33 Grant St., Potsdam, NY 13676 | (315) 265-7094 | www.newhopepotsdam.org

PURPOSE

The purpose of the ministry internship is to further prepare and equip for ministry.

QUALIFICATIONS

- Ministry Interns are usually considering full-time vocational ministry.
- Exemplifies and lives a life in Christ
- Fully supports the vision and Statement of Faith of New Hope Community Church

All interested applicants are required to submit the Internship Application along with a cover letter, resume, photo, college transcript and a 1-minute video explaining why they want to be an Intern. Please submit all files to <u>johnault@newhopepotsdam.org</u> upon completion.

Once we have received all the above-mentioned documents an interview will be scheduled. If, after the interview, a decision by the elders is made to continue to the appointment process then it will be put to a vote by the church members.

PERSONAL INFORMATION

Name (First, Middle, Last):				
Current Street Address:				
City:	State:	Zip:		
Home Phone:	Cell Phone:	Email:		
Permanent Street Address (If different then above):				
City:	State:	Zip:		
Gender (circle): <u>Male Female</u> Age:	Marital Status (Circle): <u>Si</u>	ngle Married		
Have you ever been divorced (Circle): <u>Yes No</u> If yes, please explain reasons:				
Names and ages of Children (if applicable):				
Are you a citizen of the United States (circle)? <u>Yes No</u>				
What languages can you read, speak, and write fluently?				
Emergency Contact: (Name)	(Phone)	(Relationship)		

New Hope Community Church – Ministry Internship Application

33 Grant St., Potsdam, NY 13676 | (315) 265-7094 | www.newhopepotsdam.org

Have you ever been convicted of any crime other than a minor traffic violation (circle)? <u>Yes | No</u> What do you like to do for fun?

Twitter Name: @

Facebook URL:

CHURCH AFFILIATION

Name of Home Church: Location (City, State): Denomination:

Phone Number:

Name of Senior/Lead Pastor:

In what capacity are you currently serving?

Name of person you are serving under:

How long have you been a member?

Briefly explain how you became a follower of Jesus Christ:

INTERNSHIP INFORMATION

In what areas are you seeking to serve during your internship (Circle)? Encounter Youth Group, College Ministry, Worship Ministry, Preaching, and Vacation Bible School. Other: Why are you applying for this internship?

What do you hope to accomplish?

EDUCATION INFORMATION

Name of High School Attended: Location (City, State): Graduation Date:

New Hope Community Church – Ministry Internship Application 33 Grant St., Potsdam, NY 13676 | (315) 265-7094 | www.newhopepotsdam.org

Phone Number:

Relationship:

List College, Universities, or other schools you have attended:		
1) Name:	Location (City, State):	
Dates Attended:	Diploma/Degree:	
2) Name:	Location (City, State):	
Dates Attended:	Diploma/Degree:	
3) Name:	Location (City, State):	
Dates Attended:	Diploma/Degree:	

EMPLOYMENT INFORMATION

1) Current Employer:	Current Position:	
Date Hired:	Responsibilities:	
Name of Supervisor:	Phone Number:	
2) Previous Employer:	Previous Position:	
Date Employment:	Responsibilities:	
Name of Supervisor:	Phone Number:	
3) Previous Employer:	Previous Position:	
Date Employment:	Responsibilities:	
Name of Supervisor:	Phone Number:	

PERSONAL REFERENCES

Past or Current Employer:
1) Name (First, Last):
Years Known:

Spiritual mentor and/or Pastor:

New Hope Community Church – Ministry Internship Application

33 Grant St., Potsdam, NY 13676 | (315) 265-7094 | www.newhopepotsdam.org

2) Name (First, Last):	Phone Number:
Years Known:	Relationship:
Someone who knows your academic abilities:	
3) Name (First, Last):	Phone Number:
Years Known:	Relationship:
Additional Reference (close friend):	
4) Name (First, Last):	Phone Number:
Years Known:	Relationship:

APPLICANT'S STATEMENT

The information I have given is correct and may be verified by New Hope Community Church if necessary. I hereby release and hold New Hope Community Church harmless from all claims arising under this application. I further understand that a criminal record check may be conducted on me and I consent to any such check.

 \Box I accept and agree to the statement above.

Signature: _____ Date: _____