



trinity
Love. Transform. Serve.

2008 Summer Internship Application

Applicant Information

| | | | | | |
|---|-------------------------|-------------|--------------------------|-------------|--|
| Full Name: First Middle Last | | | Driver's License Number: | | |
| Present Address: | | City: | State: | Zip Code: | |
| Summer 2008 Address: | | City: | State: | Zip Code: | |
| Date of Birth: | Social Security Number: | Home Phone: | | Cell Phone: | |

Education

| | | |
|--------------|----------|---------------|
| High School: | College: | Other School: |
|--------------|----------|---------------|

Extracurricular Activities

| | | | |
|--------------|------------------|-------------------|------------------|
| High School: | Leadership Role: | Post High School: | Leadership Role: |
| | | | |
| | | | |
| | | | |

Church and Ministry Experience:

List your ministry experiences (clubs, camps, youth group, leadership, ministry teams, etc.). Attach another sheet if necessary.

| | | | |
|-----------------------|---------------------|-------------------------|---------------|
| Name of Organization: | Date of Experience: | Person you reported to: | |
| Description of Role: | | Hrs/wk: | Phone Number: |

Employment History:

Begin with your most recent experience.

| | | |
|--------------------|--------------------------------|-------------------------------|
| Employer and City: | Dates Employed From: To: | Your Position and Supervisor: |
| Employer and City: | Dates Employed From: To: | Your Position and Supervisor: |
| Employer and City: | Dates Employed From: To: | Your Position and Supervisor: |

Personal Reflections:

Please attach an additional sheet addressing the following questions:

- Write a summary of your Christian experience and describe your present relationship with Jesus Christ.
- Why do you desire to be a summer intern at Trinity Lutheran Church?
- What do you hope to accomplish? Any areas of growth?
- What is your understanding of the role of youth ministry in the lives of young people, families and the church?
- Which area of ministry are you most interested in, currently? Please rank from "1" being the greatest interest to "3" being the least interest.

| | | |
|---------------------------|-------------------------|-------------------------|
| _____ Children's Ministry | _____ Jr. High Ministry | _____ Sr. High Ministry |
|---------------------------|-------------------------|-------------------------|

Personal Traits: Based on your experiences and reflection, check the traits that best describe you:

- | | | | |
|---|------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Extrovert | <input type="checkbox"/> Patient | <input type="checkbox"/> Creative | <input type="checkbox"/> Dependable |
| <input type="checkbox"/> Compassionate | <input type="checkbox"/> Teachable | <input type="checkbox"/> Determined | <input type="checkbox"/> Introvert |
| <input type="checkbox"/> Charismatic | <input type="checkbox"/> Energetic | <input type="checkbox"/> Thoughtful | <input type="checkbox"/> Adaptable |
| <input type="checkbox"/> Musical | <input type="checkbox"/> Planner | <input type="checkbox"/> Organized | <input type="checkbox"/> Courageous |
| <input type="checkbox"/> Other(s) _____ | | | |

Ministry Competencies: Which of the following ministry competencies do you possess?

Rate each of them from 1 to 5 (1 being low and 5 being high):

| | | |
|------------------------------------|--------------------------------|-------------------------|
| _____ Interpersonal Communication | _____ Program Planning | _____ Music Leader |
| _____ Leadership Development | _____ Strategic Planning | _____ Relational Skills |
| _____ Nurture and Discipling Youth | _____ Communicating the Gospel | |
| _____ Other gifts and talents | | |

Background Check: Please answer the following questions specifically and truthfully. If check yes to any of the following, attach a written explanation.

Yes No

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been involved in or accused of sexual harassment or misconduct? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been arrested or convicted for any criminal ct more serious than a traffic violation? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had your driver's license revoked or suspended? |
| <input type="checkbox"/> | <input type="checkbox"/> | To the best of your knowledge, is there anything from your past that would disqualify you from working with young people? |

References Information

| | | | |
|-------|---------------|----------|------------------|
| Name: | Relationship: | Address: | Home/Cell Phone: |
| Name: | Relationship: | Address: | Home/Cell Phone: |
| Name: | Relationship: | Address: | Home/Cell Phone: |

I, the undersigned, give my authorization to Trinity Lutheran Church to verify the information on this form. Trinity Lutheran Church may contact my references and appropriate agencies as deemed necessary in order to verify me as a potential youth ministry intern.

| | |
|---------------|-------|
| Printed Name: | Date: |
| Signature: | |



Submit