

Community Internship Parent/Guardian Form

All information gathered through the screening process will be handled confidentially.

Name of Internship Applicant _____

Name of Parent or Guardian _____

What relationship does the applicant have to you?

☐ Son ☐ Daughter ☐ Other _____

Address _____

Phone _____ Email _____

Church presently attending _____

Pastor's Name _____

Has the applicant discussed or counseled with you concerning his/her interest in participating in the Community Internship program? ☐ Yes ☐ No

Has the applicant had any serious problems in submitting to parental or other authority?

☐ Yes ☐ No

What do you understand is the real motive for the applicant wanting to attend the program?

Has the applicant read through and discussed with you the guidelines/code of conduct, and overall information about the Community Internship program? ☐ Yes ☐ No

What was his/her general attitude to these guidelines and standards?

Understand that it is our desire that there be no conflict with parental and church authority, would you be supportive of these guidelines and standards? ☐ Yes ☐ No

On a scale of 1 to 10 (10 being the highest), rate the applicant in the following areas

_____ 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

Please comment:

PASTOR APPROVAL

Do you fully approve of the applicant participating in the Community Internship program?

☐ Yes ☐ No

Comments (Please describe any reservations or concerns):

Signature _____ Date _____

Thank you for completing the Internship Reference Form. This is an invaluable resource as we consider the applicant. Please feel free to add any additional comments that may be helpful.

Please return the completed form to:

Will Petersen (Intern Director)

400 N Commerce St, Lewisburg, OH 45338

Email: willpetersen.cof@gmail.com

(Or drop off at the church office, 219 N Commerce St, Lewisburg, OH)