



Central Church
Kids Ministry
College Intern Application

Date: _____

BASIC INFORMATION

Name: _____

Address: _____ City/State/Zip: _____

Cell Phone: _____ Email: _____

Preferred Method of Contact: _____

Age: _____ Birthday: _____

Occupation/Employment/School: _____

Are you certified in: CPR First Aid

Do you speak another language? If yes, list which ones. _____

Do you play an instrument? If yes, list which ones. _____

CHURCH INFORMATION

What churches have you regularly attended in the last 5 years? _____

Did you volunteer at any of them? _____

Contact Person (name/phone #) at Church you volunteered at: _____

How long have you attended Central? _____

PERSONAL BACKGROUND:

Have you ever been convicted of a crime? _____

Have you ever been abused physically, sexually, emotionally, or verbally? When? Have you seen a professional counselor? Is there a pastor or staff member you would be willing to talk with about this?

Do you have any health issues that may affect your ability to work with children?_____

Are there any addictions or habits in your life that would hurt your testimony or the testimony of the church?

List at least two references including contact information. (cell number and email)

ATTACH A RECENT PHOTO.