

YWAM Las Vegas

Internship Application

General Information:

Name: _____

Male Female

Address (at school): _____

City/State/Zip: _____

Permanent Address: _____

City/State/Zip: _____

Primary Phone: _____

Alternate Phone: _____

Email: _____

Age: _____

Date of Birth (month/day/year): ____/____/____

College Attended: _____

Full Time Status Part-Time Status

Degree Sought: _____

Expected Graduation Date: _____

Area of interest in ministry and position:

- The Pier (Community Resource Center)
- Foster Connect (Connecting Volunteers to opportunities, Families to resources and families to families within the Las Vegas Foster system)

Desired Internship Position: _____

Church History Information

Home Church: _____

Denomination: _____

Senior Pastor: _____

Children's/Student Pastor: (if involved with the ministry):

Address: _____

City/State/Zip: _____

Phone: _____

Fax: _____

Website: _____

How long attending: _____

Family Information

Father's name: _____

Mother's name: _____

Brief description of your family environment:

Work/Volunteer Experience

Most Recent Experience:

- Full-Time Part-Time Internship Volunteer

Employer's Name: _____

Position: _____

Supervisor's Name: _____

City/State/Zip: _____

Phone: _____

Fax: _____

Dates of Employment: _____/_____/_____ to _____/_____/_____

Description of Responsibilities: _____

Previous Experience

- Full-Time Part-Time Internship Volunteer

Employer's Name: _____

Position: _____

Supervisor's Name: _____

City/State/Zip: _____

Phone: _____

Fax: _____

Dates of Employment: _____/_____/_____ to _____/_____/_____

Description of Responsibilities: _____

Previous Experience

Full-Time Part-Time Internship Volunteer

Employer's Name: _____

Position: _____

Supervisor's Name: _____

City/State/Zip: _____

Phone: _____

Fax: _____

Dates of Employment: _____/_____/_____ to _____/_____/_____

Description of Responsibilities: _____

Your Personal Journey

Have you at any time been accused, rightly or wrongly, of child abuse, sexual molestation, or neglect?

yes no

If yes, please explain: _____

Have you been arrested or convicted for anything more serious than a traffic violation?

yes no

If yes, please explain: _____

Have you ever been treated for any nervous or mental illness?

yes no

If yes, please explain: _____

Have you ever gone through any treatment for drug or alcohol abuse?

yes no

If yes, please explain: _____

Do you use tobacco? Yes No If Yes, how often: _____

Drink alcoholic beverages? Yes No If Yes, how often: _____

Use illegal drugs? Yes No If yes, when was the last time: _____

Have you ever worked or volunteered in a position around children? If yes, in what capacity, where and how long? _____

What would you most like to assist with at Youth With With A Mission?

What special talents or training do you have (i.e. music, athletics, sign language etc)

Personal References

Please list the names, address and phone numbers of three references (no relatives please). We must have three references: a pastor, a professor and a friend. These references must be on file before you begin working with Youth With A Mission. Please feel free to provide additional names and addresses on the back of the form.

Pastor's Name: _____ Phone: _____

Address: _____

Email Address: _____ Fax Number: _____

Name (Friend) _____ Phone: _____

Address: _____

Email Address: _____ Fax Number: _____

Name (Professor) _____ Phone: _____

Address: _____

Email Address: _____ Fax Number: _____

Spiritual Background:

On a separate sheet of paper, place this heading: 'Spiritual Testimony'.

In divided paragraphs please provide the following:

A: State how and when you became a Christian, evidence of your growth in Christ and what Christ means to you.

B: Describe previous ministry experience and the impact of such experience on your personal spiritual growth

C: State your reasons for believing that God is leading you to the ministry of Youth With A Mission

D: State any additional information you believe maybe helpful for us as we consider your application.

College Internship Information

College you're attending: _____

Year in School: _____ Major: _____

Type of Internship: _____

Dates of Internship: from _____ to _____

Internship Supervisor or advisor: _____ Phone: _____

Please include a letter of recommendation from your advisor.

Please describe your school's internship requirements (or attach a copy of your requirements)

How did you hear about Youth With A Mission Las Vegas?

Applicant's Statement:

The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to give any information (including opinions) that they have regarding my character, integrity and capability. I authorize the release of the information contained in that application to any ministry at YWAM Las Vegas in which I seek a position (intern or full time staff). In consideration of the receipt and evaluation of this application by YWAM Las Vegas, I hereby release any individual, church, youth organization, charity, employer, reference or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages whatever kind or nature which may at any time result to me, my heirs or family on account of compliance or any attempts to comply with this authorization. I waive any right that I might have to inspect any information provided about me by any person or organization identified in this application.

Should my application be accepted, I agree to refrain from unscriptural conduct in the performance of my services on behalf of YWAM.

I further state that I have carefully read the foregoing release and know the contents thereof and sign this release as my own free act. This is a legally binding agreement which I have read and understand.

Applicant signature: _____ Date: _____

Witness Signature: _____ Date: _____

Additional Comments from Applicant:
