



One Way Street, Inc.

11999 E Caley Ave • Centennial, CO 80111-6835

Phone (303) 790-1188 ext. 119

Fax (303) 790-4265

MINISTRY INTERNSHIP PROGRAM

Description of Program

One Way Street is pleased to announce the continuation of the Ministry Internship Program, which began in 1998. Applications will be accepted for a 10-week term. Interns would be trained and based in Denver, but would travel nationwide performing and ministering in local churches, regional puppetry festivals, conferences, and other ministry opportunities.

Basic Information

- This will be a 10-week internship program. Running from approximately June 1 - August 10, 2009. The deadline for complete applications is February 28, 2009.
- Schedule for this term will include (approximately) two weeks of training and performing in the Denver area, plus various weeks on the road travelling nationwide on two tours.
- Interns who are accepted will provide their own transportation to and from Denver, and will provide their own support by paying a \$1,250. per term Internship Program Fee to cover costs of training, food, and lodging.
- Interns will receive a modest weekly allowance for incidental expenses.
- Applicants must be at least 19 years old when their internship begins, and are expected to be experienced, top-quality puppeteers with a sincere heart for ministry.
- Other necessary qualifications include
 - ✓ good health and high energy level
 - ✓ willingness to take instruction
 - ✓ ability to respect and appreciate others
 - ✓ excellent recommendations from pastor, puppet team director, and others
 - ✓ solid Christian testimony

How to Submit An Application

The following items must be submitted by all applicants:

- 1) The 3-page Application Form must be completed.
- 2) Recommendations must be completed and sent to One Way Street by
 - your pastor
 - your puppet team director
 - a high school or college teacher, employer, or friend
- 3) The Personal Sketch must be completed, with a recent quality photograph attached.
- 4) A short letter from one of your parents, confirming their agreement and support for this application.
- 5) A puppetry performance video must be included. This must be in DVD, VHS, or MiniDV format, and should include:
 - ✓ An introduction of yourself, telling why you want to be a One Way Street Ministry Intern.
 - ✓ You lip-synching a medium to fast puppet song, without a puppet stage curtain so that you are visible.
 - ✓ A demonstration of your puppet proficiency, which could show use of two rods, human-arm puppetry, puppet choreography, live character voices, and/or other ministry skills you are developing. Show us what you can do!!
 - ✓ This video should be at least 8 minutes long and not more than 12 minutes long.





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Ministry Internship Program
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(303) 799-6751

Type or print all information

Name: _____ Age: _____
Last First Middle

Address: _____
Street City State Zip

Social Security #: _____ Birthdate: _____

Telephone: (____) _____ E-mail address: _____

Gender: Male Female Marital Status: Single Married Divorced Separated

Parent's Names: _____

Parent's Address: _____
Street City State Zip

Telephone: (____) _____

Education

High School Attended: _____ Course of Study: _____

College/Post High School Activities: _____

Did you graduate from High School? Yes No Did you graduate from College? Yes No

Church History

Church Currently Attend: _____

Pastor's Name: _____ Pastor's Phone: (____) _____

Employment Experience

Name and Address of Employer	Phone Number	Dates (From/To)	Duties Performed

Most recent supervisor's name and phone number: _____

Have you ever used illegal drugs? Yes No
 If yes, explain: _____

How long since you last used drugs? _____

Have you ever smoked? Yes No

Have you ever used alcoholic beverages? Yes No
 How long since last used? _____

Do you presently have any communicable diseases (including HIV or AIDS)? Yes No
 If yes, explain: _____

Have you ever been involved in homosexuality/lesbianism? Yes No
 How long since last involved? _____

Have you been accused of and/or convicted of child abuse or a crime involving actual or attempted sexual molestation of a minor? Yes No
 If yes, explain: _____

Have you ever been arrested? Yes No
 If yes, explain: _____

Were you convicted? Yes No
 Have you had any tickets on your driving record in the past two years? Yes No
 Driver's License #: _____
 State: _____

How do you plan to finance your Internship Fee of \$1,250?

