



# Intern Application Form: For Churches

Please complete online application: [www.sbcv.org/ministry\\_internships/](http://www.sbcv.org/ministry_internships/)

Or print, complete, and return this form via fax or mail to:

804-270-1834 ----- SBC of Virginia, Internships, 4101 Cox Rd., Glen Allen, VA 23060

## **CONTACT INFORMATION:**

Church Name: \_\_\_\_\_ Today's Date \_\_\_\_\_

Church Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Church Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Church Contact Person: \_\_\_\_\_ Church Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

## **INTERN POSITION:**

Type of internship (check all that apply)...  Assistant to Pastor  Children  Youth  Other \_\_\_\_\_

Time frame:  Spring Semester  Summer  Fall Semester

Church Compensation (if available):

Amount of Compensation for Time Frame? \_\_\_\_\_

Host Home included?  Yes  No  Other \_\_\_\_\_

Mileage included for work related travel?  Yes  No (if yes, what rate/mile? \_\_\_\_\_ )

Other Comments? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_