

Affix
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Church at the Gate Internship Application

Name: _____
Last First Middle

Address: _____
Street City State Zip

Phone: () _____ () _____
Home Cell

E-Mail Address: _____

Gender: Male Female

Marital Status: Single Married Separated Divorced Widowed

Marital Status Date ____/____/____

Spouse's Name: _____

Children: Name _____ Age _____
Name _____ Age _____
Name _____ Age _____
Name _____ Age _____
Name _____ Age _____

Birth date: ____/____/____ Birthplace: _____

Are you a US Citizen? Yes No

Are you willing to raise your own support? Yes No

Which Internship are you applying for? (i.e. worship, youth, children, etc.)

How do you feel that this internship will help you fulfill your destiny & calling?

Ability to meet requirements for position:

Time available to serve:

Skills:

Gifts:

Other:

Will you have an outside job? Yes No

What will your schedule be?

What other responsibilities do you have (family, children, home school, other ministry)?

What areas of weakness have you identified and what are you doing to overcome these?

Who do you have who is speaking into your life?

Anything else?

References: (Personal/Pastoral/Professional)

Name: _____ Phone #: _____

Relationship: _____

Name: _____ Phone #: _____

Relationship: _____

Name: _____ Phone #: _____

Relationship: _____

Signed: _____ Date _____

Printed Name: _____