



G O D • C O M M U N I T Y • M O U N T A I N S

## Internship Application

The information given below is used to help provide a safe and secure environment for those who participate in our program and use our facilities. We reserve the right to deny an application based upon information given. ALL INFORMATION GIVEN IS CONFIDENTIAL.

### General Information:

Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_

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

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

SSN \_\_\_\_\_ Sex M / F

### Christian Experience & Desired Involvement:

(Answer on a separate sheet)

How did you hear about the Loon Mountain Ministry Internship Program?

Why are you interested in being an intern?

What do you hope to come away with after a season working as an intern?

What previous experience do you have?

What are your strengths and gifts in ministry and community life?

In what areas of community life and ministry do you recognize your own need for growth and grace?

What is your faith story?

## Personal references

List two references you have known for more than one year and have a working knowledge of your Christian character and ability to work with others.

1. Name \_\_\_\_\_ Relation \_\_\_\_\_

Length of time known \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

2. Name \_\_\_\_\_ Relation \_\_\_\_\_

Length of time known \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

## Applicant's Statement

I hereby authorize Loon Mountain Ministry to complete a background check in connection with the information given on this form. I hereby authorize all persons associated with me, including church, employers, law enforcement agencies, licensing and social services agencies, to release any information contained in their files or records concerning me to Loon Mountain Ministry and its representative.

I understand that my service with the church shall be volunteer service. In addition, my volunteer services shall be at-will and the church shall be entitled to terminate my services at any time, with or without cause or advance notice. As a volunteer, I have no entitlement to or expectation of compensation, health insurance or other employee benefits, or unemployment or worker's compensation insurance benefits.

I affirm that I will submit to the mission, vision, and values of Loon Mountain Ministry and the leadership of the church.

I have carefully read the foregoing statement and know the contents of it, and I sign this statement as my own free and voluntary act.

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

**\*ATTENTION- If you have current background checks, please attach a copy with this application!**