

CHAPEL U INTERNSHIP APPLICATION

PERSONAL INFORMATION:

Full Name _____

Present Address _____

City _____ State _____ Zip _____

Phone () _____ - _____

Email Address _____

Permission to do a Background Check Yes No (*Circle One*)

Email for Background Check _____

I am willing to complete a Mandatory Abuse Training Yes No (*Circle One*)

FAMILY BACKGROUND:

Are you: ___Married ___Single ___Divorced ___Serious Relationship

Any Children? Yes No If so, How Many? _____ Ages _____

If under 25:

Name of Parent(s) or Guardian _____

Address _____

City _____ State _____ Zip _____

Occupation _____

Accepted Christ? Yes No (*Circle One*)

HEALTH INFORMATION:

How would you describe your health? Excellent Good Fair Poor

List all allergies _____

List any physical limitations _____

List any medications you are taking _____

Have you ever used illegal drugs? Yes No

Do you drink alcoholic beverages? Yes No

EMPLOYMENT:

Are you currently employed? Yes No

Present Employer _____ Phone # _____

Position _____ Date Hired _____

Past Employer _____ Phone # (____) _____

Position _____ Date Hired _____

Quit / Layed off / Fired (*Circle One*) Date _____

CHURCH BACKGROUND:

Name of Church _____

Are you a member of your Church? Yes No

When did you accept Christ? _____

Where? _____

Have you ever been baptized in water? Yes No

Have you ever had an Acts 2:4 experience? (Have you been filled with the Holy Spirit?) Yes No

How many times a week do you attend church? _____

How does your family feel about your attending the Chapel U Internship?

PLEASE ANSWER THE FOLLOWING QUESTIONS TO THE BEST OF YOUR ABILITY:

1. What is your definition of a servant?

2. What do you plan on doing after the Internship, what do you think you would like to do with your life?

3. Define Ministry:

4. What are some necessary qualities you must have to be a good spiritual leader?

5. Why do you want to come this this Internship?

6. If accepted into Internship, are you willing to make a full year commitment? Yes No

When You Mail Your Application, Please Include The Following:

- ✓ Your testimony on a separate sheet of paper (minimum of 200 words typed)
- ✓ Three (3) References:
(See separate form, these must be mailed in by the person filling out the reference)

I have honestly completed this application form and have answered the questions to the best of my ability.

Signature _____ Date _____

Please Mail this Form To:

***Chapel U Internship
7912 Thompson Rd
Cicero, NY 13039***

315-699-4140

