

INTERNSHIP APPLICATION

# ALOHA FROM THE ISLANDS OF HAWAII

We are excited about your interest in joining Surfing The Nations for the Internship Program.

All participants are accepted through an application process. You will be notified if you are accepted.

Our vision for every individual who commits to the Internship is for them to be trained and equipped through Biblical teaching and hands on outreach to serve others. **Weekly lectures, test taking, Bible study and prayer** are what we believe are most effective to instill a desire to love and serve the worldwide community better. Our outreaches range from meeting the needs of the homeless, feeding Hawaii's poor families, youth interaction, and water sports training for youth at risk. During your stay, you will be given the opportunity to be challenged and changed in radical ways as your personal gifts will be expanded and expressed; expect the unexpected!

**Please complete your Application, Application Agreement, and Emergency Contact Form and submit with your \$50 processing fee and a photo of yourself. Pastoral and Professional Reference letters must be received before your application will be considered.**

Mail completed application forms and processing fee to:

**REGISTRAR  
SURFING THE NATIONS  
P.O. BOX 860366  
WAHIAWA, HAWAII 96786  
USA**

You may also fill out the application online and email it to: [registrar@surfingthenations.com](mailto:registrar@surfingthenations.com)

We are excited to get to know you and see how this next season can change your life!



**MEGAN PHILLIPS**  
INTERNSHIP REGISTRAR

We hope to make your application process as simple as possible. The application process takes approximately one month. Please plan accordingly when completing your application. We do not begin processing until application, application payment and all supporting documents are received. We do not accept faxed applications, as clarity is not confirmed. This is a 4-step application process. Most documents may be submitted online, or downloaded and completed. You may mail some or all documents to our office at the address on the application. The application will be reviewed only when all forms have been completed.

## STEP 1

### General Application

Step 1 contains information fields such as personal, family, church, educational and general health questions. This form is available to download, print, and mail in or submit online.

## STEP 2

### Supporting Documents

Documents include emergency contacts, liability releases, consent for treatment, termination of involvement, financial responsibility, and policies agreement. These forms are available to download, printed, and then mailed in or submitted online. Three passport photos must be mailed in.

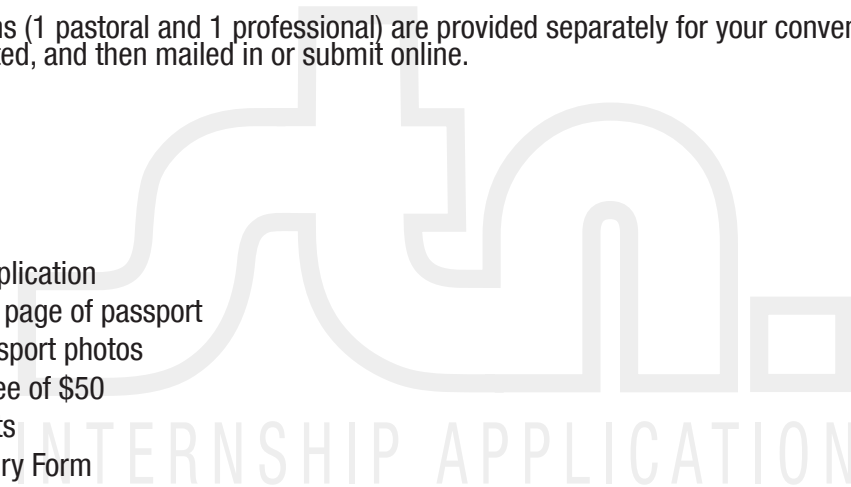
## STEP 3

### Reference Forms

The Supplemental Forms (1 pastoral and 1 professional) are provided separately for your convenience. This form is able to be downloaded, printed, and then mailed in or submit online.

