



The Gateway International Ministry Resource Center

TnT Internship Application:

PERSONAL INFORMATION:

Full Name: Last _____ First _____ Middle _____

Address: Street _____ City _____

State/Province _____ Country _____ Postal/Zip Code _____

Phone:(____) _____ Email: _____

Date of Birth: Month _____ Day _____ Year _____

Gender: Male _____ Female _____

Do you currently have a passport? YES _____ NO _____

Nationality of passport: _____

Marital Status:

Single _____ Dating _____ Engaged _____ Married _____ Widowed _____ Separated _____ Divorced _____

Married Applicants: Is your spouse supportive of your decision to be part of the TnT Internship?

YES _____ NO _____ Unconcerned _____ PLEASE EXPLAIN: _____

Spouse's Name: _____

Name(s) of Children and birthdate(s): _____

Single Applicants: Is your family supportive of your decision to be part of the TnT Internship?

YES _____ NO _____ Unconcerned _____ PLEASE EXPLAIN: _____

Parents' Name(s): _____ Phone: (____) _____

Address: _____

Parent's Name: _____ Phone: (____) _____

Address: _____

CHRISTIAN EXPERIENCE:

Have you committed your heart and life to Jesus Christ? YES _____ NO _____

Have you been baptized in water? YES _____ NO _____

Have you been baptized in the Spirit? YES _____ NO _____

What best describes your present relationship with Christ?

Active and growing _____ Inconsistent _____ Recently committed _____

CHURCH INFORMATION:

Name of local church: _____

Denomination: _____

Pastor's Name: _____ Phone:(____)_____

Address: _____

*Please submit the Pastoral Recommendation to your pastor along with a stamped envelope so he/she can send us his/her input.

ACADEMIC BACKGROUND: Please include grade levels completed/graduation (or equivalent), college, trade school, etc. Use additional paper if necessary.

High School attended and location: _____

Graduation _____(year) or Grade 12 Equivalent _____(Year)

If not a graduate, last grade completed: _____

List any post-high school education. Include name of institution(s), dates attended and degrees/certificates earned:

PERSONAL HEALTH: (Note: This record is confidential and will help us assist you during the internship should any emergencies or ongoing situations arise. This information may be given to a doctor in the event of an emergency.)

How would you describe your health? Excellent_____ Good_____ Fair_____ Poor_____

Please describe any health problems of which you feel we need to be aware (e.g. allergies, diabetes, depression, epilepsy, heart disease, disabilities, etc.)

Do any of these conditions require the use of medication? YES_____ NO_____

If yes, please indicate the condition and medication: _____

Blood type: _____

Emergency contact:

Name: _____ Phone number: (____) _____

Relationship to you: _____

WORK EXPERIENCE: (If Applicable)

Current

Employer: _____ Position: _____

Supervisor's name: _____ Phone number: _____

Past employment:

Employer: _____ Position: _____

Supervisor's name: _____ Phone number: _____

Employer: _____ Position: _____

Supervisor's name: _____ Phone number: _____

FINANCIAL RESOURCES:

What is your anticipated source of income during TnT?

What financial encumbrances do you have that would distract or hinder your full involvement in the TnT Internship?

Will you have transportation and housing during the TnT Internship?

REFERENCES: (Unrelated Christian adults)

Name: _____ Phone:(____)_____

Address: _____

Name: _____ Phone:(____)_____

Address: _____

*Please submit Personal Recommendation Forms to these references along with a stamped envelope so he/she can send us his/her input.

AUTOBIOGRAPHICAL INFORMATION:

Please share your experiences in each of these categories and submit it with your application. Write legibly in your own handwriting (if possible). Please write on the back and/or use additional paper.

Salvation

Baptism of the Holy Spirit

Present relationship with God

Ministry Experience

God's call on your life

Your vision for your life

PERSONAL EVALUATION:

1. Please assess yourself in the following areas:

	Uncertain	Excellent	Good	Fair	Weak
Spiritual Maturity					
Devotion To Christ					
Respect For Authority					
Openness To Correction					
Servant's Heart					
Teamwork/Cooperation					
Leadership Skills					
Teachability					
Self-discipline					
Reliability					
Flexibility					
Good Judgment					
Integrity/Honesty					
Mental Alertness					
Emotional Stability					
Family Life					
Self-image					
Well Liked By Others					
Sensitivity To Others					
Sensitivity To God					
Initiative To Learn					
Ability To Communicate					

2. What would you consider to be your talents, gifts, and strengths?

3. What would you consider to be your weaknesses or struggles?

4. Describe what aspects of TnT interests you the most.

5. What led you to apply for the TnT Internship?

*Additional comments or explanations (If necessary, please use extra paper.)

INTERN AGREEMENT:

I promise that if accepted for the TnT Internship, I will at all times honor and conduct myself as a follower of Jesus Christ. I will faithfully and diligently apply myself to the studies required and promptly meet all financial and other obligations to the best of my ability. I will choose to honor those who are a part of the internship, whether students or leadership, and will conduct myself in character and maturity.

I have honestly completed this form.

Signed: _____ Date: _____

LIABILITY RELEASE FORM:

TnT Internship and *The Gateway International Ministry Resource Center* shall not be liable for damages of any sort, including but not limited to those arising from day to day ministry, class times, outreaches, and trips. Working in public ministry has its attendant risks. The undersigned fully recognizes and assumes any such risks and further agrees to hold harmless the TnT Internship and *The Gateway International Ministry Resource Center* for any such risk or injury.

The undersigned has read and understands the aforementioned statements and agreements.

Signed: _____ Date: _____

Signature of Parent/Guardian if under eighteen years of age: _____