



Knoxville Inner City Kids Outreach, Inc.
P. O. Box 14487, Knoxville, TN 37914
(865) 523-4956 info@kicko.org
www.kicko.org

KICKO Internship Application

NAME _____ SEX ____ AGE ____ DATE OF BIRTH _____

ADDRESS _____ CITY _____ STATE ____ ZIP _____

PHONE _____ CELL PHONE _____ SOCIAL SECURITY # _____

E-MAIL: _____

CHURCH _____ PASTOR _____

GENERAL REQUIREMENTS FOR Interns

- Must be at least 18 years of age
- Must be a regular attendee of a local church
- Must submit a completed Internship Application
- Must submit 1 Pastoral Reference & 1 Personal Reference (both references known at least 3 years)

Please have reference letters sent to:
 ATTN: KICKO Internship Coordinator
 P. O. Box 14487
 Knoxville, TN 37914

Or emailed to info@kicko.org

DAYS AVAILABLE

___ Monday ___ Thursday ___ Saturday
 ___ Tuesday ___ Friday ___ Sunday
 ___ Wednesday

Areas of Interest

___ Sidewalk Sunday School ___ Junior Staff ___ Community Transformation
 ___ Administrative ___ Strategic Planning ___ Fundraising
 ___ Marketing/PR ___ Social Media/Website ___ Photography/Videography
 ___ Other (please explain)

Relationship is what makes any ministry work. Strong relationships are formed with the children and their families through consistency. *We deeply appreciate your desire to partner with us to help take the Gospel of Jesus Christ to the precious children in Knoxville's inner city.* Understand that these children have many people and things in their lives on a "temporary" basis. We are committed to showing them that the Love of God, demonstrated by His body is permanent and something upon which they can depend. Please keep that in mind as you prayerfully consider serving as a volunteer intern. We ask that your commitment be for the entire term and that, barring emergencies, you fulfill your commitment. The kids will get to know and count on seeing you every week—you will also receive the greatest benefit from your involvement if you are consistent. God bless and thank you —together we really can make a lasting difference in their lives!

PERSONAL BACKGROUND INFORMATION

Have you ever been charged, arrested, convicted of, or plead guilty to any crime?

Yes No

If yes, would you be willing to discuss this matter with a ministry leader?

Yes No

Have you ever been accused, charged, or alleged to have committed any act of neglecting, abusing, or molesting a child or youth?

Yes No

If yes, would you be willing to discuss this matter with a ministry leader?

Yes No

Were you a victim of abuse (verbal, physical, sexual)?

Yes (If you prefer, you may discuss the answer to this question with a ministry leader. Answering "Yes" or leaving it unanswered would not automatically dis-qualify you from the working in any ministry capacity. However, you may be asked to clarify your response.)

No

Have you ever been involved in homosexual activity?

Yes No

If yes, would you be willing to discuss this matter with a ministry leader?

Yes No

Have you ever been accused, charged or alleged to have committed a theft?

Yes No

If yes, would you be willing to discuss this matter with a ministry leader?

Yes No

Are you addicted to prescription drugs?

Yes No

Do you use tobacco in any form?

Yes No

Do you drink alcoholic beverages?

Yes No

Do you take illegal drugs?

Yes No

Do you have problems sleeping?

Yes No

Do you have recurring nightmares or sleep disturbances?

Yes No

Do you have a history of use of pornographic materials?

Yes No

Have you ever been charged with moving traffic violations?

Yes No

Has your driver's license ever been revoked or suspended?

Yes No

Do you have a current driver's license?

Yes (List your DL# and State) _____ No (another form of picture ID may be required!)

Are you presently employed? If so, where? _____

Job Description _____ How long? _____

May we contact? Yes No Supervisor's Name _____

PREVIOUS EXPERIENCE

List all previous church work involving children or youth (list each organization's name/address, type of work performed and dates) _____

List any gifts, training, education, or other factors which have prepared you for work with inner city children, youth, and our organization. _____

Why do you want to work with inner city children or youth? _____

What part of the ministry position do you most look forward to? _____

Have you ever worked with inner city children or specifically ministry to the poor and needy? _____

CITIZENSHIP INFORMATION

Are you a citizen of the U.S.? ___ Yes ___ No

IF you are not a U.S. citizen, are you a legal alien authorized to work in the U.S.? ___ Yes ___ No

List each country of residence for the past 5 years beginning with your most recent.
Country, State/Province, City, Dates:

MEDICAL & CONTACT INFORMATION

Applicant's Name: _____

In case of an emergency, please contact:

Name: _____

Relationship: _____

Home Phone: _____

Cell Phone: _____

Please List an additional medical contact:

Name: _____

Relationship: _____

Home Phone: _____

Cell Phone: _____

Primary Care Physician: _____

Physician Address: _____

Physician Phone: _____

Blood Type: _____

List any known allergies: _____

Any known conditions: _____

Are you aware of any medical condition that would prevent you from performing the services of a Volunteer Intern without reasonable accommodation?