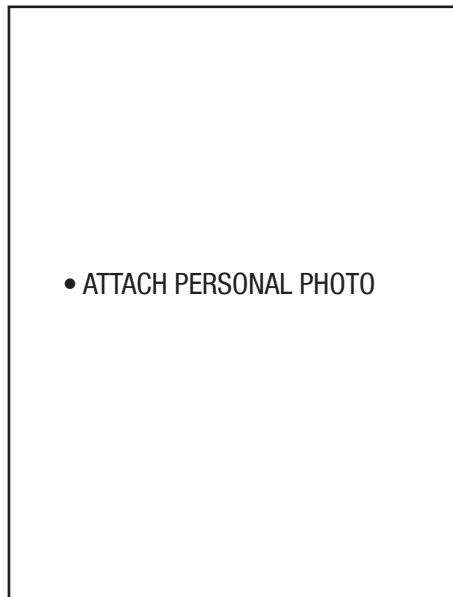
## WHAT IS INCLUDED:

- Aloha letter
- Instructions
- General Application
  - Internship Application
  - Copy of main page of passport
  - Three (3) passport photos
  - Application Fee of \$50
- Supporting Documents
  - Medical History Form
  - Emergency Contact
  - Statement of Financial Accountability
  - Policies Contract
  - Termination of Involvement
- Reference - Pastoral
- Reference - Professional



# GENERAL APPLICATION

TODAY'S DATE: D \_\_\_ M \_\_\_ Y \_\_\_  
 SEMESTER: [ ] JAN-APR [ ] MAY-JUN [ ] SEP-NOV  
 • ATTACH PERSONAL PHOTO



## I. PERSONAL DETAILS

LAST NAME: \_\_\_\_\_  
 MIDDLE NAME: \_\_\_\_\_  
 FIRST NAME: \_\_\_\_\_  
 SEX: [ ] MALE [ ] FEMALE AGE: \_\_\_\_\_  
 BIRTH DATE: D \_\_\_ M \_\_\_ Y \_\_\_  
 BIRTHPLACE: \_\_\_\_\_

## 2. ADDRESS:

STREET/BOX: \_\_\_\_\_  
 CITY/TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_  
 ZIP: \_\_\_\_\_ COUNTRY: \_\_\_\_\_  
 PHONE NUMBER \_\_\_\_\_  
 CELL NUMBER \_\_\_\_\_  
 EMAIL: \_\_\_\_\_

## 3. PASSPORT/VISA INFORMATION

YOU MUST HAVE A PASSPORT VALID FOR AT LEAST SIX MONTHS AFTER THE END OF THE INTERNSHIP FOR VISA APPLICATION PURPOSES.

COUNTRY OF CITIZENSHIP: \_\_\_\_\_  
 NAME AS LISTED ON PASSPORT: \_\_\_\_\_  
 CITY AND COUNTRY WHERE PASSPORT WAS ISSUED: \_\_\_\_\_  
 PASSPORT NUMBER: \_\_\_\_\_ PASSPORT EXPIRE DATE: D \_\_\_ M \_\_\_ Y \_\_\_  
 VISA TYPE REQUESTING (NON US CITIZENS ONLY): \_\_\_\_\_

## 4. MARITAL STATUS

[ ] SINGLE [ ] ENGAGED [ ] MARRIED [ ] SEPARATED [ ] DIVORCED [ ] REMARRIED [ ] WIDOWED  
 [ ] IN A RELATIONSHIP  
 PLEASE DESCRIBE: \_\_\_\_\_

SPOUSE LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

SEX: [ ] MALE [ ] FEMALE BIRTHDATES: D \_\_\_ M \_\_\_ Y \_\_\_  
 WILL YOUR SPOUSE BE ACCOMPANYING YOU? [ ] YES [ ] NO

## 5. SKILLS AND TALENTS:

HOW WELL DO YOU SURF? [ ] SURF COACH [ ] EXPERIENCED SURFER [ ] SURFED A COUPLE OF TIMES [ ] JOINING STN TO LEARN [ ] I JUST WANT TO TRY IT [ ] OTHER-EXPLAIN \_\_\_\_\_  
 OCCUPATIONAL SKILLS: \_\_\_\_\_  
 YEARS EXPERIENCE: \_\_\_\_\_  
 TALENTS: \_\_\_\_\_  
 YEARS EXPERIENCE: \_\_\_\_\_

