



INTERNSHIP APPLICATION

SO CHRIST HIMSELF GAVE THE APOSTLES, THE PROPHETS, THE EVANGELISTS, THE PASTORS AND TEACHERS, TO EQUIP HIS PEOPLE FOR WORKS OF SERVICE, SO THAT THE BODY OF CHRIST MAY BE BUILT UP

EPHESIANS 4:11-12

PERSONAL INFORMATION:

FULL NAME _____
PRESENT ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE () _____
EMAIL ADDRESS _____

PERMISSION TO DO A BACKGROUND CHECK

- YES
- NO

I AM WILLING TO COMPLETE A MANDATORY ABUSE TRAINING

- YES
- NO

FAMILY BACKGROUND:

ARE YOU: __MARRIED __SINGLE __DIVORCED __SERIOUS RELATIONSHIP
ANY CHILDREN? YES NO IF SO, HOW MANY? _____ AGES _____

IF UNDER 25:

NAME OF PARENT(S) OR GUARDIAN _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

ACCEPTED CHRIST?

- YES
- NO

HEALTH INFORMATION:

HOW WOULD YOU DESCRIBE YOUR HEALTH?

- EXCELLENT
- FAIR
- GOOD
- POOR

LIST ALL ALLERGIES _____

LIST ANY PHYSICAL LIMITATIONS _____

LIST ANY MEDICATIONS YOU ARE TAKING _____

HAVE YOU EVER USED ILLEGAL DRUGS?

- YES
- NO

DO YOU DRINK ALCOHOL?

- YES
- NO

EMPLOYMENT:

ARE YOU CURRENTLY EMPLOYED? YES NO

PRESENT EMPLOYER _____ PHONE # _____

POSITION _____ DATE HIRED _____

PAST EMPLOYER _____ PHONE # _____

POSITION _____ DATE HIRED _____

REASON FOR LEAVING: QUIT / LAYED OFF / FIRED DATE _____

CHURCH BACKGROUND:

NAME OF CHURCH _____

ARE YOU A MEMBER OF YOUR CHURCH?

- YES
- NO

WHEN DID YOU ACCEPT CHRIST? _____

WHERE? _____

HAVE YOU EVER BEEN BAPTIZED IN WATER?

- YES
- NO

HAVE YOU EVER HAD AN ACTS 2:4 EXPERIENCE? (HAVE YOU BEEN FILLED WITH THE HOLY SPIRIT?)

- YES
- NO

HOW MANY TIMES A WEEK DO YOU ATTEND CHURCH? _____

HOW DOES YOUR FAMILY FEEL ABOUT YOUR ATTENDING THE CHAPEL U
INTERNSHIP?

**PLEASE ANSWER THE FOLLOWING QUESTIONS
TO THE BEST OF YOUR ABILITY:**

1. WHAT IS YOUR DEFINITION OF A SERVANT?

2. WHAT DO YOU PLAN ON DOING AFTER THE INTERNSHIP, WHAT DO YOU THINK YOU
WOULD LIKE TO DO WITH YOUR LIFE?

3. DEFINE MINISTRY:

4. WHAT ARE SOME NECESSARY QUALITIES YOU MUST HAVE TO BE A GOOD SPIRITUAL LEADER?

5. WHY DO YOU WANT TO COME THIS THIS INTERNSHIP?

6. IF ACCEPTED INTO INTERNSHIP, ARE YOU WILLING TO MAKE A FULL YEAR COMMITMENT?

- YES
- NO
-

WHEN YOU MAIL YOUR APPLICATION, PLEASE INCLUDE THE FOLLOWING:

✓ YOUR TESTIMONY ON A SEPARATE SHEET OF PAPER

(MINIMUM OF 200 WORDS TYPED)

✓ THREE REFERENCES:

(SEE SEPARATE FORM, THESE MUST BE MAILED IN BY THE PERSON FILLING OUT THE REFERENCE)

I HAVE HONESTLY COMPLETED THIS APPLICATION FORM AND HAVE ANSWERED THE QUESTIONS TO THE BEST OF MY ABILITY.

SIGNATURE _____ DATE _____

PLEASE MAIL THIS FORM TO:
CHAPEL U INTERNSHIP
7912 THOMPSON RD
CICERO, NY 13039
315-699-4140