

Date received:

**Des Moines Gospel Chapel
Summer Internship Program
Application Form**

Your responses both now and in the future, will be kept confidential.

I. PERSONAL INFORMATION

Full Name: _____ Please circle one: Male / Female

Home Street Address: _____

City & State: _____ Zip: _____

School Street Address: _____

City & State: _____ Zip: _____

Home Phone: () _____ Cell Phone: () _____

Email Address: _____

Birthdate: _____ Age: _____ Social Security #: _____

DMGC Member? _____ If yes, for how long? _____

If a member of another church, which one and how long? _____

1. Briefly describe your childhood (family, places of residence, churches, hobbies, sports, and other activities, etc.).

2. Describe your health, past and present:

3. Do you have any medical conditions that would affect your involvement in youth ministries? If yes, please explain:

4. Have you ever been arrested? If so, please explain.

5. Have you ever been charged with child or sexual abuse? If so, please explain:

Parents' Names: _____

Brothers/Sisters Name(s)

Brothers/Sisters Name(s)

II. EMPLOYMENT HISTORY

Current Workplace: _____

Since when? _____

Area(s) of Responsibility:

How many hours per week do you work?

List former places of employment history below: (start with the last one first)

Where	Area(s) of Responsibility	Employment Dates	Reason for Leaving

List the churches which you have been involved with, including location, size and type of church leadership, dates and reasons for leaving. For those churches you have attended in the past 10 years, also include: a) a current address b) a current phone number, and c) person to contact.

Name of Church	Location	Size	Dates	Reason for Leaving

III. EDUCATION

	Where	Course of Study	When	Degree	GPA
High School					
College					

List the Bible courses below that you have taken in an accredited Bible college or seminary:

Anything else you would like to tell us about your education? i.e. extra- curricular activities, awards, politics, etc.?

IV. MINISTRY INVOLVEMENT

1. In what areas, past and present, have you been involved, and in what capacity?

VI. MINISTRY CALLING

1. What do you hope to get out of your experience with the SIP?

2. What are your short-term ministry goals? What are your long-term ministry goals?

VII. DOCTRINAL SURVEY

Please briefly answer the following questions, giving Scripture references where applicable.

1. Who is Jesus Christ?

2. Why did Jesus die on the cross?

3. What is the significance of the resurrection of Christ?

4. Who is the Holy Spirit?

5. How does a person become a Christian?

6. What is the basis for forgiveness for sins committed after having received Christ?

7. It is often said that the Bible is the “inspired Word of God”; what do you interpret the phrase, “inspired Word of God” to mean?

8. What is your understanding about the Christian’s role in a local church body?

VIII. GENERAL QUESTIONS

1. Please rate yourself in the following areas. Circle the appropriate number on the scale corresponding to each item:

	Not at All			Moderately So				Extremely So		
Adaptable	1	2	3	4	5	6	7	8	9	10
Humorous	1	2	3	4	5	6	7	8	9	10
Stable	1	2	3	4	5	6	7	8	9	10
Creative	1	2	3	4	5	6	7	8	9	10
Relational	1	2	3	4	5	6	7	8	9	10
Shows initiative	1	2	3	4	5	6	7	8	9	10
Organized	1	2	3	4	5	6	7	8	9	10
Self-Confident	1	2	3	4	5	6	7	8	9	10
Conscientious	1	2	3	4	5	6	7	8	9	10
A Good Communicator	1	2	3	4	5	6	7	8	9	10
Outgoing	1	2	3	4	5	6	7	8	9	10
Effective Teacher	1	2	3	4	5	6	7	8	9	10
Transparent	1	2	3	4	5	6	7	8	9	10
Accepting	1	2	3	4	5	6	7	8	9	10
Forgiving	1	2	3	4	5	6	7	8	9	10
Goal Oriented	1	2	3	4	5	6	7	8	9	10
People Oriented	1	2	3	4	5	6	7	8	9	10
Teachable	1	2	3	4	5	6	7	8	9	10

2. What do you consider your greatest strengths?

3. What areas of weakness would you like to develop most?

4. What Biblical character do you see yourself as being most like? Please explain.

5. What are a few things in your life that frustrate you the most? Briefly explain.

6. Do you consider yourself a team player? Briefly explain.

7. What are your convictions on the use of alcoholic beverages, drugs, and smoking?

8. What are your parents' attitudes towards your desire to enter into the SIP (Summer Internship Program)? Explain.

IX. REFERENCES

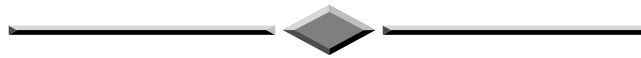
In addition to completing this application, please give us two (2) references who will fill out the following recommendations: 1) a ministry leader or an Elder, and 2) a recent employer or teacher.

These reference forms are critical. Until they are received, we will not be able to make a final decision on your application. Therefore, please follow-up with all of your references to make sure they have mailed them back to us.

Name of Reference	Relationship	Phone Number

X. IN CONCLUSION

Is there anything else you would like us to know in considering your application for the SIP?



I have answered the previous questions with honesty and integrity and believe, to the best of my knowledge, all statements contained in this application to be true. With this application, I hereby make application to the Des Moines Gospel Chapel Summer Internship Program.

Signed: _____

Date: _____