



# INTERNSHIP APPLICATION

Thank you for your interest in the Shadow Hills Church Internship Program. Please send your completed application as an email attachment to [rjulian@shadowhills.org](mailto:rjulian@shadowhills.org), or submit it to the church offices in person or by mail. All information gathered through the application process will be handled confidentially.

**NAME:**

**DATE OF APPLICATION:**

**PREFERRED ADDRESS:**

**PREFERRED PHONE:**

**ALTERNATE PHONE:**

**EMAIL ADDRESS:**

**GENDER:**

**MALE**

**FEMALE**

**MARITAL STATUS:**

**SINGLE**

**MARRIED**

**SPOUSE'S NAME:**

## INTERN PROGRAM SPECIFICS

Interns work closely with a specific staff member and this will have a specific ministry focus along with general responsibilities. Please number the following ministry areas (0-5) according to your level of interest, with 5 being the highest.

**COMMUNICATIONS  
CHILDREN'S MINISTRY  
GREETER MINISTRY  
STUDENT MINISTRY  
YOUNG ADULTS MINISTRY  
VIDEO PRODUCTION**

**AUDIO/VISUAL/LIGHTING/TECH  
PHOTOGRAPHY  
WORSHIP  
MISSIONS  
ADMINISTRATIVE  
COMMUNITY GROUPS**

Please briefly tell us why you are passionate about your top choices.



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## EDUCATION BACKGROUND

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Please list all schools attended after high school (technical school, university, graduate school, Bible institute or seminary)

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**SCHOOL NAME:**

**LOCATION:**

**YEARS COMPLETED:**

**DEGREE:**

**GPA:**

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**SCHOOL NAME:**

**LOCATION:**

**YEARS COMPLETED:**

**DEGREE:**

**GPA:**

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**SCHOOL NAME:**

**LOCATION:**

**YEARS COMPLETED:**

**DEGREE:**

**GPA:**

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**SCHOOL NAME:**

**LOCATION:**

**YEARS COMPLETED:**

**DEGREE:**

**GPA:**

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## EMPLOYMENT HISTORY

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Have you ever been terminated from employment?

**YES**

**NO**

If "YES", please explain:



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## MINISTRY PROFILE

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Please number the following ministry areas (0-5) according to your level of experience, with 5 being the highest.

**COMMUNICATIONS**  
**CHILDREN'S MINISTRY**  
**GREETER MINISTRY**  
**STUDENT MINISTRY**  
**YOUNG ADULTS MINISTRY**  
**VIDEO PRODUCTION**

**AUDIO/VISUAL/LIGHTING/TECH**  
**PHOTOGRAPHY**  
**WORSHIP**  
**MISSIONS**  
**ADMINISTRATIVE**  
**COMMUNITY GROUPS**

What aspects of ministry you find joy in? What aspects are you wary of?

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## PERSONAL STORY

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Please include brief responses to the following questions with the application.

1. Please describe your faith journey. Include how God got your attention and some significant experiences and people that He used. How has this journey prepared you for this position?

2. How does this position fit into your short and long-term goals? What do you hope to gain from this experience?

3. Please also attach a resume and three professional references (at least one being a pastoral reference).



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## BACKGROUND INFORMATION

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Are you legally authorized or permitted to work in the United States? **YES** **NO**

Are there any past or present issues (spiritual, physical, emotional/mental, social) which would hinder your ability to work appropriately with children or students? **YES** **NO**

Have you been accused, charged, or convicted of a criminal offense? (felony or misdemeanor other than a parking violation)? **YES** **NO**

Have you struggled in the past or are you currently struggling with any addictions (alcohol, drugs, pornography, etc.)? **YES** **NO**

If you answered no to the first question or yes to the remaining questions, please explain.



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## BACKGROUND CHECK

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This form authorizes the church to obtain background information and must be completed by the applicant.

**NAME (FIRST, MIDDLE, LAST)**

**OTHER NAMES USED (MAIDEN, NICKNAME, ALIAS)**

**DRIVER LICENSE #:**

**STATE ISSUED:**

**SOCIAL SECURITY NUMBER:**

**DATE OF BIRTH:**

**CURRENT ADDRESS:**

**HOME PHONE:**

**CELL PHONE:**

If you have lived at your current address less than three years, please provide your former address below.  
If you are a college student please provide your permanent address below:

In the interest of safety and security I, the undersigned applicant, authorize Shadow Hills Church to procure background information about me, prior to, and at any time during my service to the organization. This report may include my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; and the state sex offender records.

**SIGNATURE:**

**DATE:**