

# Tiyani Internship Program (TIPS)



**TIYANI**

VAEFESA 6:10

## **Application Form**

## **Table of Contents**

### **Prospective Intern Form 3-12**

Terms & Conditions 3

Non SA Residents 4

Application Form 5-10

Applicant's Statement 11

For Office Use Only 12

### **Pastoral Reference Form 13-14**

### **General Reference Form 15**

### **Parental Consent Form 16**

## Prospective Intern Form

Thank you for your interest in interning with the Schlehleins through The Tiyani Foundation. Here are a few things to note before you start with your application:

### Terms & Conditions

- ❖ Be prayerful throughout the application process.
- ❖ Get counsel from godly and wise friends and family.
- ❖ We will not accept you as an intern until we have received and reviewed your complete application form (with references).
- ❖ Before filling out this application, read the internship description section so your decision is informed and in agreement with our expectations. Contact us if you have any questions: [tiyani.caretaker@gmail.com](mailto:tiyani.caretaker@gmail.com)
- ❖ Consider dates and duration for your stay and provide different options on the application. Three months is the minimum (we may be able to make exceptions depending on your circumstances and ours, but this is not normal).
- ❖ When your application is submitted, a plan must be in place for raising your support.
- ❖ Have your pastor and other references fill out the reference/consent forms and email them directly to us (you should not see the completed forms).
- ❖ Applying does not guarantee that we will accept you. We will prayerfully consider your application. We will want to dialogue with you and/or your pastor/parents before a decision is made.
- ❖ If accepted, please fill out the “Ready to Depart Checklist” in the Accepted TIPS packet two weeks before departure and send it to [tiyani.caretaker@gmail.com](mailto:tiyani.caretaker@gmail.com)
- ❖ If accepted, please review the book list and complete the written assignments found in the TIPS Information PDF. Written assignments should be emailed to [tiyani.caretaker@gmail.com](mailto:tiyani.caretaker@gmail.com).

### **If you are NOT a South African Resident**

In order to come to South Africa, please note the following:

- ❖ South Africa will not allow you into the country if you do not have a current passport (that will still be valid when you return to your country) with two blank pages back to back.
- ❖ If you are coming for 90 days or less, a visa is issued when you arrive at the South Africa airport at customs.
- ❖ If you are coming for longer than 90 days, you will need to apply for a visa from the South African Embassy in America.
- ❖ Tiyani Foundation will not allow you to come if you do not have your support raised and health insurance that will cover you while you are here. If any anyof these factors are not in order, you will not be able to comeyou will not be able to come!
- ❖ No vaccine or medicine is required upon entry. No COVID test is required upon entry.
- ❖ English is spoken in South Africa; however, there will be a language barrier in many of your encounters.

## Intern Application Form

Please print neatly. All information is held strictly confidential. Some questions may seem personal but they are necessary for us to assess your ability to perform required responsibilities. This form must be complete in order for your application to be considered.

### Internship Dates

Date of Application: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Desired Start Date: Option 1: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Option 2: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Length of Internship Desired \_\_\_\_\_

How did you hear about the opportunity with the internship?

---



---

### Personal Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Name You Go By: \_\_\_\_\_ Sex: \_\_\_\_\_ Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_

Home Address: \_\_\_\_\_

---

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_ Marital  
Status: \_\_\_\_\_ Facebook Page Name/handle: \_\_\_\_\_

Are you currently in a relationship? Yes No If relationship is headed toward marriage, when do you plan on getting married? \_\_\_\_\_

Can you provide transport to get here and use your own vehicle while you are here? (For SA Residents only) \_\_\_\_\_ Can you drive stick shift? \_\_\_\_\_

## Emergency Contact Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone

Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Medical History

Please list any medication you take and how often:

---

---

Please list any serious illness or injuries in the last three years:

---

---

---

Please list any dietary restrictions:

---

---

---

Please explain any physical handicaps, chronic conditions, or limitations preventing you from performing any type of activity?

---

---

---



Describe your family

---

---

---

---

---

What is the name of your church? How long have you attended/been a member? What ministries do you serve in?