Will you receive aid from any of the following?
 Parents/Relatives Church Other

OBJECTIVES AND STANDARDS

One Way Street is a Christian company with high standards for behavior. If you are accepted, do you agree to the following:

- 1) To refrain from the possession and/or use of alcoholic beverages, tobacco in any form, and the use of any drugs other than prescribed medicines.
- 2) To be completely truthful and honest in all relationships.
- 3) To exercise mature Christian judgement in regard to reading material, movies, and other forms of entertainment.
- 4) To maintain a pattern of personal devotions and regular attendance at worship services whenever possible.



AGREEMENT

I hereby certify that I have read the statement of Objectives and Standards of the One Way Street Ministry Internship Program and that I will accept, including observance of the specific standards of conduct stated therein while I am a part of the Ministry Team.

Date: _____ Signature: _____

Attach a recent photograph of yourself.

APPLICATION IS NOT COMPLETE WITHOUT THE PHOTOGRAPH.

A quality glossy print of head and shoulders is requested.



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MEDICAL HISTORY RECORD

Instructions: A recent history is required of each applicant.

In emergency, notify:

Name _____ Address _____ Telephone Number _____

Family physician:

Name _____ Address _____ Telephone Number _____

History of Diseases

Mark (X) on any of the following which you have had in the past or which apply now:

PAST	NOW		PAST	NOW		PAST	NOW	
_____	_____	Asthma	_____	_____	Nervousness	_____	_____	Joint trouble
_____	_____	Hay Fever	_____	_____	Fainting	_____	_____	Indigestion
_____	_____	Frequent colds	_____	_____	Skin trouble	_____	_____	Scarlet fever
_____	_____	Persistent cough	_____	_____	Chicken pox	_____	_____	Diphtheria
_____	_____	Eye trouble	_____	_____	Measles	_____	_____	Typhoid fever
_____	_____	Nasal obstruction	_____	_____	German rubella	_____	_____	Appendicitis
_____	_____	Convulsions	_____	_____	Mumps	_____	_____	Venereal disease
_____	_____	Palpitations of heart	_____	_____	Tonsillitis	_____	_____	Smallpox
_____	_____	Shortness of breath	_____	_____	Rheumatic fever	_____	_____	Infantils paralysis (polio)
_____	_____	Swelling of feet	_____	_____	Diabetes	_____	_____	Other
_____	_____	Back trouble	_____	_____	Epilepsy/convulsions	_____	_____	_____
_____	_____	Frequent headaches	_____	_____	Stomach ulcer	_____	_____	_____

1. Are you allergic to any antibiotics or other medications? (specify) _____
2. Are you now under treatment? If yes, for what? _____
3. Do you take medicine regularly? If yes, what? _____
4. Have you ever had a nervous breakdown? Yes No
5. Have you ever been treated for an emotional disorder? Yes No
 If yes to any of the above, when? _____
 How long? _____ What institution? _____
 Diagnosis: _____
 Prognosis: _____
6. Height: _____ Weight: _____ Shirt Size: S M L XL XXL
7. Do you have any specific weaknesses or limitations? _____
8. Do you consider your health adequate for intensive travel and performance ministry? _____
9. How much sleep do you normally require per night? _____
10. Will you be covered by a health insurance policy during your internship time? _____
 Name of insurance company: _____
 Policy #: _____



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PASTOR'S RECOMMENDATION

Name of Applicant: _____ Age: _____
Last First Middle

Address: _____
Street City State Zip

TO THE APPLICANT:

This reference form should be completed by your pastor and mailed directly by him/her to One Way Street. If you are related to your pastor, please refer the form to the assistant pastor or youth pastor in your church. If a person other than your pastor (assistant pastor or youth pastor) completes the form, an explanation should be provided.

