



Berkley Hills

INTERNSHIP APPLICATION

PLEASE WRITE A BRIEF DESCRIPTION OF HOW YOU BECAME A CHRIST FOLLOWER

WHAT MAJOR EVENTS IN YOUR LIFE HAVE IMPACTED YOU IN YOUR SPIRITUAL DEVELOPMENT?

PLEASE DESCRIBE HOW YOU ARE CURRENTLY GROWING IN YOUR RELATIONSHIP WITH CHRIST:

TOP FIVE STRENGTHS FROM STRENGTH FINDERS:

TOP THREE SPIRITUAL GIFTS:

WHY DO YOU WANT TO BE INVOLVED IN THIS INTERNSHIP PROGRAM?

HOW DO YOU FEEL THIS INTERNSHIP WILL HELP PREPARE YOU FOR YOUR CAREER?

WHAT CHURCH DO YOU REGULARLY ATTEND?

WHAT ACTIVITIES OR MINISTRIES HAVE YOU BEEN PART OF AT BERKLEY HILLS
OR OTHER CHURCHES?

WHAT EXPECTATIONS DO YOU HAVE FOR YOUR INTERSHIP EXPERIENCE?

WHAT DO YOU FEEL YOU CAN CONTRIBUTE TO THIS MINISTRY/EXPERIENCE?

OTHER COMMENTS YOU WOULD LIKE TO SHARE ABOUT YOURSELF:

CONFIDENTIAL

THE FOLLOWING QUESTIONS DEAL WITH LIABILITY AND LEGAL ISSUES THAT MUST BE COVERED.
YOUR ANSWERS ARE HIGHLY CONFIDENTIAL, AND WILL BE LIMITED TO THE PROFESSIONAL
PASTORAL STAFF AT BERKLEY HILLS CHURCH

WOULD YOU DESCRIBE YOUR LIFESTYLE AS HOLY AND PLEASING TO GOD?

Yes No

If no, please describe:

HAVE YOU EVER BEEN ACCUSED OR CONVICTED OF ANY FORM OF CHILD ABUSE?

Yes No

If yes, please describe:

HAVE YOU USED ANY ILLEGAL DRUGS WITHIN THE LAST YEAR?

Yes No

If yes, please describe:

HAVE YOU EVER GONE THROUGH ANY TREATMENT FOR ALCOHOL OR DRUG ABUSE?

Yes No

If yes, please describe:

ARE YOU WILLING TO BE FINGERPRINTED FOR STATE CRIMINAL CONVICTION CLEARING?

Yes No

THE APPLICANT'S STATEMENT

The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to give you any information (including opinions) they have regarding my character and fitness for ministry work. In consideration of the receipt and evaluation of this application by Berkley Hills Church, I hereby release any individual, church, youth organization, reference or any other person or organization, (including record custodians) both collectively and individually, from any and all liability for damages of whatever kind of nature which may at any time result to me, my heirs or family, on account of compliance or any attempts to comply with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

I further state that I have carefully read the foregoing release and know the contents thereof and I sign this release as my own free act. This is a legally binding agreement, which I have read and understand.

Signature

Date

REQUEST FOR CRIMINAL RECORDS CHECK AND AUTHORIZATION

IMPORTANT: EVERY APPLICANT, REGARDLESS OF CRIMINAL RECORD, MUST COMPLETE THIS SECTION.

I hereby request and authorize the release of any information which pertains to any record of convictions contained in law enforcement files or in any criminal file maintained on me whether local, state or national. I hereby release local, state and national law enforcement agencies from any and all liability resulting from such disclosure.

Signature

Today's Date

Printed Name

Printed Maiden Name (if applicable)

Print Any and All Aliases

Date of Birth

Driver's License Number and State

Social Security Number

PLEASE LIST THREE REFERENCE WE CAN CONTACT, INCL. NAME, TITLE, EMAIL, AND PHONE NUMBER

1. Name: _____
Title: _____
Organization: _____
Email: _____
Phone Number: _____

2. Name: _____
Title: _____
Organization: _____
Email: _____
Phone Number: _____

3. Name: _____
Title: _____
Organization: _____
Email: _____
Phone Number: _____