THE ELISHA PROJECT

The mission of the Elisha Project is to create a “Culture of Call” for our students, and provide an environment to uncover prospective ministerial leadership for our churches and other ministry settings in the Dakotas Annual Conference.

The Elisha Project is an internship program that allows opportunity for students to explore, discern their call and discuss with mentors and peers where God is calling them.

Students who have completed at least 1 year of college, and completed the application process will be assigned to a church and mentor.

Internships will be 10 weeks in length; students will begin their internship during Annual Conference. During Annual Conference students will attend and represent their host church as Lay Equalization.

Students will attend a kick-off retreat at Annual Conference and a post retreat in August at Dakota Wesleyan University, led by Rev Eric VanMeter, details of the pre- and post-retreat will be available once the intern(s) have been selected.

Students who have been selected for an internship will receive a stipend of $4000 for 40 hours per week from the Dakota Annual Conference and the Board of Ordained Ministry. Other compensation such as travel, housing (interns will need access to internet, cell service or other items to help the intern feel at home), possible moving allowance, and meals are the responsibility of the host church.

Process:

- Applications submitted to the Office of Leadership Development of the Dakotas Annual Conference.
- Completed application packages are presented to the DAC Board of Ordained Ministry for review and approval/non-approval.
- The DAC Board of Ordained Ministry small group for Recruitment/Enlistment/Vocational Discernment seeks to match intern applicants with host church/agency applicants.
- Director of Leadership Development notifies applicants of status of applications and matches
- Signed final evaluations are received by the Director of Leadership Development for review by the DAC Board of Ordained Ministry.

Application Deadline: March 1st

Contact:
Office of Leadership Development
PO Box 460
Mitchell, SD 57301
(605) 996-6552 or email leadershipdevelopment@dakotasmc.org
The Elisha Project
College Intern Application

Name: ____________________________________________

E-mail: ____________________________________________

Street ____________________________________________ Apt. #: __________________________________

City: ___________________________ State: ____________ Zip Code: ____________

Primary Phone Number: ____________________________

Date of Birth: ____________________________ Gender: _____ M _____ F

Home Church: ____________________________ Pastor: ____________________________

Length of time you have been attending the above home church: ____________________________

Church Address: ________________________________________________________

________________________________________ Phone: ____________________________

College/University: ____________________________________________________________

Anticipated Year of Graduation: ____________ Current Year in School: ____________

Current GPA: ____________ College Major: ____________________________

Do you have a current (within the last 3 years) record of ND or SD Criminal Record Check AND

Child Abuse History Clearance? ________ Yes ________ No

If no, are you willing to submit to these clearance checks? ________ Yes ________ No

Signature: ____________________________________________ Date: ____________________________
Biography:

ON A SEPARATE PIECE OF PAPER, PLEASE RESPOND TO THE FOLLOWING
STATEMENT/QUESTIONS:

(All responses should be limited to no more than one page.)

1. Please describe your spiritual journey with Christ and any previous involvement in your
   home church or other ministry setting. Which experiences have been particularly
   meaningful to you?
2. What are your personal goals for this ministry intern position? Please be specific about
   the experiences you would like to have, the strengths that you bring, and the areas in
   which you would like to grow.
3. What future vocations are you considering?

References:

We require that you provide us with three written references. One reference should be from
Pastor of your church or from your campus minister/college chaplain/professor, one from a
leader in your church such as a committee chairperson or youth pastor, and one from a
personal friend. We provide a reference form for them to fill out. Please print out the form and
give it to your chosen references to fill out and return to us at the address listed. Your
application will not be complete until these references have been received.

Please list the names of your three written references:

1. _______________________________

2. _______________________________

3. _______________________________

Please send completed applications to:

The Elisha Project
Office of Leadership Development
Dakotas Annual Conference
PO Box 460
Mitchell, SD 57301
Leadershipdevelopment@dakotasumc.org
INTERNSHIP REFERENCE FORM

Name of Applicant: _____________________________________________________________

Please evaluate the applicant on the following scale by checking the appropriate box:

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<th>Excellent</th>
<th>Good</th>
<th>Satisfactory</th>
<th>Weak</th>
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<td>Church Involvement:</td>
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<td>Interpersonal Skills:</td>
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<td>Spiritual Maturity:</td>
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<td>Emotional Maturity:</td>
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What gifts for ministry have you identified in this person?

To your knowledge, has this person been discerning a call to the full-time ministry? (Please be as specific as possible about length of discernment time and if he/she has considered what area of ministry to which God could be calling him/her.)

Is there anything else you would like to share about the applicant?

Would you recommend this person to be an Elisha Project Intern? ________ Yes.

