

Community Internship Application

Thank you for your interest in Community of Faith's Internship Program. Please send your completed application as an email attachment to will@cofchurches.com or via mail to Community of Faith, 400 N Commerce St, Lewisburg, OH 45338. Drop off is also available at the Community of Faith Church Office, 219 N Commerce St, Lewisburg, OH. All information gathered through the application process will be handled confidentially.

GENERAL INFORMATION

Name _____ Date _____

Address _____

Preferred Phone _____ Age _____

Email Address _____

Gender ☐ Male ☐ Female

How did you hear about the internship program?

INTERNSHIP PROGRAM SPECIFICS

I am applying for the following internship duration :

☐ Summer Internship (June, July, & August)

☐ Yearly Internship (September - May)

Interns work closely with staff members and thus will have a specific ministry focus along with general responsibilities. Please number the following ministry areas on a scale of 1-3 according to your *level of interest*, with 3 being the highest.

_____ Youth Ministry

_____ Worship

_____ Administration

_____ Kids Ministry

_____ College Ministry

_____ Creative/Marketing

_____ Sound/Service Production

Please state briefly why you are passionate about your top choice(s).

What is your current educational standing?

Will you be working during the internship? If yes, where?

STRENGTHS & SKILLS

List your top three strengths and top three weaknesses

Strengths

Weaknesses

1. _____

1. _____

2. _____

2. _____

3. _____

3. _____

Please number the following skill areas on a scale 1-3 according to your level of experience, with 3 being the highest.

_____ Accounting/Finance

_____ Worship please specify _____

_____ Sound/ Service Production

_____ Graphic Arts

_____ Computer Skills

_____ Office Skills please specify _____

_____ Video Production

_____ Team Leadership

_____ Public Speaking

Please number the following skill areas on a scale of 1-10 by giving an honest estimation of yourself in the following areas, with 10 being the highest.

_____ Personal Discipline	_____ Initiative	_____ Spiritual Maturity
_____ Making New Friends	_____ Consistency	_____ Finishing Projects
_____ Leadership Abilities	_____ Listening	_____ Submission to Authority
_____ Lifestyle Example	_____ Positive Speech	_____ Self-Confidence
_____ Response to Correction	_____ Obedience	_____ Maintaining Friendships
_____ Faithfulness	_____ Punctuality	_____ Excellence in Homework

Describe your general health:

Please describe any physical limitations, disabilities, or health issues you may have:

YOUR PERSONAL STORY

Please include brief responses to the following questions and attach them to your application

1. Please describe your faith journey. Include how God got your attention and some significant experiences and people that He used. How has this journey prepared you for this position?

2. How does this position fit into your short and long-term goals? What do you hope to gain from this experience?

REFERENCES

List the contact information of the individuals (excluding family members) whom you are giving the reference form. YOU are responsible for sending reference forms to the individuals listed below. The form can be obtained on Community of Faith's website, cofchurches.com/interns. You are required 2 references.

Every person is required to have a Pastor (or Spiritual Mentor) Reference form completed.

Pastor/Spiritual Mentor Name _____

Relationship to Applicant _____

Phone _____

Email Address _____

1. Reference Name _____

Relationship to Applicant _____

Phone _____

Email Address _____

If you are under the age of **18**, please have your parent fill out the Parent/Guardian Form. You can find this form on Community of Faith's website, cofchurches.com/interns.

BACKGROUND INFORMATION

Are you legally authorized or permitted to work in the United States? _____ Yes _____ No

Are there any past or present issues (spiritual, physical, emotional/mental, social) which would hinder your ability to work appropriately with children or students? _____ Yes _____ No

Have you been accused, charged or convicted of a criminal offense (felony or misdemeanor other than a parking violation?) _____ Yes _____ No

Have you struggled in the past or are you currently struggling with any addictions (alcohol, drug, pornography, etc)? _____ Yes _____ No

If you answered "No" to the first question or "Yes" to the remaining questions, please explain (attach an additional page if needed)

BACKGROUND CHECK

This form authorizes the church to obtain background information and must be completed by the applicant.

Name *(First, Middle, Last)* _____

Other Names used *(Maiden, Nickname, Alias)* _____

Driver's License Number (and State) _____

Birthdate *(Month Date, Year)* _____

Current Address _____

Cell Phone _____

If you have lived at your current address less than three years, please provide your former address below. If you are a college student, please provide your permanent address below.

Alternate Address _____

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In the interest of safety and security I, the undersigned applicant, authorize Community of Faith to procure background information about me, prior to, and at any time during, my service to the organization. This report may include my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; and the state sex offender records.

Signature _____

Date _____

Parent Signature _____
(If under 18 years old)

Date _____