-10 (10 being the highest)

Relating to new people _____

Easily Offended _____

Relating to teenagers _____

Confrontation _____

Conversations with stranger _____

Organization _____

Ability to finish what is started _____

Morning Person _____

Listening _____

Stage presence _____

Sense of Humor _____

Speaking Skills _____

Establishing new friends _____

Being Neat/Tidy _____

Maintain friends _____

Being on Time _____

Submission to leaders _____

Late night Person _____

Vulnerability _____

Acting Skills _____

Technical Skills _____

(Note: there are no right or wrong answers it simply is for us to know you better)



PERSONALITY OVERVIEW

In each category, **O, G, L, B**, circle all words/phrase that describes a *consistent* character trait of yours. Total the number circled, and multiply by 2.

O

Takes Risks
 Motivator
 Fun Loving
 Very Verbal
 Enjoy Change
 Group Oriented
 Avoids Detail

Visionary
 Energetic
 Likes Variety
 Promoter
 Creative
 Mixes Easily
 Optimistic

“Trust me, it will work out”

Total _____ x 2 = _____

G

Loyal
 Even Keel
 Enjoys Routine
 Good Listener
 Sympathetic
 Nurturing
 Tolerant

Non-demanding
 Avoids Conflict
 Dislikes Change
 Adaptable
 Thoughtful
 Patient
 Deep Relationships

“Let’s keep things the way they are”

Total _____ x 2 = _____

L

Takes charge
 Assertive
 Bold
 Enterprising
 Decision Maker
 Goal Drive
 Enjoys Challenges

Determined
 Firm
 Purposeful
 Competitive
 Leader
 Self-reliant
 Adventurous

“Let’s do it now”

Total _____ x 2 = _____

B

Deliberate
 Reserved
 Practical
 Factual
 Detailed
 Inquisitive
 Persistent

Controlled
 Predicable
 Orderly
 Discerning
 Analytical
 Precise
 Scheduled

“How was it done in the past”

Total _____ x 2 = _____



Your Favorite Subject: YOU!!!

Give the three best attributes of yourself:

Name your three main weak points:

How do you deal with stress?

In which situation do you tend to withdraw from other people?

If you were in a position to change something about yourself, what would it be?

If there was one thing you would never change about yourself, what would it be?

RELATIONSHIPS

Do you make friends easily? Yes No

How do you handle conflict within your circle of friends?

How many relationships have you had with the opposite sex? _____

Are you involved in a relationship at this moment? Yes No

If yes, how long, and what is the person's age? _____

How does this person feel concerning your decision to come to SRT?

Have you ever been sexually active? Yes No

Are you currently involved in a sexual relationship? Yes No

Are you willing to commit to sexual abstinence? Yes No

Do you believe oral sex is sex? Yes No

HEALTH HISTORY



Do you have a physical handicap, disability, or disease that might affect your ability to fully function during this internship or that a host-home should be aware of?

Do you have any chronic illness?

Explain:

Are you under any prescribed medication by a doctor?

Explain:

Do you have any food or pet allergies?

Explain:

Are you a vegetarian? Yes No

Are you lactose intolerant? Yes No

Is there any medical reason you are unable to lift heavy objects?

Explain:





Personal Recommendation

Date: ___/___/___

_____ (Name of Applicant) has applied for a Summer Internship at Silver Ring Thing. To help us in our selection process, would you please be so kind in answering the following questions confidentially. (Return in an enclosed envelope or by e-mail to marie@silverringthing.com)

For any information please feel free to contact us. www.silverringthing.com
Silver Ring Thing 544 Moon-Clinton Road Moon Twp, PA 15108 412-424-2400
Thank you, for your cooperation in this regard.

Referent's Details

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Day contact phone: _____ Evening contact phone: _____

1. What is your relation to the applicant? _____
2. How long have you known the applicant? _____
3. How would you describe the candidate as a person? _____
4. Mark the best description of the applicant:

Example, for a very disciplined person you would mark a 5

Undisciplined	1	2	3	4	5	Disciplined
Lack of Responsibility						Responsible
Untidy						Neat/Tidy
Emotionally Unstable						Emotionally Stable
Spiritually Unstable						Spiritually Stable
Immature Personality						Mature Personality
Introverted						Extroverted
Unorganized						Organized
Unmotivated						Motivated
Self-concerned						Service Oriented
Inadaptable						Adaptable

Do you have any indication that the applicant's desire to be involved in the Summer Internship has been influenced by a desire to escape a difficult situation (i.e. family problems, financial struggle)?

_____ Describe how the applicant responds to authority _____

How would you recommend this person, knowing they represent you?

Recommended with the highest assurance _____ Recommended with confidence _____

Recommended with some reservation _____ Not recommended _____

I hereby declare that all information in this recommendation is true and correct to my knowledge.



DECLARATION – THIS STUFF IS ALL TRUE!

I hereby declare that all information in this application is true and correct. I understand and accept that if any of the given information is shown not to be truth; it can result in the immediate suspension of my training at Silver Ring Thing. I also give my permission that this information may be used by the personnel of SRT, who is responsible for the selection of new interns.

Signed on _____

Signature of Applicant

Signature of parent/guardian
(If applicant is under 21)