Name of Reference: ___________________________________________________________

Position: _________________________________________________________________

Name of Church/Organization: ________________________________________________

Contact Phone: ________________ E-mail: _________________________________

How long have you known the applicant? __________ In what capacity? _______________

Signature: ________________________ Date: ________________________________

Please send this reference form directly to:
The Elisha Project c/o Office of Leadership Development
The Elisha Project
Supervisor’s Final Review

Name of Intern:__________________________________________

Host Church/Agency:____________________________________

This evaluation form provides the supervisor an opportunity to give a narrative evaluation of the Elisha Project Intern. The topics listed are not intended to be exhaustive but outline minimally the criteria for evaluation. Please feel free to add categories and to use more space than provided here. The more specific you can be in the evaluation, the more helpful the evaluation will be to the student and to the DAC Board of Ordained Ministry.

This form must be completed jointly with the intern and signed by both the intern and the supervising pastor. No one should, under any circumstances, sign an incomplete evaluation. The signatories should see the completed form before they sign it. The supervising pastor and the intern should ensure that the evaluation is submitted punctually.

Completion of Learning Objectives and Tasks: (Please indicate how the student fulfilled the objectives outlined in the Learning-Service Covenant. Discuss tasks specifically and whether or not they have been satisfactorily met.)

Competency in Ministry Skills: (On the basis of the objectives agreed upon in the Learning-Service Covenant, please evaluate the student’s progress in developing ministerial skills and ability to integrate academic work, field experience, and personal spiritual life. Identify areas of strength and areas for growth.)

Ability to Relate to Others: (Please assess the intern’s ability to work with you and others making specific reference to how the intern is available to people, takes leadership roles, deals with authority, demonstrates sensitivity, and respects confidences.)

Awareness of Interpersonal Dynamics: (Please comment on the student’s sense of self-awareness, ability to integrate who he/she is and what he/she does, and the development of ministerial identity.)

Comments and Recommendations: (What, if any, educational opportunities would you suggest for this student’s further growth?)

Signature:__________________________________________Date:
__________________________________________Elisha Project Intern

Signature:__________________________________________Date:
__________________________________________Supervising Pastor

The Elisha Project Intern and I have discussed this evaluation: _______Yes _______No
BACKGROUND CHECK FORM

A completed background check will be necessary once the applicant has been accepted into the program.

AUTHORIZATION FOR EMPLOYER TO ACCESS CONSUMER REPORTS

DISCLOSURE

By signing below, you acknowledge and understand that in connection with your application for volunteer or employment or contract services with Dakotas Conference of the United Methodist Church, consumer reports or investigative consumer reports which may contain public record information may be requested or made on you, including but not limited to consumer credit, criminal records, driving history records, education records, previous employment history, workers compensation reports from either the Department of Labor, National Personnel Records or the Industrial Commission, social security traces, military records, professional licensure records, eviction records and others. You further understand that these reports will be released to Dakotas Conference of the United Methodist Church, or any other member of said Conference. The reports may include experience information along with reasons for termination of past employment. Furthermore, you understand that information from various Federal, State, local and other agencies which contain information about your past activities will be requested. You understand that a consumer report containing injury and illness records and medical information may be obtained only after a tentative offer of employment has been made. You are hereby notified that you have the right to request a copy, upon proper identification and the payment of any legally permissible fees, of the above consumer report contained in Trak-1 Technology's files on you at the time of your request. You are further notified that prior to being denied employment based in whole or in part, on information obtained in the consumer report, you will be provided a copy of the report, the name, address and telephone number of the reporting agency and a description in writing of your rights under the Fair Credit Reporting Act.

AUTHORIZATION

By signing below, you hereby authorize, without reservation, any party or agency contacted by this organization to furnish the above mentioned and requested information. You further authorize ongoing procurement of the above mentioned information, reports and records at any time during your employment or contract. You also agree that a fax or photocopy of this authorization with your signature is accepted as having the same authority as the original. You further authorize and request, without any reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agencies, or other persons or agencies having knowledge about you to furnish Dakotas Conference of the United Methodist Church with any and all background information in their possession regarding you, in order that your employment qualifications may be evaluated. You authorize this information to be shared with Dakotas Conference of the United Methodist Church, or any other member of said Conference.

ACKNOWLEDGEMENT OF RECEIPT OF SUMMARY OF RIGHTS

By signing below, you certify you have read and fully understand this disclosure and authorization, all of the information you are providing is true, complete, correct and accurate, and you acknowledge that you have received the attached summary of your rights under the Fair Credit Reporting Act (15 U.S.C. §1681 et seq.).

The following is information required in order for Dakotas Conference of the United Methodist Church to obtain a complete consumer report.

PRINT FULL LEGAL NAME (First, Full Middle Name, Last Name) ______________________________________

Check here if this is a new address [ ]

STREET ADDRESS ________________________________________________

CITY ______________ STATE ______ ZIP ____________

SOCIAL SECURITY NUMBER __________________________ Date of Birth ______

DRIVER’S LICENSE NUMBER ______________ ISSUING STATE ______

OTHER OR FORMER NAMES (aka, maiden names, married names, surnames etc.)

