

Grace Community Student Ministries



Drawn together for delightful, dependent, and dangerous living.

Summer Intern Application

Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail: _____

Home phone: _____ Work Phone: _____ Age: _____

(Please don't feel limited to the space provided, attach additional pages if needed)

1. How did you hear about this Internship program? _____

2. Briefly share your testimony.

3. What experience do you have working with Middle or High School students? _____

4. Why do you want to minister to students? _____

5. What gifts & abilities do you have that can effectively be used in student ministry? _____

6. What is your philosophy of student ministry? _____

7. If you could achieve your dream, what would you be doing in ten years? _____

7. Please give 2 personal references. (These should be people who have observed your behavior outside the church, excluding family members.)

Name _____ Name _____

Address _____ Address _____

Phone _____ Phone _____

E-mail _____ E-mail _____

I have read the position description and am agreeable to abide by its responsibility and regulations to the best of my ability, if hired. I also give my authorization to Grace Community Presbyterian Church to verify the information on this form and contact my references and appropriate government agencies.

Name (Please Print)

Signature