

Intern Program Application

Personal Information:

Name _____
(first) (middle) (last)

Nickname _____ Age _____ Male Female

Date of Birth _____ Driver's License Number _____

Meeting (Church) Membership _____

Projected date of high school graduation, if applicable _____ Projected date of end of college year, if applicable _____

Permanent Address

City _____ State _____ Zip _____

Telephone Number _____ Cell Number _____

Email Address _____

Social Networking Profile (Facebook, MySpace, etc.) _____

School Address (if applicable)

City _____ State _____ Zip _____

Telephone Number _____

**Please order the following ministry areas from 1 to 6 according to your interest(s):
1=highest interest; 6=least interest**

____ Youth Ministry ____ Children's Ministry ____ Music Ministry

____ Missions ____ Pastoral/Assoc. Pastoral ____ Administrative

____ Other _____

Education

High School _____ Date of Graduation _____

College _____ Major _____ Date of Completion _____

Work Experience

(position) (location) (address) (date)

List activities, positions held, and involvement in the following

Meeting/Church _____

School _____

Community _____

Yearly Meeting _____

Other _____

Please answer the following questions and submit your answers with your application: (use additional paper if needed)

1. Describe your spiritual journey with Christ.

2. Tell us about your background, strengths, and areas for growth.

3. Describe your experiences working with children/youth.

4. Why are you interested in serving as an intern and what would be your greatest contribution?

References: (list two, including your pastor or clerk of Meeting):

(name)

(relationship)

(address)

(phone)

Have you ever been convicted or accused of verbal, physical, or sexual child abuse? Yes No

Have you ever been convicted or accused of any crime greater than a traffic violation? Yes No

Your signature attests that you have answered all questions honestly and accurately. I authorize North Carolina Yearly Meeting to verify and confirm any information supplied on this application and to contact former employers and/or other references. I recognize that North Carolina Yearly Meeting will consult the National Sex Offender Registry and conduct a criminal background check for each applicant.

Applicant's Signature

Date

Mail completed application to:

**NCYM
Program Ministries Dept.
4811 Hilltop Road
Greensboro NC 27407**