## 6. WORK EXPERIENCE: (PLEASE LIST ALL WORK EXPERIENCE FOR THE LAST 3 YEARS, STARTING WITH MOST RECENT.)

POSITION: \_\_\_\_\_ COMPANY: \_\_\_\_\_  
 EMPLOYER NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_  
 DATES: M \_\_\_ Y \_\_\_ TO M \_\_\_ Y \_\_\_  
 SKILLS USED: \_\_\_\_\_

# INTERNSHIP APPLICATION

POSITION: \_\_\_\_\_ COMPANY: \_\_\_\_\_  
EMPLOYER NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_  
DATES: M \_\_\_\_\_ Y \_\_\_\_\_ TO M \_\_\_\_\_ Y \_\_\_\_\_  
SKILLS USED: \_\_\_\_\_

POSITION: \_\_\_\_\_ COMPANY: \_\_\_\_\_  
EMPLOYER NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_  
DATES: M \_\_\_\_\_ Y \_\_\_\_\_ TO M \_\_\_\_\_ Y \_\_\_\_\_  
SKILLS USED: \_\_\_\_\_

## 7. EDUCATIONAL EXPERIENCE:

GRADES COMPLETED:  GRADE SCHOOL,  SECONDARY/HIGH SCHOOL,  COLLEGE/UNIVERSITY,  POSTGRADUATE   
VOCATIONAL INSTITUTION: \_\_\_\_\_  
DATES: M \_\_\_\_\_ Y \_\_\_\_\_ TO M \_\_\_\_\_ Y \_\_\_\_\_  
DEGREE/MAJOR \_\_\_\_\_  
LOCATION: \_\_\_\_\_

## 8. CRIMINAL RECORD:

(IF ANSWER IS YES, PLEASE EXPLAIN DETAILS ON SEPARATE SHEET OF PAPER.)

HAVE YOU EVER BEEN CONVICTED OF A FELONY?  YES  NO  
HAVE YOU EVER BEEN CONVICTED OF A SEXUAL CRIME?  YES  NO  
HAVE YOU EVER REQUIRED COUNSELING FOR ALCOHOL OR SUBSTANCE ABUSE?  YES  NO

## 9. ON A SEPARATE PAGE, PLEASE WRITE 2 OR 3 PARAGRAPHS ON EACH TOPIC.

1. How did you first hear of Surfing The Nations?
2. What reason most influenced your decision to apply?
3. What expectations do you have for this internship?
4. What area of outreach are you interested in? Waianae Surf Club, Ulu Pono Kids, Property Development, Feeding The Hungry?
5. List anything else that we should know about your situation (finances, special circumstances, future goals, other commitments etc.).

## 10. PERSONAL HISTORY

**On a separate page, please write 2 or 3 paragraphs on each topic.**

1. State areas of your character you are presently seeking to further develop and improve.
2. List the countries you have visited and describe your cross-cultural experiences.
3. Describe a personal strength and weakness.
4. Describe your relationship with family members.
5. How does your family feel about your plans to join STN?

## 11. REFERENCE FORMS

Two (2) completed Confidential Evaluation Reference Forms. One reference must be from a professional / mentor friend and one from a personal non-related friend. Both must have known you for more than 3 years.

Please direct them to our website where they can download, print and mail in a copy or they may submit it online.

