

INTERNSHIP APPLICATION FORM

Date _____

PERSONAL INFORMATION

Name _____ Age _____

Home Address _____

Phone: During School () _____ During Summer: () _____

Email: _____ Home Church _____

ACADEMIC INFORMATION

Program Major _____ Hours completed _____ GPA _____

Expected date of B.A. graduation _____ Box # _____

INTERNSHIP PROGRAM INFORMATION

What type of internship placement are you considering?

___ Summer (Full time for 10-12 weeks) Beginning _____ Ending _____

___ School year (Sept. – April) ___ 9 hours/week x 1 yr ___ 9 hours/week x 2 yrs ___ 18 hours/week x 1 year

___ Full year (8 hours/week for 12 months)

When do you want to begin your internship assignment?

Do you have an actual internship placement in mind? If yes, provide details.

What practical experience in service and ministry have you had in the past?
Include where and when (Include Service Practicums)

List the gifts and skills you believe you have which could be developed in an internship

assignment.

In the gifts and skills you listed, which have been affirmed and by whom?

Place a check mark on the continuum for each category that best describes who you are at.

Leader	_____	Follower
Independent	_____	Dependent
Extroverted	_____	Introverted
People oriented	_____	ask Oriented
Self confident	_____	Not self confident

What are you expecting God to do in and through you in your internship experience?