

Exposure



application

APPLICATION FORM

— EXPOSURE INTERNSHIP



PERSONAL DETAILS

Name :

Gender : Date Of Birth :
D D M M Y Y

Address :

Postcode : City / Country :

E-Mail :

Phone :

Home Church :

Please give details of any medical conditions which would require consideration during the year :

Have you ever been convicted of a criminal offence

Yes

☐

No

☐

:
If Yes, please give details:

ACADEMIC QUALIFICATIONS

Please give details of any Academic qualifications you hold:

THANK YOU FOR YOUR INFORMATION

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ABOUT YOU

Tell us about yourself (background & interests):

Tell us about your relationship with God:

Why are you applying for the Exposure internship?

Tell us about your experience of current or previous Christian ministry:

THANK YOU FOR YOUR INFORMATION

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ABOUT YOU

What skills or gifts can you contribute?

What do you hope to gain from your year as an intern?

REFERENCES

Please list two referees who would be willing to comment on your character, skills and abilities, experience and Christian commitment? One of these should be your Pastor.

Name:

Name:

Email:

Email:

Address:

Address:

Postcode:

Postcode:

Role:

Role:

THANK YOU FOR YOUR INFORMATION

All application forms are to be sent to exposure@lighthousechurch.ie.