# MEDICAL HISTORY FORM

LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

PRIMARY PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

## I. MEDICAL INFORMATION:

Name of insurance carrier: \_\_\_\_\_

Contact phone: \_\_\_\_\_

Policy type: \_\_\_\_\_

Policy number: \_\_\_\_\_ Expiration date: D \_\_\_\_\_ M \_\_\_\_\_ Y \_\_\_\_\_

Emergency contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

## 2. HEALTH HISTORY:

Do you now have, or have you ever had, any of the following?

- |                        |  |                      |  |
|------------------------|--|----------------------|--|
| Skin condition:        | <input type="checkbox"/> Yes <input type="checkbox"/> No | Stomach:             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Heart trouble:         | <input type="checkbox"/> Yes <input type="checkbox"/> No | Ulcer:               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Jaundice:              | <input type="checkbox"/> Yes <input type="checkbox"/> No | Gall bladder:        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Anemia:                | <input type="checkbox"/> Yes <input type="checkbox"/> No | Depression:          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Eye trouble:           | <input type="checkbox"/> Yes <input type="checkbox"/> No | STD:                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Hi blood pressure:     | <input type="checkbox"/> Yes <input type="checkbox"/> No | Pertussis:           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Ear trouble:           | <input type="checkbox"/> Yes <input type="checkbox"/> No | Tuberculosis:        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Low blood pressure:    | <input type="checkbox"/> Yes <input type="checkbox"/> No | Cancer/Tumors:       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Intestinal troubles:   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Paralysis:           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Hepatitis:             | <input type="checkbox"/> Yes <input type="checkbox"/> No | Surgery:             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Head injury:           | <input type="checkbox"/> Yes <input type="checkbox"/> No | Female conditions:   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Arthritis:             | <input type="checkbox"/> Yes <input type="checkbox"/> No | Kidney diseases:     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Recurrent diarrhea:    | <input type="checkbox"/> Yes <input type="checkbox"/> No | Appendectomy:        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Chickenpox:            | <input type="checkbox"/> Yes <input type="checkbox"/> No | Shortness of breath: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Scarlet fever:         | <input type="checkbox"/> Yes <input type="checkbox"/> No | Tonsillectomy:       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Migraines:             | <input type="checkbox"/> Yes <input type="checkbox"/> No | Hay fever/Asthma:    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Back problems:         | <input type="checkbox"/> Yes <input type="checkbox"/> No | Hernia repair:       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Diabetes:              | <input type="checkbox"/> Yes <input type="checkbox"/> No | Allergies:           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Epilepsy:              | <input type="checkbox"/> Yes <input type="checkbox"/> No | Now pregnant:        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Dislocation of joints: | <input type="checkbox"/> Yes <input type="checkbox"/> No | Other:               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Fainting spells:       | <input type="checkbox"/> Yes <input type="checkbox"/> No | Measles (rubella):   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Broken bones:          | <input type="checkbox"/> Yes <input type="checkbox"/> No | Mumps:               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Mental disorders:      | <input type="checkbox"/> Yes <input type="checkbox"/> No |                      |  |

Other illnesses or conditions: \_\_\_\_\_

Are you presently under a doctor's care?  Yes  No Specify: \_\_\_\_\_

Are you presently taking any medication?  Yes  No Specify: \_\_\_\_\_

Are you allergic to any drugs/medications?  Yes  No Specify: \_\_\_\_\_

Do you have any physical impairments, handicaps or health conditions which require special attention?  Yes  No

Specify: \_\_\_\_\_

How would you rate your overall health condition?  Excellent  Good  Fair  Poor

# EMERGENCY CONTACT INFORMATION

**APPLICANTS NAME:** \_\_\_\_\_  
**PASSPORT NUMBER:** \_\_\_\_\_  
**STREET/BOX:** \_\_\_\_\_  
**CITY/TOWN:** \_\_\_\_\_  
**STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_  
**COUNTRY:** \_\_\_\_\_  
**PHONE:** \_\_\_\_\_

