



Intern Application

Name _____
FIRST MIDDLE LAST

ADDRESS _____

CITY STATE ZIP

PHONE # _____

EMAIL _____

BIRTHDAY AGE

TSHIRT SIZE: ADULT S ADULT M ADULT L ADULT XL ADULT 2XL

PARENT/GUARDIAN NAME: _____

CHURCH: _____

PASTOR NAME PASTOR PHONE #

Do you have medical insurance? YES NO

Name of insurance _____

Insurance number _____

Date of last tetanus shot? _____

Medical history/ medications? _____

Do you have a high school diploma or GED? _____

Are you a born again Christian? _____

Are you water baptized? _____

Are you filled with the holy ghost with the evidence of speaking in other tongues? _____

Tell us if you have ever: (Information provided will be kept in strict confidence):

- | | |
|---|--|
| <input type="checkbox"/> Been suspended or expelled from school? | <input type="checkbox"/> Been pregnant or fathered a child? |
| <input type="checkbox"/> Had an eating disorder? | <input type="checkbox"/> Been involved with gang related activity? |
| <input type="checkbox"/> Served time in a detention center or jail? | <input type="checkbox"/> Been involved in homosexual activity? |
| <input type="checkbox"/> Had breathing problems? | <input type="checkbox"/> Been involved with a cult or the occult? |
| <input type="checkbox"/> Been convicted of a crime? | <input type="checkbox"/> Intentionally inflicted harm on yourself? |
| <input type="checkbox"/> Had psychiatric care? | <input type="checkbox"/> Had diabetes or hypoglycemia? |
| <input type="checkbox"/> Been involved with tobacco products? | <input type="checkbox"/> Attempted suicide? |
| <input type="checkbox"/> Taken depression/behavioral medications | <input type="checkbox"/> Had seizures? |
| <input type="checkbox"/> Been involved with alcohol? | <input type="checkbox"/> Had fainting spells? |
| <input type="checkbox"/> Been sexually active (omit if married)? | <input type="checkbox"/> Been treated for physical impairment? |
| <input type="checkbox"/> Been involved with illegal drugs? | <input type="checkbox"/> Been treated for mental impairment |

If you answered yes to any of the above, please give a complete explanation below and/or on a separate piece of paper. _____

Tell us about your personal walk (use a separate sheet if needed):

Briefly describe your relationship with Christ.

What two events or activities have impacted you spiritually over this past year?

Are there any current moral issues or physical conditions that could affect your involvement in the internship?

How active are you in ministry at your church or in another outreach?

How are you sensing God's leading toward this internship program?

Describe your strengths and your ministry gifts/skills:

Describe your weaknesses and areas in which you desire to grow:

Describe your relationship with your family:

Please give us the information for your two recommendations:

(These people must be 21 or older, have known you at least one year, and must not be related to you. One recommendation must come from your pastor). Give each the Recommendation Form in the back.

1. Name _____
Position/Title _____
Relationship to you _____ Length of time known _____
Phone _____ Email _____

2. Name _____
Position/Title _____
Relationship to you _____ Length of time known _____
Phone _____ Email _____

Authorization:

I have read and understand the above information. The information I have given Impact Central Cal Student Ministries is accurate and true to the best of my knowledge. I also give Impact Central Cal Student Ministries the right to use my picture, voice, and/ or testimony in any form of promotional or advertising materials. My enclosed signature signifies my approval of all limitations listed above.

Applicants signature _____ Date _____

Application fee (\$50): Your application fee is required before your application can be processed. This will be applied to your overall payment.

Requirements: Must be a born again Christian. Must have a good Christian reputation. Must be 18-35. Must be unmarried (can bypass for special circumstances). Must have a high school diploma or GED. Must be involved in your local church. Must have the pastor's permission. Must be committed to return to your church after the program.



CONFIDENTIAL RECOMMENDATION FORM

PLEASE COMPLETE THE RECOMMENDATION FORM AND SEND IT TO IMPACT YOUTH, 610 PICO, CLOVIS, CA 93612 OR EMAIL TO ARODRIGUEZ@CCPCG.ORG

Applicant name _____

Your name _____

Phone number _____

Email address _____

Please read the following before filling out this recommendation:

Serious consideration will be given to your evaluation of the applicant's character and fitness for the life impact internship.

1. Relationship to applicant (pastor, youth pastor, teacher, friend) _____
2. How long have you known the applicant? _____
3. How well do you know the applicant (by face/name/casually/well/very well) _____
4. Please describe/rate the applicant in the following areas:
1 - poor; 2 - minimal; 3-average; 4-excellent; 5-outstanding

Social skills 1 2 3 4 5

Positive attitude 1 2 3 4 5

Self confidence 1 2 3 4 5

Ability to receive correction 1 2 3 4 5

Adaptability 1 2 3 4 5

Problem solver 1 2 3 4 5

Emotional stability 1 2 3 4 5

Submission to leadership 1 2 3 4 5

Servant attitude 1 2 3 4 5

Ability to deal with conflict 1 2 3 4 5

Ability to communicate 1 2 3 4 5

Ability to handle stress 1 2 3 4 5

5. Please briefly describe the applicants family background: _____

6. What character traits do you appreciate about the applicant? _____

7. Describe how the applicant responds to his/her peers: _____

8. Describe how the applicant responds to authority: _____

9. Describe any weaknesses that the applicant has: _____

Based on the information, the applicant is:

Strongly recommended/ Recommended/ Recommended with reservations/ Not Recommended

If there is any other information that you would like to express concerning the applicant, please attach a separate letter.

Signature _____

Date _____



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