

**APPLICATION FOR CHILDREN'S MINISTRY SUMMER INTERN POSITION**  
*Lake Grove Presbyterian Church*

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone # (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Educational Background \_\_\_\_\_

Degree and Major(s) \_\_\_\_\_ Minor(s) \_\_\_\_\_ Grad year \_\_\_\_\_

Indicate current certifications with expiration dates and any registration numbers:

(These certifications aren't necessary for hiring, but are important for us to know about)

Nurse \_\_\_\_\_ First Aid \_\_\_\_\_ EMT \_\_\_\_\_ CPR \_\_\_\_\_

Water Safety \_\_\_\_\_ Lifeguard \_\_\_\_\_ Other \_\_\_\_\_

How long (years) have you attended church? \_\_\_\_\_ Current church \_\_\_\_\_

**Personal References.** List three persons not related to you who have definite knowledge of your qualifications, people who have observed you in ministry. Include a pastor and one other church leader among the three.

1. \_\_\_\_\_  
Contact relation dates involved

\_\_\_\_\_ address phone

2. \_\_\_\_\_  
Contact relation dates involved

\_\_\_\_\_ address phone

3. \_\_\_\_\_  
Contact relation dates involved

\_\_\_\_\_ address phone

**Medical Information**

Have you had any prior injuries that might be aggravated by working with children or youth?

Are you currently taking any medication for physical or other conditions that could affect your ministry?

Do you have any medical conditions that we need to be aware of? If yes, please briefly explain.

**In Case of Emergency:**

Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Their Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_ Do you have medical Insurance? Y \_\_\_ N \_\_\_

Their Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

**Self-Description:** Please circle the words that best describe you, and cross out words that least describe you.

<i>active</i>	<i>cautious</i>	<i>compassionate</i>	<i>creative</i>	<i>decisive</i>	<i>dependable</i>
<i>disciplined</i>	<i>faithful</i>	<i>flexible</i>	<i>honest</i>	<i>humorous</i>	<i>laid-back</i>
<i>leader</i>	<i>organized</i>	<i>patient</i>	<i>punctual</i>	<i>quick thinker</i>	<i>reflective</i>
<i>reliable</i>	<i>risk taker</i>	<i>self-starter</i>	<i>solitary</i>	<i>spontaneous</i>	<i>teachable</i>
<i>team player</i>	<i>thoughtful</i>	<i>trustworthy</i>	<i>other</i>	_____	

**Work Experience (both ministry and other) covering last three positions held or last three years, whichever is greater. Use additional sheet if necessary. Include job title, dates, company/organization, supervisor name, phone number, job duties, and reason for leaving.**

1. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Background Information**

Have you ever been accused or convicted of (if your answer to any of the following is yes, please provide details; information will be held in confidence):

Felony: Y \_\_\_\_\_ N \_\_\_\_\_      Drug Related: Y \_\_\_\_\_ N \_\_\_\_\_      Sex Related: Y \_\_\_\_\_ N \_\_\_\_\_

*I affirm that I have read the above and that the information I have given is true and complete. I give LGPC my permission to investigate my background through my references, prior employers and via appropriate law enforcement agencies.*

Full signature: \_\_\_\_\_ Date: \_\_\_\_\_