

**Student Application For Summer Internship**

**Date:**

**Full Legal Name:**

I prefer to be called:

**Gender: Date of Birth**:

**Address:**

**Phone number: email:**

**Education:**

Level of completedUniversity\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(years)

**Do your parents support your being considered as a summer intern?**

**Current Church Membership:**  **How Long A Member:**

*For the following questions, attach a separate paper if needed to complete your answers:*

**Describe in detail your faith story.**

**Ministry Experience:**

**Do you sense God’s call to ministry as a career in some form or another, if so how?**

**Why do you want to do this internship? How do you see it benefiting both the project & your future development as a part of God’s direction in your life?**

Any person working closely with vulnerable populations (Children, Developmentally Disabled) must submit to a criminal background check.

PLEASE SUBMIT COMPLETED FORM TO

Tcmba.sbc@gmail.com