



Kalispell, Montana
SUMMER INTERN APPLICATION

Student's Name: _____ Name You Go By: _____

Sex: Male _____ Female _____ Date of Birth: ____/____/____ Age: _____

Marital Status: Single _____ Engaged _____ Serious Relationship: _____

Contact Address: _____

Email address: _____ Contact Phone Number: _____

Name of School Currently Attending: _____

Class: Freshman Sophomore Junior Senior (circle one)

Major Area of Study: _____ Approx. GPA: _____

Vocational Choice: _____

Semester Ending Date: _____ Date Available: _____

Church Membership: _____ How Long: _____

Do you attend church on a regular basis? Yes _____ No _____

Pastor's Name at Church You Attend: _____

Denominational Affiliation: _____

Parent's Names: _____

Permanent Address: _____

List College Activities: _____

List High School Activities: _____

Areas of Preferred Ministry:
(i.e., VBS, Backyard Bible Club, Survey Work, Preaching, Song Leading, Music Performance, etc.)

Ministry Area You Would Prefer to Intern In:
High School Ministry _____ Middle School Ministry _____ Children's Ministry _____

Musical Instruments Played and How Long: _____

Secular Employment Experience:

Name of Company	City/State	Position	Dates (from/to)
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Degrees of Experience in Following Areas:

	None	Some	Lots		None	Some	Lots
VBS	___	___	___	Solo	___	___	___
Choir	___	___	___	Sign Language	___	___	___
Preaching	___	___	___	Lead Singing	___	___	___
Lifeguard	___	___	___	Youth	___	___	___
Drama	___	___	___	Children	___	___	___

Other Useful Talents/Skills in Ministry: _____

List Your Previous Missions Experience: _____

Physical Limitations: _____

Medical Information: (check all that apply)

Asthma Heart Trouble Psychiatric Counsel
 Diabetes Stomach Trouble Nervous Disorder
 Migraines Serious Illness (Specify) _____

Have you been hospitalized in the last year? If yes why? _____

Do you have allergies? Yes No If yes, what type? _____

Are you on medications on a regular basis? If yes what and why? _____

My Health is: Excellent Good Fair Poor (circle one)

Please List People Who Will Serve as References For You:

	Name & Relationship	Address	Phone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Are you a licensed driver? yes no

Describe Driving Record: _____

Do You Have a Criminal Record? If so, describe: _____