---

---

---

---

---

---

---

---

---

---

List below two of your strengths and two weaknesses related to the ministries you serve in

Strengths:

---

---

---

---

Weaknesses:

---

---

---

---

---



Write about your experience working with children:

---

---

---

---

---

---

---

---

Write about your experience teaching (or preaching for males) and leading Bible studies:

---

---

---

---

---

---

---

---

---

---

Please write any extra personal/ career skills you have (i.e. musical ability, graphic design, technology, podcasting, videography/photography, social media, sports, etc.).

---

---

---

---

---

## Background Check

Have you ever been arrested for a criminal offense? Yes No

Have you ever been convicted of or pleaded guilty of a crime? Yes No

Have you ever been arrested for sexual misconduct? Yes No

Have you ever been convicted of or pleaded guilty of sexual misconduct? Yes No

Have you ever taken drugs other than prescribed drugs for medical purposes? Yes No

Do you currently use tobacco, alcohol, marijuana, or drugs? Yes No

If you answered "Yes" to any of the above, please explain:

---



---

## Employment/ Education History

Current Occupation/Student Status: \_\_\_\_\_

Name of Employer/ College: \_\_\_\_\_

Do you have certifications in the following? CPR First Aid EMT

Highest Education: \_\_\_\_\_ Date of Graduation: \_\_\_ / \_\_\_ / \_\_\_

Name of Major/Degree: \_\_\_\_\_

Other Education (if any): \_\_\_\_\_

## Required Commitments

Will you commit to being flexible and servant-hearted? Yes No

Will you commit to living in a way that honors Christ? Yes No

Will you commit to pursuing biblical conflict resolution? Yes No

Will you submit to the Tiyani Foundation leadership during your time with us? Yes No

Do you understand that the internship is unpaid and agree to take full responsibility for raising the required funds? Yes No

## Applicant's Statement

Please check off each of the following statements in agreement and sign below.

- I have fully read, understand, and agree to the information outlined in the intern information section.
- I have fully read the checklist and understand what is required of me at least 2 weeks prior to departing to South Africa. I understand that, even if accepted into the internship program, if I do not complete the required activities, I will not be allowed to intern with the Tiyani Foundation.
- I give the Tiyani Foundation and its staff permission to use any photos taken of me or photos taken by me during my time with the Tiyani Foundation.
- I understand that the Tiyani Foundation can terminate my internship and send me home if I do not abide by the commitments I agree upon in this application. If I am sent home early, none of the money I have spent will be reimbursed, including plane travel or any other expenses incurred during my time with the Tiyani Foundation. If termination occurs, I will be responsible for any additional cost resulting from changing my return plane ticket.
- I confirm that, to the best of my knowledge, everything I have filled out in this application is accurate and true.
- I confirm that I am aware of the crime concerns in South Africa. I also acknowledge that accidents can happen wherever I am. I release the Tiyani Foundation from any liability whatsoever should any harm befall me while I am in South Africa or during my travels there and back.

Applicant's Signature

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please email the completed application to [tiyani.caretaker@gmail.com](mailto:tiyani.caretaker@gmail.com).

**For Office Use Only**

Date Received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Reviewed By: \_\_\_\_\_

References Received: Pastoral / General Reference 1 / General Reference 2

Background Check Results: Recommend / Further Action Required

Date and Time of Interview: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_: \_\_\_\_

Interviewers: \_\_\_\_\_

Interview Outcome: Highly recommend / Recommend / Recommend with reservations / Prefer not to recommend

Reason:

\_\_\_\_\_  
\_\_\_\_\_

Approved for Internship: Yes / No

Ready to Depart Checklist Received and Complete: Yes / No

## Pastoral Reference Form

Please provide your current pastor with this reference form, **completing the first line prior to giving it to them.** By signing you declare that you waive your rights to review or access letters of recommendation written on your behalf. Please note both pages must be completed.