Conditions: _____

COMMITMENT

Are you willing to commit to the term of your internship? ___ Yes ___ No

Will you be able to show proof of financial support for your time as an intern? ___ Yes ___ No

When would you like to start your internship? _____

When would you like to end your internship? _____

Major/Minor: _____

Are you computer literate? ___ Yes ___ No

If so, please list software and hardware experience:

List your typing speed and office equipment you can use:

If you are bilingual which other languages do you speak?

ADDITIONAL INFORMATION, TRAINING, & EXPERIENCE

List here any other additional information that you believe may be useful in an evaluation of your application. (Examples could include special training programs in which you have participated or experience not reflected above.)

Additional Information:

EMPLOYMENT HISTORY

Please list your last three jobs beginning with your most recent employer.

Name of Employer: _____

Address: _____ City: _____ State: _____ Zipcode: _____

Employment Dates: _____

Employer Phone: _____

Job Title: _____

Supervisor Name: _____

End Salary or Hourly Rate: _____

Reason For Leaving: _____

Description of Duties: _____

Name of Employer: _____

Address: _____ City: _____ State: _____ Zipcode: _____

Employment Dates: _____

Employer Phone: _____

Job Title: _____

Supervisor Name: _____

End Salary or Hourly Rate: _____

Reason For Leaving: _____

Description of Duties: _____

Name of Employer: _____
Address: _____ City: _____ State: _____ Zipcode: _____
Employment Dates: _____
Employer Phone: _____
Job Title: _____
Supervisor Name: _____
End Salary or Hourly Rate: _____
Reason For Leaving: _____

Description of Duties: _____

PERSONAL REFERENCES

List two personal references who are not related to you (other than the one who will be providing your written reference)

Reference Name: _____
Address: _____

Occupation: _____
Day Phone: _____ Evening Phone: _____
How long have you known this person? _____

Reference Name: _____
Address: _____

Occupation: _____
Day Phone: _____ Evening Phone: _____

RELEASE FOR CRIMINAL RECORDS CHECK

I hereby consent for Knoxville Inner City Kids Outreach, Inc. to seek from local law enforcement any information which pertains to any record of conviction contained in its files or in any criminal file maintained on me whether local, state, or national. I hereby release Police Department from any and all liability resulting from such disclosure.

Signature

Date

APPLICANT'S STATEMENT

The information contained in this application/screening form is correct to the best of my knowledge. I authorize any references or churches listed in this application to give any information (including opinions) that they may have regarding my character and fitness for children and youth ministry. In consideration of the receipt and evaluation of this application by Knoxville Inner City Kids Outreach, Inc., I hereby release to any individual, church, youth organization, charity, employer, reference or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature which may at this time result to me, my heirs or family, on account of compliance or any attempts to comply with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

Should my application be accepted, I agree to be bound by the policies and procedures of Knoxville Inner City Kids Outreach, Inc. and to refrain from any unscriptural conduct in the performance of my services on behalf of the ministry. I also agree to participate in all training and enhancement programs provided by the leadership of Knoxville Inner City Kids Outreach in preparation for my participation in ministry.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement which I have read and understand.

Signature

Witness

Date

KNOXVILLE POLICE DEPARTMENT
PERMISSION TO RELEASE ARREST INFORMATION

PERSON/BUSINESS REQUESTING BACKGROUND CHECK _____

NAME _____
LAST FIRST MIDDLE MAIDEN

ALIASES _____ SOCIAL SECURITY # _____

ADDRESS _____
STREET/ROAD APT # CITY/STATE ZIP

DATE OF BIRTH _____ SEX _____ RACE _____

DRIVER'S LICENSE # _____ STATE _____ STATUS _____

I hereby authorize the Knoxville Police Department to release copies of my arrest records to the person named above.

SIGNATURE DATE
DO NOT WRITE BELOW THIS LINE

<u>Inquiry Results</u>	<u>Notarization</u>
Local Warrant Check _____	State of _____
MS Computer Check _____	County of _____
No Record Found _____	Personally appeared before me, _____
Record Found _____	With whom I am personally acquainted, and who Acknowledged that he/she executed the within instrument For the purpose therein contained.
Computer Generated Arrest History Attached Y____ N ____	Witness my hand, at office this _____
Record Checked by: _____ _____	Day of _____, 20 _____
Date: _____	Notary Public _____ My commission expires: _____