

Internship Application

Faith Center Foursquare Church

Personal Information:

Full Legal Name: _____ Age: _____

Address: _____

Phone Number: _____ Email: _____

Birthday: ___/___/_____ Social Security Number: _____ - _____ - _____

T-Shirt Size: _____

Church Information:

Home Church: _____ City: _____ State: _____

Phone Number: _____ Pastor: _____

Please list any volunteer positions held:

Education History:

Year of High School Graduation: _____ Years of college completed: _____

What school do you currently attend? _____

Ministry Interests:

Which areas of ministry are you interested in? *(please check as many or as few as apply to you)*

Musical Worship

Recovery Ministry

Video & Sound

Design

Admin.

Small Groups

International Missions

Hospitality

Local Missions

Kids Ministry

Prayer

Youth Ministry

Young Adults

Coffee Shop

Women's/Men's Ministries

Pastoral Ministry/Preaching

Summer Internship Application

Spiritual History:

Please provide a brief description of your salvation experience:

Have you been baptized in water? Yes No If yes, when? _____

Please share about your water baptism experience:

Have you been baptized in the Holy Spirit? Yes No If yes, when? _____

Please share about your Holy Spirit baptism experience:

What is something you have been working through with the Lord in the last year?

Please describe that process.

Please describe why you want to be a summer intern at Faith Center.

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Please describe the calling that God has placed on your life - for this season and for the future (ministry, education, occupation, etc.)

Please describe your involvement in your home church.

Please describe your devotional life from the last 3 months. What spiritual discipline(s) do you hope to grow in through your time in this internship?

Is there a sin or behavior that has been difficult for you to overcome in your life? If yes, please explain. How are you dealing with that now?

Will it be difficult for you to respect and honor the authority of Faith Center, as well as Internship Staff, Church Staff, and Host Parents? _____ If yes, please explain:

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Health Information:

Please list all allergies:

Please list all medicines taken:

Do you have health insurance? Yes No

Insurance Provider: _____

Policy Number: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Intern Agreement:

All information provided in this application is complete and accurate. I realize that supplying incomplete or false information in this application, or during my interview with Internship staff, may result in my failure to be accepted into Faith Center's Summer Internship program.

(applicant signature)

(date)