**Applicant's Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_ / \_\_\_ / \_\_\_

How long have you known the applicant? \_\_\_\_\_ Years \_\_\_\_\_ Months

How well do you know the applicant? Close personal relationship / Fairly well / Casually

Describe the applicant's church attendance: Weekly / Occasionally / Unsure

Does the applicant profess to be born again? Yes / No

Please list evident fruit of regeneration (or lack): \_\_\_\_\_

---

Has the applicant discussed or sought counsel regarding this internship from you? Yes / No

Do you believe they are ready to serve in this capacity? Yes / No

To your knowledge, has the applicant ever been convicted of a crime or sexual/physical abuse? Yes / No

List any specific strengths/spiritual giftings you have observed in the applicant:

---



---



---

Please list any areas that would hinder the applicant from serving (including unrepentant sin, ministry-related weaknesses, etc.) \_\_\_\_\_

---

Based on the requirements of the internship and my knowledge of the candidate, I:

Highly recommend / Recommend / Recommend with reservations / Prefer not to recommend

Name: \_\_\_\_\_ Title/Role\*\*: \_\_\_\_\_

Church: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\*\* We ask that this form be completed by an elder of the current church of the applicant. If the church is particularly large and the individual does not have a personal relationship with an elder, please have an elder sign the following:

As an elder of the church, I trust the following reference by \_\_\_\_\_ and he/she is an active leader in the church that I serve in. I stand behind the leader's recommendation for the applicant to intern with the Tiyani Foundation.

Pastor's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Thank you for completing this reference.

Please return this form promptly to [tiyani.caretaker@gmail.com](mailto:tiyani.caretaker@gmail.com).

For information regarding this internship, please visit [betweentwocultures.com/internship/](http://betweentwocultures.com/internship/).

## General Reference Form

Please provide 2 individuals (not family members) with this reference form, **completing the first line prior to giving it to them.** By signing you declare that you waive your rights to review or access letters of recommendation written on your behalf. Please note both pages must be completed.

**Applicant's Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_ / \_\_\_ / \_\_\_

How long have you known the applicant? \_\_\_\_\_ Years \_\_\_\_\_ Months

How do you know the applicant (cannot be family)? \_\_\_\_\_

How well do you know the applicant? Close personal relationship / Fairly well / Casually

Does the applicant profess to be born again? Yes / No

Please list evident fruit of regeneration (or lack): \_\_\_\_\_

---

Has the applicant discussed or sought counsel regarding this internship from you? Yes / No

Do you believe they are ready to serve in this capacity? Yes / No

To your knowledge, has the applicant ever been convicted of a crime or sexual/physical abuse? Yes / No

List any specific strengths/spiritual giftings you have observed in the applicant:

---



---



---

Please list any areas that would hinder the applicant from serving (including unrepentant sin, ministry-related weaknesses, etc.) \_\_\_\_\_

---

Thank you for completing this reference. For information regarding this internship, please visit: [betweentwocultures.com/internship/](http://betweentwocultures.com/internship/). Please return this form promptly to: [tiyani.caretaker@gmail.com](mailto:tiyani.caretaker@gmail.com)

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

## Parental Consent Form

**Required for applicants under 21 or for all applicants ages 21-23 still living at home or financially dependent on parents.** Please complete and return this form to [tiyani.caretaker@gmail.com](mailto:tiyani.caretaker@gmail.com).

Your child is interested in interning with our ministry in South Africa, and we ask that you are involved in the decision process. The information packet your child has should answer most questions you may have, and we would love to hear any questions or concerns.

Has your child discussed or sought counsel regarding this internship from you? Yes / No

Do you believe that he/she is ready to serve in this capacity? Yes / No

On a scale of 1-10 how would you rate your child's respect in the home (1 being lowest)? \_\_\_\_\_

On a scale of 1-10 how would you rate your child's initiative in serving in your home? \_\_\_\_\_

Please list two strengths of your child:

---



---

Please list two weaknesses of your child:

---



---

Do you give consent for your child to intern with us? Yes / No

Please share any additional information that would be helpful in our decision:

---



---



---

By signing below, you acknowledge the crime concerns in South Africa and you further acknowledge that accidents can happen wherever one is. In addition, you release the Tiyani Foundation and its staff from any liability whatsoever should any harm befall your child while serving in South Africa or during his/her travels there and back.

Parent/ Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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

Parent/ Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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