



# Intern Application Form: For Students

Please complete online application: [www.sbcv.org/studentz](http://www.sbcv.org/studentz) or complete and return this form via fax to 804-270-1834 or mail to: SBC of Virginia, Attn: Internships, 4101 Cox Rd., Glen Allen, VA 23060

## CONTACT INFORMATION:

Today's Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Semester Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Summer Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Semester Phone: \_\_\_\_\_ Summer Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Semester E-Mail: \_\_\_\_\_ Summer E-Mail: \_\_\_\_\_

## PERSONAL INFORMATION:

School Attending (if in school): \_\_\_\_\_ Year in School (if in school): \_\_\_\_\_ Major/Minors: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Last year completed in High School: \_\_\_\_\_ High School Name/City: \_\_\_\_\_

Home State: \_\_\_\_\_ Home Church/City: \_\_\_\_\_

Local Church: \_\_\_\_\_ Denomination Affiliation: \_\_\_\_\_

Have you ever been convicted of a crime?  yes  no If yes, what? \_\_\_\_\_ With a Minor?  yes  no

## EXPERIENCE:

Led/taught small groups?  yes  no Played with a band/led worship?  yes  no Led recreation?  yes  no

Describe any service or missions projects: \_\_\_\_\_

Describe any other ministry experience:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

List activities/clubs/ministries currently involved in: \_\_\_\_\_

List interests/abilities/Spiritual Gifts: \_\_\_\_\_

## INTERN POSITION:

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

Time frame:  Spring Semester – year: \_\_\_\_\_  Summer – year: \_\_\_\_\_  Fall Semester – year: \_\_\_\_\_

Any preferences (Cities/Areas in VA, etc)? \_\_\_\_\_