

Personal Health

Do you have a physical handicap, disability, or disease which might affect your ability to fully function as an intern?

Yes

No

If so, please explain: _____

Do you have any chronic illnesses or allergies?

Yes

No

If so, please explain: _____

Are you presently taking any medication prescribed by a doctor?

Yes

No

If so, please explain: _____

Self Evaluation

On a scale of 1 to 10, 10 being the highest, please evaluate your personal strengths and weaknesses.

Relating to new people: _____ Establishing relationships: _____

Maintaining friendships: _____ Problem solving: _____

Sense of humor: _____ Confronting: _____

Ability to finish what is started: _____ Encouragement: _____

Conversations with strangers: _____ Listening: _____

Ability to submit to leadership: _____ Being an example: _____

Flexibility / Adaptability: _____ Vulnerable: _____

Accountable: _____

Describe your relationship with your family:

Describe your relationship with your best friend:

Friend's Name: _____

What tends to upset you the most?

How many books did you read in the last year aside from the Bible? _____

What were the last three movies you saw? Average hours you spend watching tv / movies weekly? _____

1. _____
2. _____
3. _____

How many hours do you spend on video games / computer each week? _____

Personal History

Please answer the following questions carefully and truthfully. Failure to do so may result in dismissal from the Discipleship Program. A "yes" answer does NOT exclude you from acceptance into the internship.

Have you ever:

- | | | |
|--|------------------------------|-----------------------------|
| Been involved in drugs / alcohol? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Been involved in the occult / a cult? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Been involved in gang activity? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Been arrested? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Been suspended or expelled from school? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Struggled with homosexuality? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Struggled with pornography? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Struggled with an eating disorder? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you currently involved in any kind of dating relationship? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you been sexually active in the last year? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever had professional counseling? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you been pregnant or fathered a child? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Please turn to the next page to complete this section.

Biographical Information

Answer the following questions on a separate sheet of paper. Write neatly or type your answers so they are legible.

1. Give an overview of your personal history. Include where you grew up, family situations (childhood to present), and how you feel these experiences will affect your participation in the Discipleship Program.
2. Tell how and when you became a Christian and about your personal growth in Christ.
3. Describe your current walk with the Lord, including how your faith is growing, the spiritual influences in your life, your quiet (devotional) times, church involvement, leadership experience, and outreach activities in which you are engaged.
4. Who has made the biggest impact on your life, other than the Lord? Explain.
5. What is your view of a mentor? Is this role important to you?
6. List and explain three of your strengths.
7. List and explain three of your weaknesses.
8. What are your personal goals (broad) for the next two years.
9. Explain how and why you feel God is calling you to be a part of the Discipleship Program. Include how you believe the Discipleship Program can help you meet your goals and how you can help fulfill the mission of Wildwood Ranch.

References

Have 3 or 4 references complete the recommendation form. Your pastor's recommendation is required.

Pastor's Name:	_____	Email:	_____
Church's Name:	_____	Phone:	_____
Teacher's Name:	_____	Email:	_____
	_____	Phone:	_____
Employer	_____	Email:	_____
	_____	Phone:	_____
Friend:	_____	Email:	_____
	_____	Phone:	_____
Friend	_____	Email:	_____
	_____	Phone:	_____

Please have your references send completed recommendation forms to:

Wildwood Ranch ❖ c/o Discipleship Program ❖ 4909 Brophy Road ❖ Howell, MI 48855