



Internship Application

God's Appalachian Partnership

General Information

Date: _____

Full Name: _____ Preferred Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: (____) _____ Cell: (____) _____ Email: _____

Social Security No.: _____ Date of Birth: _____ Sex: _____

Interest and Availability

What internship(s) are you interested in? (Check all that apply)

- Children's Outreach Mission Teams/Community Outreach Media/Creative Communications

What length of service are you applying for? Summer Year Long

When will you be available to start: _____

Education

High School: _____ Graduated: Yes No Date: _____
Name/City/State

College/University: _____ From: _____ To: _____
Name/City/State

Did you graduate? Yes No If no, expected graduation date: _____

Major: _____ Minor: _____

College/University: _____ From: _____ To: _____
Name/City/State

Did you graduate? Yes No If no, expected graduation date: _____

Major: _____ Minor: _____

Other Education or Training: _____

Experience and Skills

School, Civic, Community Activities/Organizations, Offices Held, Honors: _____

Previous Mission/Service Experiences (include agencies, places, dates, and responsibilities): _____

What special skills or qualifications do you have? _____

Previous Employment

List your last three jobs, beginning with your most recent.

Company: _____ City/State: _____

Dates Employed: _____ Your Title: _____

Brief Description of Duties: _____

Reason for Leaving: _____

Company: _____ City/State: _____

Dates Employed: _____ Your Title: _____

Brief Description of Duties: _____

Reason for Leaving: _____

Company: _____ City/State: _____

Dates Employed: _____ Your Title: _____

Brief Description of Duties: _____

Reason for Leaving: _____

May we contact your present employer? Yes No

Supervisor's Name: _____ Phone: (_____) _____ Email: _____

Christian Faith and Personal Assessment

In this portion of the application you have an opportunity to help us know you better as a person and explain how the Christian faith has impacted your life. **Please answer the following questions on separate typed document that is clearly marked with your name.** Please offer at least one paragraph for each answer.

1. How did you come to faith in Jesus Christ?
2. What does your faith mean to you on a daily basis?

Church Affiliation

Current Church home: _____

Address: _____

Pastor's Name: _____ Phone: (_____) _____ Email: _____

Are you a member? Yes No, I'm a member of _____

References

*In order to promptly process your application, please provide full street and e-mail addresses and phone numbers of **three** references. (One reference should be your pastor or campus minister, others may be an employer or professor, and a personal friend. No relatives, please.)*

Full Name: _____ Relationship: _____

Company: _____ Phone: (____) _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: (____) _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: (____) _____

Address: _____

Disclaimer and Signature

I hereby certify that the answers given and statements made in this application are true and correct. I understand that any false statements or omissions in this application will result in a decision not to select me or to discharge me if discovered after I am selected. I hereby authorize all previous employers, institutions, and references to furnish any information concerning my personal character, habits, employment records, and academic records. I hereby release all such persons from liability or damages incurred as a result of inquiry and furnishing this information.

Signature: _____ Date: _____

Application should be mailed to: GAP
PO Box 704
McDowell, KY 41647