

Power Ministries Internship Application 2017

Name_____ DOB_____ Age_____ SS#_____

Home Address_____ City_____ State/Zip_____

Home Phone ()_____ Alt. Phone ()_____ Gender: M F

Best E-Mail Address for contact _____

Emer. Contact_____ Relationship_____ Phone()_____

Home Church_____ City_____ State/Zip_____

Minister(s)_____ Phone()_____

College_____ Address_____

City_____ State/Zip_____ Phone ()_____

Major_____ Minor_____ Career Goals_____

Leadership Experience_____

Hobbies/Special Skills_____

Experience w/Disabled Persons (none required)_____

Disabilities/Allergies/Health Difficulties You Have_____

Describe your interest in the Power Ministries Internship_____

Please bear in mind that you will be required to travel throughout the summer. Power Ministries will provide a full-year membership in AAA (American Automobile Association). We will need to keep your automobile insurance information on record for the duration of your Internship.

Model of car_____ License No._____ State_____

Automobile Insurance Co._____ Policy No._____

List 3 references (non-family members)

Name _____ Relationship _____

Address _____ City _____ State/Zip _____

Phone () _____ Alt. Phone () _____ E-Mail _____

Name _____ Relationship _____

Address _____ City _____ State/Zip _____

Phone () _____ Alt. Phone () _____ E-Mail _____

Name _____ Relationship _____

Address _____ City _____ State/Zip _____

Phone () _____ Alt. Phone () _____ E-Mail _____

Have you ever been convicted of a felony? _____ If so, explain _____

I, _____ certify that the information that I have provided on this Application for Internship is true and accurate. I further agree to abide by terms and limitations of the internship described in the Internship Manual and through training provided under the direction of Power Ministries.

Applicant Signature _____ Date _____

I, _____ (parent/guardian) have reviewed this application and the associated manual, and support my son's/daughter's efforts to participate in the Power Ministries Internship Program.

Parent/Guardian Signature _____ Date _____

Mail this Application, along with resume, to:

Power Ministries
PO Box 6706,
New Albany, IN 47151

For additional information about Power Ministries, please visit our Internet Website:

www.PowerMinistries.Org

If you have any further questions, feel free to contact us:

Phone: 812/945-4117 or 888/844-4117 or E-Mail: Info@PowerMinistries.Org