**EMAIL(S):** \_\_\_\_\_

## INSURANCE INFORMATION

Name of insurance carrier: \_\_\_\_\_  
 Contact phone: \_\_\_\_\_  
 Policy type: \_\_\_\_\_  
 Policy number: \_\_\_\_\_  
 Expiration date: D \_\_\_\_\_ M \_\_\_\_\_ Y \_\_\_\_\_

## IN CASE OF EMERGENCY, PLEASE NOTIFY:

### PRIMARY CONTACT

Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Primary Contact Phone #: \_\_\_\_\_  
 Secondary Contact Phone #: \_\_\_\_\_  
 e-mail(s): \_\_\_\_\_

### SECONDARY CONTACT

Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Primary Phone #: \_\_\_\_\_  
 Secondary Phone #: \_\_\_\_\_  
 e-mail(s): \_\_\_\_\_



# STATEMENT OF FINANCIAL ACCOUNTABILITY

## INTRODUCTION

This sheet is designed to explain the financial costs of participating in the Internship and when fees become payable.

## SUMMARY - DUE DATES FOR PAYMENT

APPLICATION FEE - \$50 DUE WITH APPLICATION

INTERNSHIP FEE- \$1,150 DUE UPON ACCEPTANCE

OUTREACH FEE -

[ ] Inner Island - \$700 -due upon acceptance

[ ] International - \$3,000 (approximate, depending on airfare and trip ground fees)

## FEE POLICIES

- All payments must be made in U.S. funds.
- All personal expenses incurred while involved with Surfing the Nations are the responsibility of the student.
- Internship fees cover costs such as; activities, meals and housing. Fees do not include expenses of personal care, laundry, or study materials. Fees are not tax deductible.
- Make checks payable to: Surfing the Nations with an attached note: Internship
- Online payments may be made at the website [www.surfingthenations.com](http://www.surfingthenations.com)

## ACKNOWLEDGEMENT OF FINANCIAL RESPONSIBILITY

I understand that payment of the required fees must be made in U.S. currency prior to arrival, furthermore; I agree to meet in a timely manner, prior to the completion of the Internship, all personal expenses incurred during the involvement with Surfing The Nations.

Applicant's signature: \_\_\_\_\_

Date: \_\_\_\_\_

(Signature of Parent or Guardian required if applicant is under 18 years of age.)

Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

# POLICIES AND CONTRACT

**DESIRING TO BE A PART OF SURFING THE NATIONS, ITS OUTREACHES AND PROGRAMS MEANS YOU ARE:**

- A person committed to a servant lifestyle at all times.
- Understand what it means to live a community lifestyle.
- We are continually used for different outreach events and purposes, therefore accommodating and being involved in these events and activities will be a part of the outreach standards.
- Communicate effectively with leadership, and other staff within the organization; accept and apply critiques and suggestions to daily work in an effort to become more productive and/or efficient.
- Communicate with leaders and staff on any issues that may affect the student performance of assigned responsibilities or the overall success of the experience.
- STN is not responsible for personal items at any time during your stay.
- All staff/Interns of STN will be in submission to the leadership and will directly answer to the Directors of STN.
- The STN leadership reserves the right to remove anyone from the Internship, programs and/or outreach at any time.
- Attendance and participation in all meetings, service projects and property events related are required.
- Demonstrate the highest level of professionalism, which includes arriving on time for designated work, notifying your leaders of any deviations from the established schedule, and dressing to the standards of the organization and the work being performed.
- Respect the organization’s reporting structure and follow the policies and procedures of the organization.
- Harassment in any form, including sexual harassment, will not be tolerated in STN. This behavior may include using explicit language, gestures, graphics, verbal or nonverbal suggestions, and subtle or overt threats. If at any time, a student is made to feel uncomfortable by others, s/he should report the incident to a member of the Internship staff and faculty supervisor immediately. Action cannot be taken if the incident goes unreported. Uphold Conduct Code and act in an ethical manner when on- and off-property and while representing STN.

