APPLICATIONBROWN MISSIONARY BAPTIST CHURCH

APPLICATION

**Y**OUTH **I**NITIATIVE ROGRAM

Brown Youth Initiative

*Developing Servant Leaders*

Logo

Description automatically generated

2024

Year of HEALTH

**Brown Baptist Church**

**ACTS Career Center**

880 Stateline Rd East, Annex Building 3

Southaven, MS 38671

Pastor Bartholomew Orr

[byi@brownbaptist.org](mailto:byi@brownbaptist.org) | www.actscareercenter.org

662.796.2287

FAX: 662.796.2288

Brown Missionary Baptist Church exists to *Exalt Our Savior* through inspiring and informative worship, to *Edify the Saints* through biblical teaching, to *Evangelize the Sinners* through faithful witness, and to *Exhibit Godliness* through a positive presence in our community. The Brown Youth Initiative Program is committed to the values of our mission. The goal of the Brown Youth Initiative is to give students ages 15 – 20 an opportunity to develop workplace skills while

enhancing their education and community relations. The program is funded by Brown Baptist Church, Payroll is electronically processed through the ACTS Career Center on a bi-weekly basis

**Brown Youth Initiative Participation Guidelines**

**BYI Application Deadline: April 7. 2024**

**The program is open to fill approximately 50 Internships on a first come-first serve basis.**

**Participants must meet the following criteria for eligibility**

Please check-off and return this page with your application

Completed applications must be submitted to ACTS Career Center by April 7, 2024

* Participant must be between 15 and 20 years on June 3, 2024
* Must submit two letters of recommendation from adults.
* Must enclose a copy of your report card or transcript. Participant must be in good academic standing (High School or College) with a 2.0 cum GPA or higher or currently active in a tutoring program. Tutoring assistance is available at education@brownbaptist.org
* Must complete one Volunteer Service Project and submit a completed BYI Volunteer Certification form with your application. Volunteer opportunities are available through the Brown Baptist Volunteer Ministry: Email volunteer@brownbaptist.org
* Applicant must include a one-page resume with the application. If resume writing assistance is needed, Google teen age resumes to gain insight or please contact ACTS Career Center at 662.796.2287 for a template.
* Participant must have an active bank account. You will need the routing number as well.
* Participant must not exceed 120 work hours within program dates June 3rd through June 28th, 2024, at $8.50 per hour.
* Participant is encouraged to not have other employment during specified program dates.
* Participant is encouraged to pay tithes with income.
* Participant will follow safe Covid practices while in the workplace. Vaccinations may be required.
* All youth are encouraged to apply for the Steven. D. Morgan Scholarship (see attached)
* **Return BYI application (ALL PAGES) In-person to ACTS Career Center or by email to: byi@brownbaptist.org no later than April 7, 2024. Applications can also be dropped off at the Main campus welcome center.**

\* Incomplete applications will not be considered for participation. If selected, an

acceptance letter and invitation to the 2024 BYI Orientation will be emailed to you by May 2, 2024. Attendance to the 2024 BYI Orientation is mandatory. A parent or guardian must attend with first time participants. Employment assignments will not be issued to participants with incomplete forms or banking documentation.

**Signature of Youth Applicant, I agree and understand the requirements as stated:** Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Completed \_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PERSONAL INFORMATION** | | | | | | | | | |
| LAST NAME:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | FIRST NAME:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | M.I.  \_\_ | PARTICIPANT PHONE #  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| DATE OF BIRTH:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  AGE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | STUDENT STATUS: (Circle One)  FRESHMAN SOPHOMORE JUNIOR SENIOR  GRADUATION DATE: \_\_\_\_\_\_\_\_  MAJOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| HOME ADDRESS | | | | **PARENT SECTION** | | | | | |
| STREET | | | | PARENTS NAME :  ADDRESS: | | | | | |
| CITY | STATE | | ZIP | CITY | | | STATE | ZIP | |
| HOME PHONE# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  PARENT CELL# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  PARENTS EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| **FOR PARENTS: Does the applicant have medical conditions, require special accommodations, or have special needs? YES NO Please explain:** | | | | | | | | | |

|  |  |  |
| --- | --- | --- |
| **EMPLOYMENT INFORMATION** | | |
| ARE YOU A U.S. CITIZEN?  YES or NO | ARE YOU A MEMBER OF BMBC?  YES or NO | HAVE YOU PREVIOUSLY WORKED FOR THE BYI PROGRAM?  YES or NO IF YES, HOW MANY YEARS: \_\_\_\_\_\_\_\_\_ |
| IF YES, PLEASE LIST WHERE:  WOULD YOU LIKE TO RETURN THERE IN 2023? YES or NO | | |

|  |  |
| --- | --- |
| **SPECIAL JOB SKILLS** | |
| SKILL | PLEASE DESCRIBE |
| TYPING |  |
| COMPUTING |  |
| LANGUAGES |  |
| OTHER |  |

|  |
| --- |
| WHAT ARE YOUR LONG-TERM CAREER GOALS?  PLEASE LIST ALL ZIP CODES THAT YOU WILL BE ABLE TO REPORT WORK TO  **WHAT TYPE OF WORK WOULD YOU LIKE TO DO THIS SUMMER**? If possible, be specific. Pre-Assignments are welcomed.  DO YOU HAVE OUTDOOR ALLERGIES? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Important Ways to Slow the Spread of Covid-19**  • Always wear a mask (during work hours) to protect yourself and others.  • Stay at least 6 feet (about 2 arm lengths) from others who do not live with you.  • Wash hands frequently with soap and water for at least 20 seconds.  • CDC recommends that workers who have flu symptoms upon arrival to work or  become ill during the day should promptly separate themselves from another worker and go home.  . |

