



Intern Application Form: For Students

Please complete online application: www.sbcv.org/ministry_internships/ or complete and return this form via fax to 804-270-1834 or mail to: SBC of Virginia, Attn: Internships, 4101 Cox Rd., Glen Allen, VA 23060

CONTACT INFORMATION:

Last Name: _____ First Name: _____ Gender: _____

Semester Address: _____ City: _____ State: _____ Zip: _____

Summer Address: _____ City: _____ State: _____ Zip: _____

Semester Phone: _____ Summer Phone: _____ Cell Phone: _____

Semester E-Mail: _____ Summer E-Mail: _____

PERSONAL INFORMATION:

School Attending (if in school): _____ Year in School (if in school): _____ Major/Minors: _____

Age: _____ Date of Birth: _____ Last year completed in High School: _____ High School Name/City: _____

Home State: _____ Home Church: _____

Local Church: _____ Denomination Affiliation: _____

Have you ever been convicted of a crime? yes no If yes, what? _____ With a Minor? yes no

EXPERIENCE:

Led/taught small groups? yes no Played with a band/led worship? yes no Led recreation? yes no

Describe any service or missions projects: _____

Describe any other ministry experience:

1) _____

2) _____

3) _____

List activities/clubs/ministries currently involved in: _____

List Spiritual Gifts: _____

INTERN POSITION:

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

Time frame: Spring Semester Summer Fall Semester

Any preferences (Cities/Areas in VA, etc)? _____