**NONPERMISSABLE ACTIVITIES:**

WHILE INVOLVED WITH STN IN ANY CAPACITY, THESE ACTIVITIES ARE NON PERMISSIBLE.

- Smoking
- Tobacco products
- Alcoholic/liquor beverages including kava
- Illegal drugs
- Weapons
- Immoral sexual conduct
- Vulgar language
- Internet pornography or related materials
- Not getting tattoos and piercing while here.

By signing this agreement, I understand and agree to comply with the mentioned Policies and Contract for the time I am connected with STN.

Applicant’s signature: \_\_\_\_\_

Date: D \_\_\_\_\_ M \_\_\_\_\_ Y \_\_\_\_\_

Signature of Parent or Guardian required if applicant is under 18 years of age.

Guardian Signature \_\_\_\_\_

Date: D \_\_\_\_\_ M \_\_\_\_\_ Y \_\_\_\_\_

Relationship \_\_\_\_\_

# TERMINATION OF INVOLVEMENT

Surfing The Nations reserves the right to terminate my involvement with this organization, if I am found to have misled STN in any way, or if my conduct is prejudicial to the good running of the Internship or to the reputation of STN. I have read this form and accept the terms set out in it.

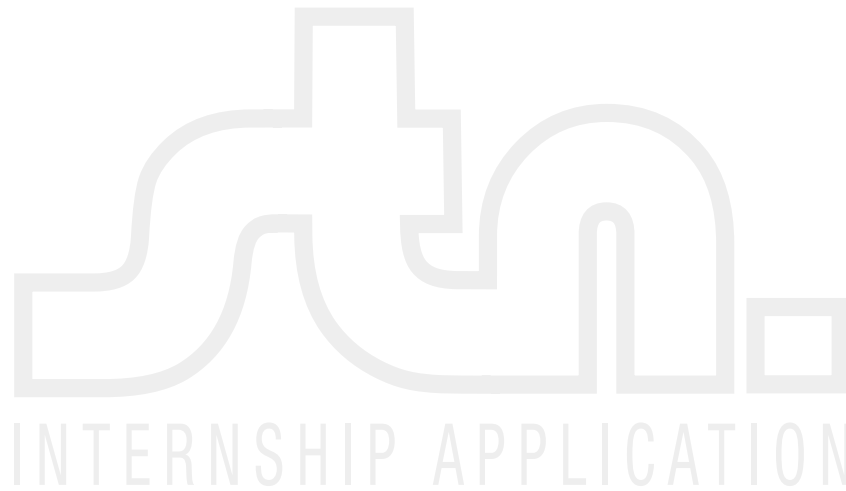
Applicant's signature: \_\_\_\_\_

Date: D \_\_\_\_\_ M \_\_\_\_\_ Y \_\_\_\_\_

Signature of Parent or Guardian required if applicant is under 18 years of age.

Guardian Signature \_\_\_\_\_

Date: D \_\_\_\_\_ M \_\_\_\_\_ Y \_\_\_\_\_



# PASTORAL REFERENCE FORM

Reference: Please download and mail it in.

Applicant's information:

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

The above applicant has applied to Surfing the Nations. Serious consideration will be given to your comments; therefore we ask that you complete this form carefully. Your prompt attention in completing this form is appreciated. Please feel free to attach any additional comments. Thank you for your assistance.

How well do you know the applicant?

Very Well  Well  Casually I have known the applicant for \_\_\_\_\_ years.

How would you rate the applicant in the following categories?

