



## Student Ministry Intern 2021 Application

### Personal Information (please print legibly)

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

Home Address: \_\_\_\_\_

Physical Address (if different): \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

### Personal References:

*Please provide the names of three individuals, not relatives, who have known you and can provide a reference for you. Please include one spiritual mentor, one professional reference (professor or employer), and one personal reference (not a family member). References that are acceptable include, but are not limited to, pastors, Bible-study leaders, youth leaders, employers or individuals who know you well enough to comment on your personal character.*

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

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

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

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

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

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

### Current/Previous Employment:

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_ Hire Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Position: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_ Hire Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Position: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

### Education:

*Indicate your current level of education:*

School: \_\_\_\_\_

Degree: \_\_\_\_\_ Major: \_\_\_\_\_ Graduation Year \_\_\_\_\_

*List any gifts, talents, skills or other education that have prepared you to work with youth:*

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List your hobbies, interests, activities, clubs and/or sports:

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**Ministry Involvement:**

Name of Church: \_\_\_\_\_ Length of Attendance: \_\_\_\_\_ Frequency: \_\_\_\_\_

Accepted Christ as Lord and Savior Yes No | When? \_\_\_\_\_

Ministry Involvement:

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Are you a member of Church of the Saviour? Yes No | Are you willing to attend Church of the Saviour through the duration of the internship? Yes No

**Prior Experience with Minors:** List all previous work, paid or volunteer, including childcare; please provide dates worked and description:

Organization: \_\_\_\_\_

Involvement: \_\_\_\_\_

Contact: \_\_\_\_\_ Position: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Organization: \_\_\_\_\_

Involvement: \_\_\_\_\_

Contact: \_\_\_\_\_ Position: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Organization: \_\_\_\_\_

Involvement: \_\_\_\_\_

Contact: \_\_\_\_\_ Position: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**Ministry Experience**

Detail any ministry experience; please explain any leadership, teaching and support experience in Student Ministry:

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Describe why you feel called to serve in Student Ministry:

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List your strengths:

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List your weaknesses:

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*Which three individuals have had the greatest spiritual impact upon your life, and why?*

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

How has he or she impacted you?

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

How has he or she impacted you?

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

How has he or she impacted you?

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*What do you believe a student should gain from involvement in church and/or camp?*

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*What do you believe is the parents' responsibility in the spiritual growth and development of their child, and the parents' involvement in the ministry?* \_\_\_\_\_

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*What would you like to gain from being involved in the ministry?* \_\_\_\_\_

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*Is there anything in Church of the Saviour's Statement of Faith, which can be found on the website, with which you disagree?  YES  NO  
If yes, please explain why.* \_\_\_\_\_

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**Theology:** *Please complete the following questions with your understanding of Scriptures (please do not hesitate to contact the ministry leader with any questions):*

*How would you explain the gospel to a student using Scripture?* \_\_\_\_\_

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*What do you believe about the Bible?* \_\_\_\_\_

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*What do you believe about Jesus?* \_\_\_\_\_

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*What do you believe about mankind?* \_\_\_\_\_

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*What do you believe is the purpose of the local church?* \_\_\_\_\_

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- Is there anything that would hinder or prevent you from performing certain activities? NO YES
- Have you ever participated in, been accused or convicted of, or pled guilty or no contest to any type of crime, abuse or sexual misconduct? NO YES
- Have you ever been convicted of a felony or a misdemeanor? NO YES
- Do you currently use illegal drugs? NO YES
- Have you ever been hospitalized or treated for alcohol or substance abuse? NO YES
- Are there any circumstances involving your lifestyle or background that would call into question your ability to work with minors? NO YES

If you answered YES to any of the above questions, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- Agree *The undersigned applicant hereby certifies that the information contained in this Volunteer Application is true and correct. I have not omitted any facts that I reasonably believe would reflect unfavorably on the decision to permit me to volunteer. In addition, I hereby authorize Church of the Saviour to contact any persons or institutions I have listed on this Volunteer Application, unless otherwise indicated, and to independently verify the correctness of the information I have provided. I understand that the personal information contained on this form will be kept strictly confidential by Church of the Saviour.*
- Agree *I agree that I will submit to and meet the clearance requirements required by the Pennsylvania Child Protective Service Law and by Church of the Saviour for the volunteer position, and to submit such background checks every three years as required by the law. When results are issued, I agree to give the results to Church of the Saviour in the same form as received.*
- Agree *I permit Church of the Saviour to confidentially manage my information and volunteer activities in the church database.*
- Agree *I agree that I will read Church of the Saviour's Child Safety Policy and attend training sessions as required. The Child Safety Policy will be distributed and you will receive training once your application has been accepted.*
- Agree *I have read Church of the Saviour's Statement of Faith. Should my application be accepted, I agree to be bound by the bylaws, Statement of Faith and policies of Church of the Saviour. I agree to be held accountable by the ministry leaders and elders of Church of the Saviour.*
- Agree *I agree to be accountable to the ministry leader for my conduct in the performance of my services on behalf of Church of the Saviour.*
- Agree *I permit Church of the Saviour staff to contact any references listed in this application. List any exceptions below:*  
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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Franton Veira*  
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