

2008

Cathedral of Praise
INTERN PROGRAM

Application for Admission

(Please print in ink or type)

I plan to enter E.R.O.C.: June _____
YEAR

Full Name _____ Male Female
LAST FIRST MIDDLE

Preferred Name _____ SS# _____ Birth Date _____
MONTH/DAY/YEAR

Present Address _____
NUMBER AND STREET CITY STATE ZIP

E-Mail Address _____ Fax (_____) _____

Cell Phone (_____) _____ Home Phone(_____) _____

Are you a U.S. Citizen? Yes No If no, what is your current U.S. immigration status? _____

Providing information about race/ethnicity is voluntary. The information is not used in a discriminatory manner.

Select one (optional) Latino/Hispanic Caucasian
 African American American Indian or Alaskan Native
 Asian American Pacific Islander Other _____

Name of Church/Christian Organization _____

Denomination _____ Phone (_____) _____

Mailing Address _____
NUMBER AND STREET CITY STATE ZIP

Name of Senior Pastor, Youth Pastor or Youth Worker _____

How long have you been involved in this church? _____

If less than one year, what church were you involved in previously? _____

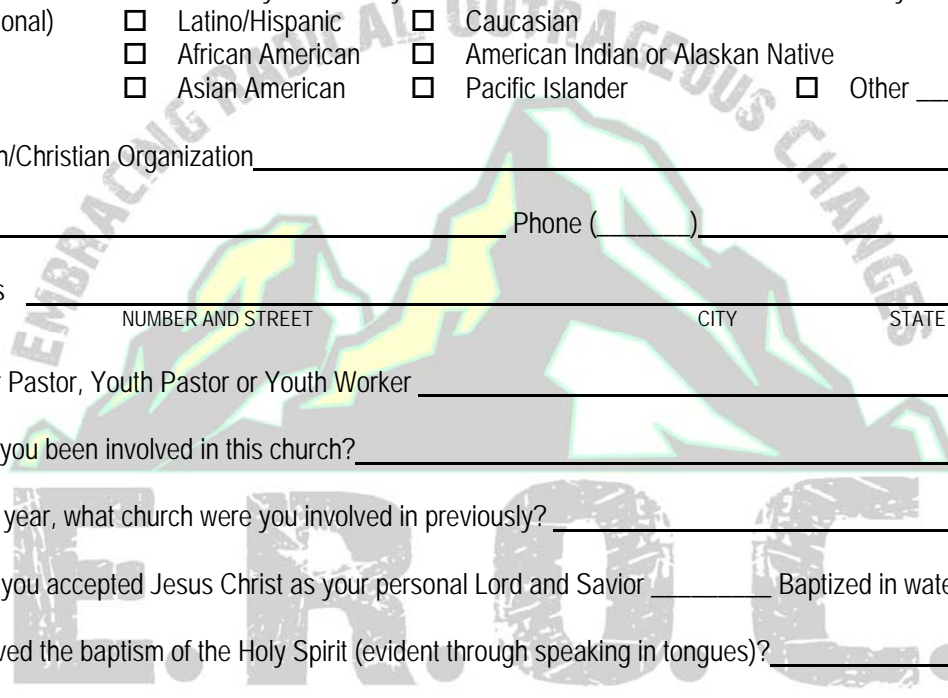
Age/year when you accepted Jesus Christ as your personal Lord and Savior _____ Baptized in water _____

Have you received the baptism of the Holy Spirit (evident through speaking in tongues)? _____

What ministry experiences have you had outside the Church? _____

Is there anything in your life that might come up as a questionable issue? No Yes (if yes, please explain)

PERSONAL INFORMATION



CALL 843.760.2626



FAX 843.760.2629



MAIL COP, 3790 ASHLEY PHOSPHATE RD, CHARLESTON, SC 29418



E-MAIL EROC@CATHEDRALOFFRAISE.ORG

Application for Admission

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BACKGROUND INFORMATION

EDUCATION

Are you currently a student (check all that apply)?