Mental ability:	<input type="checkbox"/> Quick to comprehend	<input type="checkbox"/> Average	<input type="checkbox"/> Slow
Industrious:	<input type="checkbox"/> Hard worker	<input type="checkbox"/> Average	<input type="checkbox"/> Lacks persistence
Reliability:	<input type="checkbox"/> Meets obligations	<input type="checkbox"/> Average	<input type="checkbox"/> Neglects obligations
Cooperativeness:	<input type="checkbox"/> Works well with others	<input type="checkbox"/> Average	<input type="checkbox"/> Avoids group activity
Flexibility:	<input type="checkbox"/> Open to change	<input type="checkbox"/> Average	<input type="checkbox"/> Unyielding
Christian character:	<input type="checkbox"/> Well balanced	<input type="checkbox"/> Average	<input type="checkbox"/> Unstable
Disposition:	<input type="checkbox"/> Cheerful	<input type="checkbox"/> Average	<input type="checkbox"/> Passive
Punctuality:	<input type="checkbox"/> Punctual	<input type="checkbox"/> Average	<input type="checkbox"/> Often late
Financial responsibility:	<input type="checkbox"/> Honors obligations	<input type="checkbox"/> Average	<input type="checkbox"/> Neglectful
Initiative:	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average
Concern for others:	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average
Social adaptability:	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average
Leadership:	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average
Health:	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average
Emotional stability:	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average
Ability to follow:	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average

1. Does he/she display high moral standards?  Yes  No
2. Is he/she prejudiced against groups, races or nationalities?  Yes  No
3. With reference to service, the applicant is:  Dedicated  Average  Casual
4. Does he/she have a role in church? If so, what did they do? How long? \_\_\_\_\_
5. In your opinion, what are the applicant's motives for applying to STN? \_\_\_\_\_
6. What could STN do to aid in the applicant's personal development? \_\_\_\_\_
7. Would you recommend the applicant for acceptance into STN?  Yes  No  Yes with reservations

Personal Comments/Concerns: \_\_\_\_\_  
 \_\_\_\_\_

Personal Reference Details:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Street: \_\_\_\_\_ City/Town: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
 Phone (home): \_\_\_\_\_ Phone (mobile): \_\_\_\_\_  
 Position: \_\_\_\_\_ Occupation: \_\_\_\_\_

# PROFESSIONAL REFERENCE FORM

(Not a family member, boyfriend/girlfriend and must have known applicant for more than 5 years)

Reference: Please download and mail it in.

Applicant's information:

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

The above applicant has applied to Surfing the Nations. Serious consideration will be given to your comments; therefore we ask that you complete this form carefully. Your prompt attention in completing this form is appreciated. Please feel free to attach any additional comments. Thank you for your assistance.

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Very Well  Well  Casually I have known the applicant for \_\_\_\_\_ years.

How would you rate the applicant in the following categories?

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Reliability:	<input type="checkbox"/> Meets obligations	<input type="checkbox"/> Average	<input type="checkbox"/> Neglects obligations
Cooperativeness:	<input type="checkbox"/> Works well with others	<input type="checkbox"/> Average	<input type="checkbox"/> Avoids group activity
Flexibility:	<input type="checkbox"/> Open to change	<input type="checkbox"/> Average	<input type="checkbox"/> Unyielding
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Disposition:	<input type="checkbox"/> Cheerful	<input type="checkbox"/> Average	<input type="checkbox"/> Passive
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Concern for others:	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average
Social adaptability:	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average
Leadership:	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average
Health:	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average
Emotional stability:	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average
Ability to follow:	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average

- Does he/she display high moral standards?  Yes  No
- Is he/she prejudiced against groups, races or nationalities?  Yes  No
- With reference to service, the applicant is:  Dedicated  Average  Casual
- What was his/her duties? \_\_\_\_\_
- In your opinion, what are the applicant's motives for applying to STN? \_\_\_\_\_
- What could STN do to aid in the applicant's personal development? \_\_\_\_\_
- Would you recommend the applicant for acceptance into STN?  Yes  No  Yes with reservations

Personal Comments/Concerns: \_\_\_\_\_

Personal Reference Details:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Street: \_\_\_\_\_ City/Town: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
 Phone (home): \_\_\_\_\_ Phone (mobile): \_\_\_\_\_  
 Position: \_\_\_\_\_ Occupation: \_\_\_\_\_