INSTRUCTIONS:

The above named is applying to serve as a ministry intern with one Way Street, Inc. Serious consideration will be given to your comments, therefore we ask you to complete this form thoughtfully and prayerfully. This reference will be kept in confidence. Thank you for your assistance. Please mail this form to the address above.

1. How long have you known the applicant? In what capacity? _____
2. How well do you know him/her? (Check one)

<input type="checkbox"/> Very close; personal relationship	<input type="checkbox"/> Fairly well; numerous personal contacts
<input type="checkbox"/> Casually; few personal contacts	<input type="checkbox"/> By name/sight
3. To your knowledge, has the applicant made a personal commitment to Jesus Christ?
 Yes No I don't know
4. To what extent is the applicant engaged in the activities of your church? (Check one)

<input type="checkbox"/> Enthusiastic; deeply involved	<input type="checkbox"/> Cooperative; usually willing to help
<input type="checkbox"/> Seldom participates; although attends regularly	<input type="checkbox"/> Attends irregularly; shows little interest
5. In what forms of Christian service has the applicant participated regularly? _____

6. What are the applicant's strong points? Weak points? (Include special abilities) _____

7. Does the applicant have personality traits which impair his/her relationships with others? Yes No
 Explain: _____
8. To your knowledge, does the applicant smoke? _____ drink? _____ use illegal drugs? _____
 Comments: _____
9. To your knowledge, has the applicant ever been accused of and/or convicted of child abuse or a crime involving actual or attempted sexual molestation of a minor? Yes No
 Explain: _____

(over)

10. How do you rate this person in the following areas?

	Excellent	Above Average	Average	Below Average	Poor	No Chance To Observe
Christian Commitment						
Social Adaptability						
Cooperativeness						
Integrity and Honesty						
Responsibility						
Mental Ability						
Energy Level						
Initiative						
Christian Character						
Emotional Stability						
Personal Appearance						
Leadership						
Reliability						

11. Please describe home factors which might affect the applicant's success as a ministry intern: _____

12. To your knowledge, is this person presently responsible for paying his/her bills? _____

13. Further comments you have regarding the applicant that would help in our evaluation: _____

I highly recommend I recommend with reservation I do not recommend

Please print the information requested below:

Your Name: _____

Name of Church and Denomination: _____

Position: _____ Phone: (____) _____

Address: _____
Street City State Zip

Signature: _____



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RECOMMENDATION

To be filled out by high school or college teacher or employer, or friend, and mailed directly to One Way Street, Inc.

Name of Applicant: _____ Age: _____
Last First Middle

Address: _____
Street City State Zip

INSTRUCTIONS:

Each applicant for involvement in One Way Street's Ministry Internship Program must submit recommendations. Serious consideration will be given to your comments, therefore we ask that you complete the form carefully and return it directly to the Events Department of One Way Street, Inc. at the address printed at the top of this form. Your comments will be held in confidence.

1. How long have you known the applicant? In what capacity? _____
2. Are you related to the applicant? _____
3. How well do you know him/her? (Check one)
 Very close Fairly well
 Casually By name/sight
4. To your knowledge, has the applicant made a personal commitment to Jesus Christ?
 Yes No I don't know
5. To your knowledge, does the applicant smoke? _____ drink? _____ use illegal drugs? _____
6. Please check the items which best describe the applicant's attitude toward the church and its activities:
 Warmhearted Critical Tolerant Passive Sympathetic
 Contemptuous Respectful Enthusiastic Loving
7. What Christian ministries does the applicant participate in, such as Sunday School teacher, youth leader, song leader, etc? _____

8. Please indicate what you feel are the applicant's strong points: _____

9. Please indicate what you feel are the applicant's weak points: _____

10. The applicant's influence on his/her peers is: Positive Neutral Negative

(over)

