

# INTERN MINISTRY APPLICATION

## PERSONAL CHRISTIAN EXPERIENCE

Name: \_\_\_\_\_  
Last First Middle

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

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

Home phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Marital Status:  Single  Engaged  Married  Widowed  Divorced  Separated

Spouse's Name: \_\_\_\_\_

Number and ages of children (if applicable): \_\_\_\_\_

Current Occupation: \_\_\_\_\_

Employer Name and Address: \_\_\_\_\_

Do you own a valid Driver's License:  Yes  No From what State/County? \_\_\_\_\_

Do you own or have exclusive use of a properly insured motor vehicle?  Yes  No

## PERSONAL CHRISTIAN EXPERIENCE

Have you accepted Jesus Christ as Savior?  Yes  No Have you been baptized in water?  Yes  No

Are you a member of The Cause Community Church?  Yes  No

Do you tithe regularly?  Yes  No

## MINISTRY EXPERIENCE

Are you currently involved in one of the ministries at the church?  Yes  No

If "yes", which one? \_\_\_\_\_

## ACADEMIC BACKGROUND

High School Graduate: \_\_\_\_\_ College/Trade Schools Grad \_\_\_\_\_

Are You Currently Attending College or Trade School?  Yes  No Where? \_\_\_\_\_

## BIOGRAPHICAL STATEMENT

1. Please write out a summary of your Salvation Experience. Use back of this sheet.
2. Write out why you wish to be involved in the Intern Ministry. Use back of this sheet
3. Attach the APPLICATION DEPOSIT of \$200 (refundable should you not be accepted).

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# INTERN MINISTRY PERSONAL REFERENCE

Name of Applicant: \_\_\_\_\_  
Last First Middle

The person named above is applying for admission to the Intern Program at The Cause Community Church. The nine month intern program will challenge the intern both intellectually and spiritually. Please help us assess the likelihood of the applicant's success in the Internship Ministry. Your cooperation in completing this personal reference form will be greatly appreciated. All Information will be held in strict confidence.

**DO NOT return this form to the applicant.** Please place it in the stamped envelope provided to you by the applicant and mail it to, *The Cause Community Church, Attention: Intern Coordinator, 950 Beacon Street, Brea, CA., 92821*

## Please check the following:

- |                        |                                   |  |                                  |  |                                   |
|------------------------|-----------------------------------|--|----------------------------------|--|-----------------------------------|
| Academic Ability       | <input type="checkbox"/> Superior | <input type="checkbox"/> Above Average | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average | <input type="checkbox"/> Inferior |
| Initiative/Motivation  | <input type="checkbox"/> Superior | <input type="checkbox"/> Above Average | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average | <input type="checkbox"/> Inferior |
| Concern for Others     | <input type="checkbox"/> Superior | <input type="checkbox"/> Above Average | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average | <input type="checkbox"/> Inferior |
| Leadership Ability     | <input type="checkbox"/> Superior | <input type="checkbox"/> Above Average | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average | <input type="checkbox"/> Inferior |
| Social Adaptability    | <input type="checkbox"/> Superior | <input type="checkbox"/> Above Average | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average | <input type="checkbox"/> Inferior |
| Personal Appearance    | <input type="checkbox"/> Superior | <input type="checkbox"/> Above Average | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average | <input type="checkbox"/> Inferior |
| Moral Standards        | <input type="checkbox"/> Superior | <input type="checkbox"/> Above Average | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average | <input type="checkbox"/> Inferior |
| Cooperation/Submission | <input type="checkbox"/> Superior | <input type="checkbox"/> Above Average | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average | <input type="checkbox"/> Inferior |
| Reliability            | <input type="checkbox"/> Superior | <input type="checkbox"/> Above Average | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average | <input type="checkbox"/> Inferior |
| Response to Correction | <input type="checkbox"/> Superior | <input type="checkbox"/> Above Average | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average | <input type="checkbox"/> Inferior |
| Teachability           | <input type="checkbox"/> Superior | <input type="checkbox"/> Above Average | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average | <input type="checkbox"/> Inferior |

Do you believe the applicant is a Christian?  Yes  No

To your knowledge does the applicant participate in any of the following:

Unlawful Drug Use  Yes  No

Excessive Alcohol Use  Yes  No

Illicit Sexual Behavior  Yes  No

Have you had any occasion to question his/her moral character? \_\_\_\_\_

To your knowledge, is the applicant prompt in paying his/her debts?  Yes  No

Does the applicant, in your judgment, have the fitness and aptitude for this program?  Yes  No

Do you consider the applicant emotionally qualified for this type of training?  Yes  No

Do you unhesitatingly recommend the applicant's acceptance into the Intern Program?  Yes  No

How long have you known the applicant? \_\_\_\_\_

What is your relationship to the applicant? \_\_\_\_\_

Your Name (printed) \_\_\_\_\_

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