



Degree Completion Intern Program Application

PERSONAL DATA

PLEASE TYPE OR PRINT CLEARLY

PERSONAL INFORMATION

Name in full _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ E-mail _____

Cell Phone _____ Fax _____

Age _____ Birthday _____ Birth Place (city, state) _____

Male Female Social Security No. _____

Driver's License Number _____ State _____

Emergency Contact Name _____ Phone _____

FAMILY BACKGROUND

Marital Status:

Single Engaged Married Widowed Divorced Separated

*If you've ever been divorced or separated, attach a statement giving details.

Spouse's Name _____ Date of Marriage _____

Number and ages of children (if applicable) _____

Citizenship _____ Current Occupation _____

If you are still living at home, please provide the following information:

Name of Father or Guardian _____

Phone number of Father or Guardian _____

Accepted Christ? Yes No Occupation _____

Name of Mother or Guardian _____

Phone number of Mother or Guardian _____

Accepted Christ? Yes No Occupation _____

How do your parents/guardians currently feel about you participating in the Internship program?

RELIGIOUS BACKGROUND

Name of home church _____ Denomination _____

City _____ State _____ Phone Number _____

Name of senior/lead pastor _____

Name of pastor currently serving under _____

Date accepted Christ as Savior _____

Have you been baptized in water? _____ Date _____

Is the Holy Spirit active in your life in ways that are evident to you and others? _____

Do you tithe regularly? _____

CHRISTIAN SERVICE

Area of Service	Years Experience	Details (continue on back, if necessary)
Music/Choir/Leading Worship	_____	_____
Teaching	_____	_____
Drama	_____	_____
Youth Ministry	_____	_____
Children's Ministry	_____	_____
Dance	_____	_____
Missions	_____	_____
Evangelism	_____	_____
Small Groups	_____	_____
Ushering	_____	_____
Administrative	_____	_____
Other	_____	_____
Other	_____	_____

Identify/Describe any training you have received formal/informal that you think is relevant.

INTERNSHIP INTEREST

Internship requested in the following department: _____

Reason for this choice:

EMPLOYMENT BACKGROUND

Are you currently employed? Yes No

Present Employer _____

Present Position _____ Date _____

Past Employer _____

Position _____ Date Hired _____

Quit Laid Off Fired Date: _____

ACADEMIC BACKGROUND

Name of High School attended _____ Graduation Date or GED _____

City/State/County _____

List colleges, universities, or other schools you have attended:

Name _____ Location _____

Date attended _____ Diploma/Degree _____

Name _____ Location _____

Date attended _____ Diploma/Degree _____

MEDICAL BACKGROUND

How would you describe your health? Excellent Good Fair Poor

List any physical limitations, disabilities, or diseases you have experienced. _____

List any medications you are currently using. _____

Have you ever used illegal drugs? Yes No If yes, date of last use _____

Do you currently or have you ever struggled with the use and/or abuse of tobacco products? Yes No

If yes, please explain _____

Do you currently or have you ever struggled with the use and/or abuse of alcohol? Yes No

If yes, please explain _____

Have you ever been treated for an addiction? Yes No If yes, dates of treatment _____

How would you describe your mental health? Excellent Good Fair Poor

Describe: _____

Do you have health insurance (required upon entrance)? Yes No

Insurance Company _____ Policy Number _____
(Please attach a hard copy of your insurance policy/card with this application.)

FINANCIAL RESOURCES

Do you own your vehicle (required upon entrance)? Yes No

Do you have car insurance (required upon entrance)? Yes No

Insurance Company _____ Policy Number _____
(Please attach a hard copy of your insurance policy/card with this application.)

What is your current total personal indebtedness? (Include the total amount of any debts, loans, and payments that you presently have) \$ _____

Will your debts be paid off by the start of the internship program? Yes No
If no, how will you make payments? _____

HOUSING INFORMATION

Are you willing to stay in a host home for the duration of the internship program? Yes No

If no, explain: _____

LEGAL AND LIFESTYLE CONCERNS

Have you ever been arrested or convicted of a crime? Yes No

Have you ever been accused or convicted of any form of child abuse? Yes No

(If “yes” to any of the above, please attach a statement giving details.)

PERSONAL REFERENCES

PRINT name, address and telephone number of one family member and two adult associates.

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

By my signature below, I authorize Coquille Foursquare Church to obtain information – written, oral or other – and including information from a consumer reporting agency, bearing on my character, general reputation, personal characteristics, mode of living, criminal background and driving background. I understand that this investigation may include interviews with friends, acquaintances or others. The information I have given is correct and you may verify the information listed if necessary. I understand that if I am admitted to the Internship Program, I will be a volunteer at will and Coquille Foursquare reserves the right to disqualify me from the Internship Program any reason it deems appropriate. I hereby release and hold Coquille Foursquare harmless from all claims arising under this application.

Date _____ **Signature** _____