CONSUMER’S SIGNATURE __________________________ DATE __________

For California, Minnesota or Oklahoma applicants

[ ] If you would like to receive a copy of the consumer report, if one is obtained, please check this box and read below: If you checked the applicable box and you are a California applicant, a copy of the consumer report will be sent within three (3) days of the employer receiving a copy of the consumer report. For California applicants only, if public record information about your character, general reputation, personal characteristics, and mode of living is obtained without using a consumer reporting agency, you will be supplied a copy of the public record information within seven (7) days of the employer's receipt unless you check this box. By checking this box you hereby waive your right to obtain any additional copy of the consumer report.

Please complete all pages of this form.

A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, and 600 Pennsylvania Ave NW, Washington, D.C. 20580.

You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- a person has taken adverse action against you because of information in your credit report;
- you are the victim of identity theft and place a fraud alert in your file;
- your file contains inaccurate information as a result of fraud;
- you are unemployed but expect to apply for employment within 60 days.

In addition, by September, 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

You have the right to ask for a credit score. Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.

Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information. Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

Consumer reporting agencies may not report outdated negative information. In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
Access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need—usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

You must give your consent for reports to be provided to employers. A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.

You may limit "prescreened" offers of credit and insurance you get based on information in your credit report. Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists on which these offers are based. You may opt-out with the nationwide credit bureaus at 1-800-392-7816.

You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

Identity theft victims and active duty military personnel have additional rights. For more information, visit www.ftc.gov/credit.

States may enforce the FCRA and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

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<tr>
<th>TYPE OF BUSINESS</th>
<th>CONTACT</th>
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<tr>
<td>Consumer reporting agencies, creditors and others not listed below.</td>
<td>Federal Trade Commission: Consumer Response Center-FCRA Washington, DC 20580</td>
</tr>
<tr>
<td>National banks, federal branches/agencies of foreign banks (word &quot;National&quot; or initials &quot;N.A.&quot; appear in or after bank's name)</td>
<td>Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743</td>
</tr>
<tr>
<td>Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)</td>
<td>Federal Reserve Board Division of Consumer &amp; Community Affairs Washington, DC 20551 202-452-3693</td>
</tr>
<tr>
<td>Savings associations and federally chartered savings banks (word &quot;Federal&quot; or initials &quot;F.S.B.&quot; appear in federal institution's name)</td>
<td>Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929</td>
</tr>
<tr>
<td>Federal credit unions (words &quot;Federal Credit Union&quot; appear in institution's name)</td>
<td>National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600</td>
</tr>
<tr>
<td>State-chartered banks that are not members of the Federal Reserve System</td>
<td>Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue Ste 100 Kansas City, Missouri 64108-2638 1-877-275-3342</td>
</tr>
<tr>
<td>Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission</td>
<td>Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306</td>
</tr>
<tr>
<td>Activities subject to the Packers and Stockyards Act, 1921</td>
<td>Department of Agriculture Office of Deputy Administrator-GIPSA Washington, DC 20250 202-720-7051</td>
</tr>
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NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW

DAKOTAS CONFERENCE OF THE UNITED METHODIST CHURCH intends to obtain information about you for employment purposes from an investigative consumer reporting agency or consumer credit reporting agency. Thus, you can expect to be the subject of "investigative consumer reports" and "consumer credit reports" obtained for employment purposes. Such reports may include information about your character, general reputation, personal characteristics, and mode of living. With respect to any investigative consumer report from an investigative consumer reporting agency ("ICRA"), the Company may investigate the information contained in your employment application and other background information about you, including but not limited to obtaining a criminal record report, verifying references, work history, your social security number, your educational achievements, licensure, and certifications, your driving record, and other information about you, and interviewing people who are knowledgeable about you. The results of this report may be used as a factor in making employment decisions. The source of any investigative consumer report (as that term is defined under California law) will be Trak-1 Technology; P.O. Box 52028; Tulsa, Oklahoma, 74152; 800-600-8999. The source of any credit report will be Trak-1 Technology; P.O. Box 52028; Tulsa, Oklahoma, 74152; 800-600-8999. The Company agrees to provide you with a copy of an investigative consumer report when required to do so under California law.

Under California Civil Code section 1786.22, you are entitled to find out from an ICRA what is in the ICRA's file on you with proper identification, as follows:

In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The ICRA may not charge you more than the actual copying costs for providing you with a copy of your file.

A summary of all information contained in the ICRA's file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.

By requesting a copy be sent to a specified addressee by certified mail. ICRAs complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the ICRAs.

"Proper Identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the ICRA require additional information concerning your employment and personal or family history in order to verify your identity.

The ICRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection.

You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An ICRA may require you to furnish a written statement granting permission to the ICRA to discuss your file in such person's presence.