

Date Approved \_\_\_\_\_

Date Denied \_\_\_\_\_

**IN HIS NAME BIBLE COLLEGE**  
P.O. Box 4596 • Yuma, AZ 85366 • (877) 237-1048

**APPLICATION FOR INTERNSHIP**

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**Personal Information**

*(Please type or print)*

Legal Name \_\_\_\_\_ Nickname \_\_\_\_\_  
(First) (Middle) (Last)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone (\_\_\_\_\_) \_\_\_\_\_ Work Telephone (\_\_\_\_\_) \_\_\_\_\_

Male  Female  Marital Status: Single  Married  Divorced  Widowed

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Height \_\_\_\_ Weight \_\_\_\_

Nationality \_\_\_\_\_ Visa Classification \_\_\_\_\_ Visa Number \_\_\_\_\_

Driver's license number \_\_\_\_\_ Expiration date \_\_\_\_/\_\_\_\_/\_\_\_\_ State \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Group Number \_\_\_\_\_

Any previous Internship experience: \_\_\_\_\_

**Education**

High School \_\_\_\_\_ Year Graduated \_\_\_\_\_ GPA \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

College \_\_\_\_\_ Year Graduated \_\_\_\_\_ GPA \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Major \_\_\_\_\_ Minor \_\_\_\_\_

List the extracurricular activities you participated in: \_\_\_\_\_  
\_\_\_\_\_

### Employment History

*(List most recent employer first.)*

Company \_\_\_\_\_ Manager \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Dates \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Position \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Company \_\_\_\_\_ Manager \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Dates \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Position \_\_\_\_\_ Reason for leaving \_\_\_\_\_

### Health

Do you have any physical handicap, disability or disease, which might affect your ability to fully function as an intern? Yes  No

If yes, explain: \_\_\_\_\_

Do you have any chronic illness or allergies? Yes  No

If yes, explain: \_\_\_\_\_

Are you presently under medication prescribed by a doctor? Yes  No

If yes, list medication(s) and any limitations it may cause: \_\_\_\_\_

### Christian Life

Are you a born-again Christian? Yes  No  If yes, how long? \_\_\_\_\_

Are you baptized in the Holy Spirit with the evidence of speaking in tongues? (Acts 2:4) Yes  No

To which church are you applying for internship?

Church Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_

Pastor's Name \_\_\_\_\_

Do you attend your church regularly? Yes  No  If no, explain \_\_\_\_\_

Are you faithful with your tithe? Yes  No  If no, explain \_\_\_\_\_

Do you support the teaching, leadership and vision of your church? Yes  No  If no, explain \_\_\_\_\_

Are you a member of your church? Yes  No

If you have been a church member for less than two years, or not a member, list all church memberships for the last five years, including address and telephone:

Please briefly explain your conversion experience (use the back of this page if more space is needed).

Area of ministry for which you are applying: \_\_\_\_\_

Have you previously been involved in this area of ministry? Yes  No

List any gifting, calling, training, education or other factors that have prepared you for this area of responsibility: \_\_\_\_\_

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In what areas of ministry have you been involved and what was your contribution? \_\_\_\_\_

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Describe your current walk with the Lord, including how your faith is growing, your quiet times, and spiritual influences in your life. \_\_\_\_\_

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**Self Evaluation**

On a scale of 1 to 10, 10 being the highest, please evaluate your strengths and weaknesses

- |                                |                                  |                                 |
|--------------------------------|----------------------------------|---------------------------------|
| _____ Relating to new people   | _____ Establishing relationships | _____ Conversing with strangers |
| _____ Maintaining friendships  | _____ Problem solving            | _____ Listening                 |
| _____ Sense of humor           | _____ Confronting                | _____ Submit to leadership      |
| _____ Finishes what is started | _____ Encouragement              | _____ Being a good example      |

Describe your relationship with your family:

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**Character**

*Standards are based upon the belief that those in church leadership must be "above reproach".*

Has your driver's license ever been suspended or revoked? Yes  No

Have you ever been accused, arrested, or convicted of child neglect or child abuse? Yes  No

Have you ever been criminally charged with, investigated for or civilly sued for any of the following:

Rape, sodomy, sexual abuse, sexual battery, contributing to the sexual delinquency of a minor, sexual misconduct, public indecency, or any other similar criminal offense. Yes  No

If yes, please explain \_\_\_\_\_

Have you been involved in any of the following practices during the last twenty-four months?

Drinking alcoholic beverages	Yes <input type="checkbox"/> No <input type="checkbox"/>	Premarital sex	Yes <input type="checkbox"/> No <input type="checkbox"/>
Using tobacco	Yes <input type="checkbox"/> No <input type="checkbox"/>	Adultery	Yes <input type="checkbox"/> No <input type="checkbox"/>
Using non-prescription drugs	Yes <input type="checkbox"/> No <input type="checkbox"/>	Homosexuality/lesbian	Yes <input type="checkbox"/> No <input type="checkbox"/>
Gambling	Yes <input type="checkbox"/> No <input type="checkbox"/>	Viewing pornography	Yes <input type="checkbox"/> No <input type="checkbox"/>
Social dancing	Yes <input type="checkbox"/> No <input type="checkbox"/>	Occult practices	Yes <input type="checkbox"/> No <input type="checkbox"/>

Do you now or have you had any emotional or mental disorders? Yes  No

If yes, explain \_\_\_\_\_

Have you ever been treated by a psychologist or doctor, been hospitalized, or receive prescription drugs for any emotional or mental disorder? Yes  No

If yes, explain \_\_\_\_\_

Date of last treatment \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

In case of an emergency, please contact:

Name \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

**Carefully read the following statement before signing.**

I authorize any references or churches listed in this application to provide IHN Bible College with information they may have regarding my character and fitness for a leadership position. I understand the information I have provided may be verified by contacting the persons or organizations named in this application. I hereby release any such person or organization providing information of liability from any damage that may result from giving an evaluation or information about me to IHN Bible College.

Should my application be accepted, I agree to abide by the policies and procedures of IHN Bible College and the church where I serve my internship. I agree to be bound to godly conduct in the performance of my services on behalf of the College and Church.

\_\_\_\_\_  
Applicant Signature Date

\_\_\_\_\_  
Administrator's Approval Date

\_\_\_\_\_  
Senior Pastor's Approval Date

### REQUEST FOR RECORDS CHECK AND AUTHORIZATION

I hereby request the \_\_\_\_\_ Police Department to release any information pertaining to any record of convictions contained in its files. I hereby release said Police Department from any and all liability resulting from such disclosure.

\_\_\_\_\_  
Print Name Signature Today's Date

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Record check sent to:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date sent \_\_\_\_\_ Date information received \_\_\_\_\_

SINCE 2001