**WORK RELATED EXPERIENCE / VOLUNTEER WORK/EXTRACURRICULAR ACTIVITIES**

|  |  |  |
| --- | --- | --- |
| EMPLOYER NAME AND  ADDRESS | JOB TITLE AND RESPONSIBILITIES | DATES EMPLOYED |
|  |  | FROM:\_\_\_\_\_\_\_\_\_\_\_\_  TO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| AVERAGE  NUMBER OF  HOURS WORKED  PER WEEK: \_\_\_\_ |
|
| EMPLOYER NAME AND  ADDRESS | JOB TITLE AND RESPONSIBILITIES | DATES EMPLOYED |
|  |  | FROM:\_\_\_\_\_\_\_\_\_\_\_\_\_  TO: \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| AVERAGE  NUMBER OF  HOURS WORKED  PER WEEK: |
|
| EMPLOYER NAME AND  ADDRESS | JOB TITLE AND RESPONSIBILITIES | DATES EMPLOYED |
|  |  | FROM: \_\_\_\_\_\_\_\_\_\_\_\_  TO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| AVERAGE  NUMBER OF  HOURS WORKED  PER WEEK: |
|  |

|  |
| --- |
| **PLEASE SIGN BELOW** |
| SIGNATURE DATE |

*RETURN WITH YOUR APPLICATION*

**Brown Missionary Baptist Church**

**Y**outh **I**nitiative **P**rogram

**Adult Character Reference Form I**

**Cannot be a family member.**

**i.e. School administration or teachers, Ministry leaders, etc.**

|  |  |
| --- | --- |
| **This section is to be completed by applicant:** | |
| Name: | Telephone: |
| Address: |  |
|  | |
| ***The above-named applicant is applying for admission to the Brown Missionary Baptist Church Youth Initiative Program and has named you as a reference. After completing this form, please return to applicant immediately:*** | |
| Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  1. How many years have you known the applicant? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  In what relationship? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2. Rank the applicant in the following areas: ***Average | Below Average | Not Average | Not Observed***  Communication Skills \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Decision Making Ability \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Leadership Ability \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Dependability \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3. Do you (Choose one): Recommend | Recommend with Reservation | Not Recommend  4. Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If you would like to discuss this applicant, please email us at byi@brownbaptist.org  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Reference’s Signature Date* | |

*RETURN WITH YOUR APPLICATION*

**Brown Missionary Baptist Church**

**Y**outh **I**nitiative **P**rogram

**Adult Character Reference Form II**

**Cannot be a family member.**

**i.e. School administration or teachers, Ministry leaders, etc.**

|  |  |
| --- | --- |
| **This section is to be completed by applicant:** | |
| Name: | Telephone: |
| Address: |  |
|  | |
| ***The above-named applicant is applying for admission to the Brown Missionary Baptist Church Youth Initiative Program and has named you as a reference. After completing this form, please return to applicant immediately:*** | |
| Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  1. How many years have you known the applicant? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  In what relationship? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2. Rank the applicant in the following areas: ***Average | Below Average | Not Average | Not Observed***  Communication Skills \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Decision Making Ability \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Leadership Ability \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Dependability \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3. Do you (Choose one): Recommend | Recommend with Reservation | Not Recommend  4. Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If you would like to discuss this applicant, please email us at byi@brownbaptist.org  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Reference’s Signature Date* | |

**BYI Volunteer Certification Form**

**Must be signed by an authorized representative.**

**BYI Participant:**

**Volunteer Site/Event:**

**Volunteer Hours:**

**Volunteer Service Dates:**

**Participant's Signature:**

**Ministry/Agency**

**Signature and Printed**

**Name :**

**Phone Number:**

***\* All BYI participants are required to complete 1 service project. Cannot be combined with other ministry hours.***

**PLEASE SUBMIT COMPLETED FORM WITH BYI APPLICATION**

**STEVEN D MORGAN**

**SCHOLARSHIP GUIDELINES**

QUALIFICATIONS:

* Applicants must complete a BYI application and meet all requirements.
* Applicants must remain in BYI throughout the duration of the program and remain in good standings
  + - RULES:
* Entry may be submitted with the BYI application with subject line **STEPHEN D MORGAN SCHOLARSHIP ENTRY**
* Entry must be at least one paragraph in length, but no more than one page • Only one (1) entry per applicant per program year.
* Entry must be submitted no later than 11:59 pm on April 7, 2024.
* Entry must be typed in Times Roman pt. 12 format and double-spaced.
* Entry must include the applicant’s full name, email address and contact telephone number in the upper right corner.
* There will be no acceptance of the scholarship application after the deadline. NO EXCEPTION

The winner will be judged on the following:

**TOPIC:** Describe a time in detail when you contributed to someone’s well-being either, financially, emotionally, physically, or spiritually.

**Self-Awareness**- Did the applicant demonstrate a strong willingness to contribute to their fellow man? Did the applicant provide information of how their effort contributed to the betterment?

**Strength of Purpose** – Did the applicant demonstrate courage and persistence?

*The winner of the scholarship will be announced at the 2024 BYI Finale. The minimum scholarship award amount is $250.00.*