

**John M. Perkins Foundation**  
For Reconciliation and Development  
1831 Robinson Street, Jackson, MS 39209  
(601) 354-1563 ~ Fax: (601) 352-6882 ~ [info@jmpf.org](mailto:info@jmpf.org)

Dear Potential Long-Term Intern,

Thank you for your interest in the John M. Perkins Foundation Extended Internship Program. We hope the information in this packet will answer some of your questions about our what we have to offer and how you can be a real asset to the work we're doing in Jackson, MS.

Included in this packet are a general information sheet, waiver/release form, reference forms, and other information.

If you wish to apply to our internship program, please visit our website at [www.jmpf.org](http://www.jmpf.org) and in the *Leadership* section on the *Extended Internship* page you will find the online application. On that same page is the link to submit your non-refundable \$20.00 application fee. If you are unable to use this method please mail a check made out to the John M. Perkins Foundation along with your JMPF Release Form to our office.

To reserve date(s) to visit and for overnight lodging, please call at least three weeks prior to the requested date. Lodging is \$10.00 per night.

Again, thank you for your interest in the John M. Perkins Foundation Extended Internship Program. If you have questions, please call (601) 354-1563 or email [info@jmpf.org](mailto:info@jmpf.org).

Blessings,



V. Elizabeth Perkins  
Executive Director

# **Extended Internship Information**

## **Individual Internships**

We will work with you to create an internship. No two internships are exactly alike. Let us know your gifts and availability, and together we will create an internship that works.

## **Ministry Areas**

Possible placements include youth education, youth ministry, non-profit administration, carpentry, gardening, and volunteer group coordination.

## **Mentors**

Interns will be assigned a mentor. Mentors will meet weekly with interns to answer questions and provide guidance.

## **Journaling**

Interns are asked to keep a daily journal. This will help you to process your work and thoughts, and also to record questions to discuss with your mentors.

## **Housing**

Housing is on-site and costs \$350/month. Wireless internet is available. Most housing is a short walk from the Center and a short drive from a grocery store and other shopping.

## **Transportation**

There is public transportation in Jackson but most interns that do come down have found it best to have their own car or form of transportation. If you do have a vehicle we would suggest you bringing it. Biking is another viable option however biking after-dark is not recommended.

## **Church Opportunities**

Each Sunday you will have the chance to worship at a local church in Jackson.

## **Preparation**

You must read at least two of Dr. Perkins' books before participating in the internship program. Suggested reading: *Beyond Charity, Let Justice Roll Down, With Justice for All, Restoring At-Risk Communities*, or Spencer Perkins' *More than Equals*.

## **Community**

Interns have opportunities for interaction with ministry staff and church members as they live and work in the target neighborhood.

## **Dress Code**

We ask that our interns dress appropriately. During the week our dress is casual and shorts are permitted at work. Note: You will be asked to change your attire if you come to work dressed inappropriately.

Please bring some dress clothes (not just kaki pants and blue blazer)

Shorts no higher than 2-3 inches above the knees

No spaghetti straps, tank tops, or a lot of skin showing.

No t-shirts with inappropriate language or pictures

No 2-piece swimsuits

## How to Apply

- Go to <http://www.jmpf.org/content/leadership/extended-internships/apply-online/> to fill out our online application form. Make sure you remember to attach your resume.
- Sign the waiver/release in this packet and send it to:

John M. Perkins Foundation  
Attn: Elizabeth Perkins  
1831 Robinson St.  
Jackson, MS 39209

- Again if you're unable to submit your \$20.00 application fee online please send a check to the same address and write your name and "intern application fee" on the check.
- Please have three reference forms (along with letters of recommendation) mailed to the above address as well. Choose someone who knows you professionally (boss, manager), someone who knows you personally (friend, family member) and someone who knows about your spiritual walk (pastor, mentor).

***We reserve the right to dismiss you from the internship program if we feel that you are insubordinate or uncaring to the needs of the ministry.***

## **Directions from Jackson Airport to the Perkins Foundation**

Take Airport Rd. Keep straight until you get to I-20 West.

Exit Ellis Ave. going north. (Same exit as Jackson State University)

Take Ellis until you get to Robinson Street. (On the corners: Shell Station on left, Pearl AME Church on right)

Turn right onto Robinson.

Go approx. 10 blocks until you see the Perkins Center sign on your right.

1831 Robinson Street. Drive up to the big yellow house and ring the bell.

**Important:** Each participant must have a signed *“Release and Waiver of Liability”* on file. Please complete this form now in order to be considered. Print information in blanks provided.

## PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT!

### John M. Perkins Foundation Release and Waiver of Liability

This Release and Waiver of Liability (the “Release”) executed on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_ (the “Volunteer”) in favor of JOHN M. PERKINS FOUNDATION (JMPF) AND THE SPENCER PERKINS CENTER (SPC), a nonprofit corporation organized and existing under the laws of the State of Mississippi, USA, its affiliated organizations in other names, its, directors, officers, employees, and agents (collectively, the “Foundation”).

I, the Volunteer/Tutor, desire to work as a volunteer for the John M. Perkins Foundation/Spencer Perkins Center (JMPF/SPC), and engage in the activities related to being a volunteer for a work team. I understand that the activities may include but are not limited to, traveling to and from other cities and towns, consuming food and living in accommodations available and provided, working in the JMPF/SPC offices, constructing and rehabilitating residential buildings and other construction-related activities.

I, the Volunteer/Tutor, hereby freely and voluntarily, without duress, execute this Release under the following terms:

1. **Waiver and Release.** I, the Volunteer/Tutor, release and forever discharge and hold harmless the JMPF/SPC and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from my work for the JMPF/SPC.
2. **Insurance.** I, the Volunteer/Tutor, understand that, except as otherwise agreed to by the JMPF/SPC in writing, JMPF/SPC does not carry or maintain health, medical, or disability insurance coverage for any volunteer.
3. **Medical Treatment.** Except as otherwise agreed to JMPF/SPC in writing, I hereby release and forever discharge JMPF/SPC from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my time with the JMPF/SPC.
4. **Assumption of Risk.** I understand that my time with the JMPF/SPC may include activities that may be hazardous to me, including, but not limited to, construction activities, loading and unloading of heavy equipment and materials, and local transportation to and from the work sites. So, I recognize and understand that my time with the JMPF/SPC may in some situations, involve inherently dangerous activities. I also understand that in addition to consuming local foods and living in accommodations, which are available at the JMPF/SPC, I may be traveling to and from locations, which pose risks.
5. I hereby expressly and specifically assume the risk of injury, illness death or property damage resulting from the activities of my time with the JMPF/SPC.
6. **Photographic Release.** I grant and convey unto the JMPF/SPC all right title, and interest in any and all photographic images and video or audio recordings made by the JMPF/SPC during my work for the JMPF/SPC, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.
7. **Other.** I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the state of Mississippi in the United States of America, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Mississippi. I agree that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release, which shall continue to be enforceable.

To express my understanding of this release, I sign here with a witness.

**Volunteer/Tutor:** Name (*Please print*) \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_ Date \_\_\_\_\_

**Witness:** Name (*Please print*) \_\_\_\_\_ Signature \_\_\_\_\_

# John M. Perkins Foundation Reference Form

PLEASE PRINT CLEARLY

**APPLICANT INFORMATION** (to be completed by the **applicant** prior to distribution to the referrer)

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

**To the Student:** By placing an X in the box of this waiver, you are giving up your right under the Family Educational Rights and Privacy Act of 1974 to inspect letters of recommendation:

By submitting this reference request, I waive my right to review the information submitted by my references.

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

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## REFERRER INFORMATION

The above named student is an applicant for the John M. Perkins Foundation Internship Program. Please take a few minutes to complete the information and answer the questions below. Feel free to attach a separate sheet if necessary. Your input and prompt response is greatly appreciated. Please call (601) 354-1563 if you have questions. **Please return this form and a letter of recommendation on the institution's letterhead to:**

John M. Perkins Foundation

Attn: Elizabeth Perkins

1831 Robinson St.

Jackson, MS 39209

Name: \_\_\_\_\_ Email: \_\_\_\_\_

1. How long have you known the student, and in what capacity?

2. Please rate the applicant on the following:

Please check the appropriate column:		<b>Excellent</b>	<b>Good</b>	<b>Average</b>	<b>Below Average</b>	<b>Unable to Judge</b>
General academic abilities						
Written expression						
Oral expression						
Social Attitude:						
	Courteous					
	Responsible					
	Adaptable					
	Flexible					
	Able to work with others					
Emotional Stability and Maturity:						
	Adjusts easily to new situations					
	Emotional reaction to strain					
	Able to maintain a positive attitude					
	Accepts authority/Able to take direction					

**The intern will be placed in an environment that is culturally diverse. Participants will be living and functioning in community, and will be challenged culturally, physically, intellectually and emotionally.**

3. In what areas or what ways might you foresee the applicant contributing positively to this environment?

4. What would be difficult for this applicant?

5. Please comment on the applicant's Christian faith. Include your knowledge of personal practices as well as evidences of how the applicant bears witness to their faith commitment.

6. Do you recommend the applicant?  Yes  Yes, with reservations (please explain)  No

Please attach a letter of recommendation on letterhead.

*I agree that all information submitted is accurate to the best of my knowledge of and experience with the applicant.*

Referrer Signature: \_\_\_\_\_ Date: \_\_\_\_\_