No

High School _____ Grade _____
NAME

College _____ Grade _____
NAME

Date of High School Graduation (mo/yr) _____ Date of College Graduation (mo/yr) _____

High School GPA _____ College GPA _____ ACT Score _____ SAT Score _____

Are you under academic or disciplinary suspension, probation or similar action at any institution?

No Yes (If yes, please attach an explanation to this application)

If you have not yet attended college, do you plan to earn an undergraduate degree? Yes No

What is your intended major? _____

What are your career goals? _____

Colleges or universities to which you are currently applying _____

ACTIVITIES

Have you ever been convicted of a felony?

No Yes (If yes, please attach an explanation to this application)

Please list any school, church or community activities you have been involved in.

Activity	Offices Held/Awards Received
_____	_____
_____	_____
_____	_____
_____	_____



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EMPLOYMENT

Are you currently employed?

Full-time

Part-time

Place of Employment _____

Position _____ Work Phone (_____) _____

How long have you worked there? _____ Describe your job responsibilities _____

Describe your relationship with your supervisor and coworkers _____

LIFESTYLE

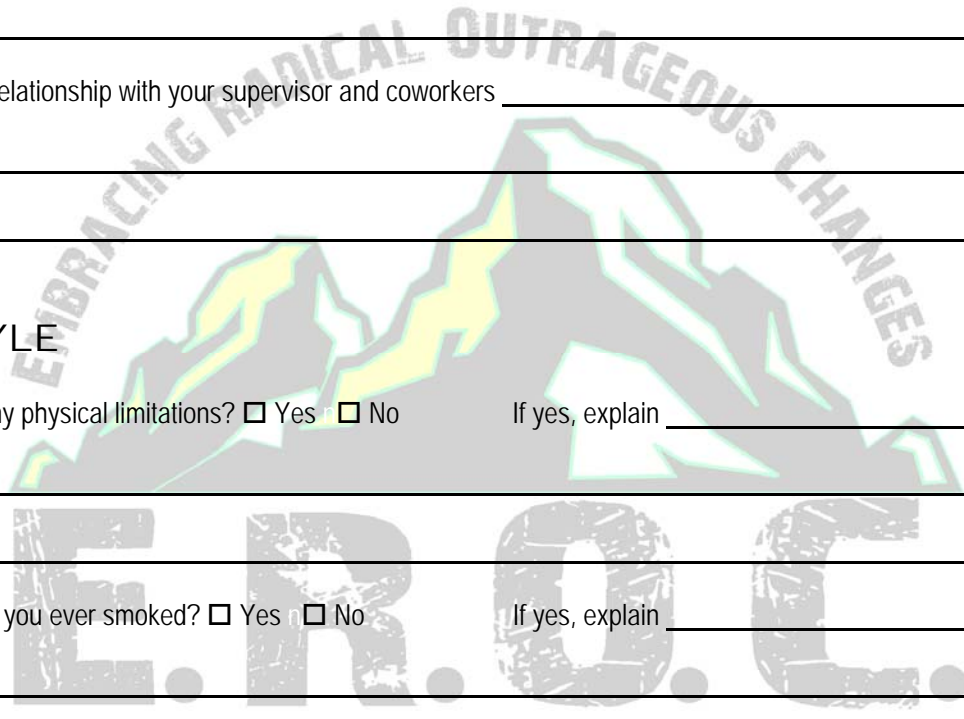
Do you have any physical limitations? Yes No If yes, explain _____

Do you or have you ever smoked? Yes No If yes, explain _____

Do you or have you ever consumed alcoholic beverages? Yes No If yes, explain _____

Do you or have you ever used any illegal drugs? Yes No If yes, explain _____

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How did you hear about E.R.O.C.? _____

Why are you applying to be a part of this program? _____

What do you believe God has called you to do with your life? _____

What is your definition of a servant? _____

What is your definition of ministry? _____

What qualities do you think are necessary for a spiritual leader to have? _____

If you are accepted into E.R.O.C., are you willing to make a 6-week commitment? Yes No

