

Internship & Volunteer Application:

CONFIDENTIAL

- Mission Team (May-August @ \$35/Week)
- College Internship (2 months to 3 Years)

King's Castle USA Admin & Leadership Team
Dates of Availability: ____ / ____ / ____ to ____ / ____ / ____

Full Name _____ **Date of Birth:** ____ / ____ / ____

This application is to be completed by all applicants for any position (mission team or interns) involving the supervision or custody of minors. It is being used to help the ministry provide a safe and secure environment for those children and youth who participate in our programs. This information is confidential and used by authorized staff only. All applicants will be considered without prejudice of age, gender, nationality or disabilities.

PERSONAL INFORMATION:

Marital Status: Minor Child Single Married Separated Divorced Widowed Engaged

Permanent Mailing Address _____

City _____ State _____ Zip _____

Email: _____ Birth date ____ / ____ / ____ Gender: M F

Phone: Home (_____) _____ Cell (_____) _____ Social Security #: _____

If college student, give name of school and year to graduate: _____

College Address: _____ City _____ State _____ Zip _____

US Citizen? Yes No If no, country of citizenship? _____

Permanent Resident # _____ Current Visa Type _____

FAMILY:

Parents' Names _____

Parents' Address _____ City _____ State _____ Zip _____

Parents' Phone: Home (_____) _____ Cell (_____) _____

EMERGENCY CONTACTS (In Addition to Your Parents):

1) Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Telephone: Home (_____) _____ Work (_____) _____

2) Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Telephone: Home (_____) _____ Work (_____) _____

EDUCATION & FINANCES (for Ministerial Internship or Missions Student Internship):

Do you plan to apply for your ministerial credentials with the Assemblies of God? ____ If so, check options below:

School of Ministry at \$129/each class (<http://schoolofministry.socalnetwork.org/>) with refund of all tuition paid to SoCal Network upon receiving Ministerial Ordination with the Assemblies of God.

Online classes at: _____ College/University towards a fully-accredited A.A. or B.A. degree.

Other _____

If you plan to take online classes through a university, are you pre-qualified to receive student grants/loans with FAFSA to cover online classes and housing? ____ Yes ____ No Explain: _____

Do you plan to raise support from family/friends with tax-deductible receipts for their donations towards your personal expenses and mission trips? ____ Yes ____ No (Please explain and outline budget on separate paper.)

List any financial obligations you would be responsible to pay while serving on our mission team on a separate sheet. (Include school bills, cell phone, child support, credit cards, loans, etc.)

PERSONAL HISTORY & EXPERIENCE:

Year of high school graduation: _____ How many college semesters are completed toward degree: _____

College(s) attended: _____

Major(s): _____ Degree(s) Completed: _____

In addition to English, what languages do you speak? _____

Proficiency of second language: _____

Do you have a driver's license?

___ Yes ___ No

Driver's license #: _____

State issuing license: _____

Expiration Date: ____ / ____ / ____

Do you have any specialized license or endorsement? (Class B, C, etc.) _____

Have you ever been convicted of a traffic offense? ___ Yes ___ No

If yes, describe all convictions in past 5 years. _____

What areas do you prefer to develop your skills in evangelism?

_____ Youth ministry _____ Children's ministry

_____ Drama/Human Videos _____ Homeless/Compassion

_____ Athletics/Sports: _____

_____ Dance (style): _____

_____ Music (list instruments or vocal range): _____

Other: _____

What is your desired length of commitment?

Starting: ____ / ____ / ____ to ____ / ____ / ____

Are you willing to commit 100% of your effort to orientation, training, and supervision? ___ Yes ___ No If "no," explain.

PERSONAL VALUES (CODE OF CONDUCT):

Do you currently or have you previously used tobacco, alcohol or illegal drugs? ___ Yes ___ No If "yes," explain.

Have you had periods of depression, discouragement, thoughts of suicide, chemical imbalance, bi-polar disorder or other life issues such as cutting yourself or other self-defacing acts: ___ Yes ___ No If "yes," please explain.

Do you agree to abstain from any addictive substances, any sexual immorality, gambling, unscriptural conduct and inappropriate behavior while serving on our mission team? ___ Yes ___ No If "no," please explain.

Although we do not require all interns and mission teams to fully agree with the Tenets of Faith of the Assemblies of God (please review at: <http://ag.org/top/Beliefs/Statement of Fundamental Truths/sft.pdf>), it is important to clearly understanding any difference there may be in the specific areas of your doctrinal beliefs. Do you fully agree with the Statement of Fundamental Truths of the Assemblies of God? ___ Yes ___ No If "no," please specifically explain all areas of differences on a separate attachment.

CHURCH ACTIVITY:

1) Are you a Christian? ___ Yes ___ No When were you saved? _____

2) Are you baptized in the Holy Spirit with the evidence of speaking in tongues (Acts 2:4) ___ Yes ___ No

3) *List on separate sheet any gifts, calling, training or other factors that prepared you for children/youth ministry.*

PERSONAL REFERENCES:

Please submit a list of references including: 1 pastor, 2 friends, and 1 employer with their names, address, phone and email address (stating their relationship to you).

I agree to my references being contacted. ___ Yes ___ No If "no," explain why? _____

APPLICANT'S STATEMENT:

I certify that the information contained in this application is correct to the best of my knowledge. I authorize Rev. JoAnn Riley to investigate any matters contained in this application. I hereby authorize any reference or church listed in this application to release any information (including opinions) they may have regarding my character and fitness for children/youth work, and release all such references from liability for any damage that may result from furnishing such evaluations to you. I waive any right that I may have to inspect references provided on my behalf.

Applicant's Signature _____ Today's Date _____

Pastor's Signature _____ Today's Date _____

Submit to: King's Castle USA, P.O. Box 2225, Victorville, CA 92393 • Cell: (562)841-5298 • www.cordministries.org