

## 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?

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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?

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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:

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**PARENT APPROVAL**

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

☐ Yes      ☐ No

Comments (Please describe any reservations or concerns):

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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 (Internship Director)

400 N Commerce St, Lewisburg, OH 45338

Email: [will@cofchurches.com](mailto:will@cofchurches.com)

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