Please check any activities that you are interested in participating in at E.R.O.C. :

- Office
- Children's Ministry
- Worship Band
- Bread Basket
- Pastoral
- Special Needs Ministry
- Evangelism
- Graphic Design
- Sr. High Ministry
- Drama
- Intramural Sports
- Bookstore
- Jr. High Ministry
- Technical Arts
- Staging
- Grounds
- Other _____

Please give three references (outside of your family) of people who are well acquainted with you:

Name _____ Relation _____ Phone _____

Name _____ Relation _____ Phone _____

Name _____ Relation _____ Phone _____



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PROCESS

- Complete all parts of the Application
- Attach or enclose a current picture (preferably a headshot) with your application
- Honor Code page signed and dated.
- Medical Release page signed and dated.

Dates to remember:

- Applications due into the FUEL office no later than Wednesday, April 30, 2008
- EROC Interest PARENT Meeting, Wednesday, April 30, 2008
- Acceptance Notice, Wednesday, May 7, 2008

Miscellaneous:

- I understand that the Cathedral of Praise Intern Program is a non-paid position.
- I understand that I must commit to the 6-week program with any days to be missed being discussed prior to the beginning the program (family vacations, etc) unless for illness.
- I understand that the EROC program is for rising Juniors, Seniors or recent graduate.



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THE EROC HONOR CODE

- I will commit to devote myself to growth. Growth in my personal life as I pursue a lifestyle of character, honor, truth, and love. I will live in full responsibility for my actions and in a way that presents me as an example for others to follow.
- I will live in accordance to Biblical, moral, and ethical codes as presented in the Bible and as such that would show me a follower of Christ.
- I will desperately pursue to develop my relationship with God by seeking Him in earnest.
- I will commit to live my life to the utmost in a manner that is aligned with God's will and receptive to His guiding voice.
- I will bring a servant heart to all tasks I perform, being the first in love and forgiveness as I seek to cultivate life giving relationships and influence my community.
- I will develop a wider scope of sight as I train my eyes to see the world from a God perspective. In my pursuit of becoming Christ like my vision will grow in a way that will change not only my life, but also my family, community, and generation!
- I recognize the six week summer commitment involved in E.R.O.C. A time commitment that I acknowledge and look forward to being the most intense, exhilarating, and stretching of my life!
- I will attend all required events and activities with a heart overflowing with enthusiasm, love, and servitude.
- I will submit to those in authority and live by policies set forth by E.R.O.C and Cathedral of Praise.

EROC Applicant Signature

Date

Parent Signature

Date



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MEDICAL RELEASE

I understand that if a serious emergency arises, it may be necessary for a physician to attend to my child's medical needs. For this to take place, I am signing below providing my **Authorization for Medical Treatment**. I give permission for my child to be taken to appropriate medical facilities for treatment when deemed necessary and that medical or surgical treatment is implemented when recommended by a medical doctor.

I understand that the church or its agents will not be responsible for medical expenses incurred, but that such expenses will be my sole responsibility. I agree to notify the church in the event of any health changes which would restrict my child's participation in any planned activity.

I hereby release and hold harmless Cathedral of Praise, its officers, trustees, agents and employees from financial responsibility for my child's life and medical fees/premiums incurred pursuant to this consent.

Child's Name: _____ Date of Birth: _____

Address: _____

Social Security No.: _____ Home Phone: _____ Cell Phone: _____

List any medical exemptions (allergies, blood transfusion, etc.) your child has:

List any significant health problems (asthma, diabetes, epilepsy, etc.), surgeries or hospitalizations: _____

Is your child currently under a physician's care for any illness? _____ If yes, please specify: _____

Date of last tetanus shot: _____

My child is currently taking the following medicine prescribed by a doctor:

Name of medicine: _____

Dosage: _____

Physician's Name and Phone Number: _____

Family Health and Accident Insurance Carrier: _____

Policy Number: _____

Name of Policyholder: _____

Emergency Contact Information:

Name: _____ Day/Evening Number(s): _____

Signature of Parent/Guardian

Date



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