



Intern Application Form: For Churches

*An online form is available at www.sbcv.org or return this form by mail to:
SBCV, Attention: Internships, 4101 Cox Road, Suite 100, Glen Allen, VA 23060*

CONTACT INFORMATION:

Church Name: _____ Today's Date _____

Church Physical Address: _____ City: _____ State: _____ Zip: _____

Church Mailing Address: _____ City: _____ State: _____ Zip: _____

Church Contact Person: _____ Church Phone: _____ Other Phone: _____

E-Mail: _____

INTERN POSITION:

Type of internship (check all that apply)... Assistant to Pastor Children Youth Other _____

Time frame: Spring Semester Summer Fall Semester

Church Compensation (if available):

Amount of Compensation for Time Frame? _____

Host Home included? Yes No Other _____

Mileage included for work related travel? Yes No (if yes, what rate/mile? _____)

Other Comments? _____