11. How do you rate this person in the following areas?

	Excellent	Above Average	Average	Below Average	Poor	No Chance To Observe
Christian Commitment						
Social Adaptability						
Cooperativeness						
Integrity and Honesty						
Responsibility						
Mental Ability						
Energy Level						
Initiative						
Christian Character						
Emotional Stability						
Personal Appearance						
Leadership						
Reliability						

12. To your knowledge, has the applicant ever been accused of and/or convicted of child abuse or a crime involving actual or attempted sexual molestation of a minor? Yes No

Explain: _____

13. Further comments you have regarding the applicant that would help in our evaluation: _____

I highly recommend I recommend with reservation I do not recommend

Please print the information requested below:

Your Name: _____

Name of Church and Denomination: _____

Position: _____ Phone: (____) _____

Address: _____
Street City State Zip

Signature: _____



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PUPPET TEAM LEADER'S RECOMMENDATION

To be filled out by the applicant's puppet team director, or if the applicant has not been on a team, by someone close to the puppet ministry involvement of the applicant, and mailed directly to One Way Street, Inc.

Name of Applicant: _____ Age: _____
Last First Middle

Address: _____
Street City State Zip

INSTRUCTIONS:

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1. How long have you known the applicant? In what capacity? _____
2. Are you related to the applicant? _____
3. How well do you know him/her? (Check one)
 Very close Fairly well Casually By name/sight
4. To your knowledge, has the applicant made a personal commitment to Jesus Christ?
 Yes No I don't know
5. To your knowledge, does the applicant smoke? _____ drink? _____ use illegal drugs? _____
6. Please check the items which best describe the applicant's attitude toward your puppet team and its activities:
 Warmhearted Critical Tolerant Passive Sympathetic
 Contemptuous Respectful Enthusiastic Loving Very Involved
 Irregular Supportive
7. Please rate the puppetry skills of the applicant.

	Outstanding	Above Average	Average	Below Average
Lip Sync				
2-Rod Use				
Human-Arm Puppetry				
Live Character Voices				
Willingness to Accept Instruction				
Performance Stamina				
Overall Ability				

8. Please indicate what you feel are the applicant's strong points: _____

9. Please indicate what you feel are the applicant's weak points: _____

10. The applicant's influence on his/her peers is: Positive Neutral Negative

11. How do you rate this person in the following areas?

	Excellent	Above Average	Average	Below Average	Poor	No Chance To Observe
Christian Commitment						
Social Adaptability						
Cooperativeness						
Integrity and Honesty						
Responsibility						
Mental Ability						
Energy Level						
Initiative						
Christian Character						
Emotional Stability						
Personal Appearance						
Leadership						
Reliability						

12. Please summarize the applicant's puppet ministry involvement: (Use a separate sheet if you need more space.)

I highly recommend I recommend with reservation I do not recommend

13. To your knowledge, what is the "travel quotient" of the applicant? Is he/she a good "traveler"? Yes No
 Explain: _____

Please print the information requested below:

Your Name: _____

Name of Church and Denomination: _____

Position: _____ Phone: (_____) _____

Address: _____
Street City State Zip

Signature: _____

Ministry Internship Application Checklist

Please be sure that all the following application forms are properly completed. This checklist may be of assistance to you to insure that all requirements have been completed.

- 1. Complete the 3-page Application Form attaching photograph to Page 2.
- 2. Recommendation forms must be given to and sent in by
 - a. your youth pastor
 - b. your puppet team director
 - c. a teacher, employer, or friend
- 3. Complete the Personal Sketch
- 4. Have a parent write a letter of agreement and support for your application. (If under 21)
- 5. Complete the puppetry performance video (must be DVD, VHS, or MiniDV format.)

All these items should be sent to:

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You will be notified when all your application materials are received by our office.

The deadline for receiving applications is 12 weeks before the start date of each internship.

Internship Team

June 1 - August 10, 2009 (approximate)

Application Deadline

February 28, 2009