

# Summer Youth Internship Application

## Applicant Information

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
*Last First M.I. Month / Day / Year*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Do you have your driver's license? YES  NO  Will you have access to a car this summer? YES  NO

Driver's License Number: \_\_\_\_\_ Years Licensed: \_\_\_\_\_

State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
*Month / Day / Year*

Has your license ever been suspended? YES  NO

How many accidents? \_\_\_\_\_ How many moving violations? \_\_\_\_\_

## Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

Did you graduate? YES  NO  Graduation Year: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

Degree: \_\_\_\_\_ Did you graduate? YES  NO  Graduation Year: \_\_\_\_\_

If you did not graduate, are you currently enrolled at this institute? YES  NO

Other: \_\_\_\_\_ Address: \_\_\_\_\_

Degree: \_\_\_\_\_ Did you graduate? YES  NO  Graduation Year: \_\_\_\_\_

If not a student, are you currently employed? YES  NO

## References

Please list three references: 1 pastoral, 1 professional, & 1 personal (Professional reference should be a supervisor, mentor, or professor)

Name of Pastor: \_\_\_\_\_ Years Known: \_\_\_\_\_  
*Full Name*

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Name of Professional: \_\_\_\_\_ Years Known: \_\_\_\_\_  
*Full Name*

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Name of Personal: \_\_\_\_\_ Years Known: \_\_\_\_\_  
*Full Name*

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

## Church Background

Please briefly share your Christian testimony:

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Current Church: \_\_\_\_\_ Member? YES  NO

City, State: \_\_\_\_\_ Pastor: \_\_\_\_\_

Do you attend church regularly? YES  NO

Have you worked in youth ministry before (as a youth intern, high school staff, etc.)? YES  NO

If yes, please elaborate on your ministry experience below:

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### Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

Name (Printed): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Instructions for Submission

Once completed, in its entirety, attach all additional materials and submit by email. Please email Becca Lokos, Shady Grove Presbyterian Church's Youth Assistant: [becca@shadygrovepca.org](mailto:becca@shadygrovepca.org).

Upon receiving your application, we will reach out to you. If you have any questions please reach out to Bruce Wiley, the Youth Pastor at Shady Grove, by email: [hiwileys2@verizon.net](mailto:hiwileys2@verizon.net) or by phone at: 301-928-4620

We look forward to hearing from you!  
In Christ,  
Cornerstone Youth Staff