**Dear Corner Intern Applicant**,

I am so excited that you are stepping out in faith to apply for this internship at The Corner Student Ministries! Please submit the following application no later than **April 19th**.

**Commitment Expectations - Important Dates** - **Payment Information**

**Expectations**:

* MANDATORY 2-Day Training Workshop – May 28-29, 2019 at St Luke Church.
* This is a 9 week internship*. 8 weeks paid + 1 week unpaid vacation*. First week of paid internship is **June 2nd – June 8th** and the last week of the internship is **July 28th - August 3rd**.
  + The two (2) options for your vacation week are: *June 30 – July 6* or *July 7 – July 13*.
* Weekly Items
  + Sunday Night Community Worship Service. 5-7pm
  + Leading Two High School Small Groups. TBD
  + Monday Morning Intern Meeting. 10am
  + Monday Locals/BBQ Lunch Tour. 12-2pm

**Required Dates**:

* Souled Out Summer – **June 3-7**, 2019, Laguna Beach, FL
* B.Y.O.P. – Bring Your Own Pool – **July 28th**, 2019.

**Pay**:

* 8 paid weeks of **$150.00 per week**.

To submit your application, use one of the following methods:

1. Mail your application to

Jonathan Moore

1104 2nd Ave.

Columbus, GA. 31901

1. Email your application to [jmoore@stlukeum.com](mailto:jmoore@stlukeum.com)
   1. You may either print the application, fill it out, and scan it to include as an attachment
   2. Or download the Word document, fill it out on your computer, and include it as an attachment

Thank you so much for prayerfully considering this incredible opportunity. I am so looking forward to this summer and truly hope you can be apart!

Blessings,

***Jonathan Moore***

***Director of Student Ministries***

***@thecorneryouth***

***706.718.6552***

**The Corner Summer Intern Application**

**1. Personal Information**

|  |  |
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| **Name (First, Last):** | |
| **Email:** | **Phone Number:** |
| **Address:** | |
| **City, State, Zip:** | |
| **College You Are Attending:** | |
| **Current Grade Status** (Freshman, Sophomore, etc.): | |
| **Birthdate** (MM/DD/YY): | **Gender:** Male Female |
| **T-Shirt Size:** | **How did you hear about The Corner internship?** |

**2. Church Background**

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| **Are you a church member?**  Yes No | **If yes, which church?** |
| **Do you attend church regularly?** Yes No | **If yes, and different from the church  you are a member of, please list here:** |

**3. Application Questions**

**What experience/training (if any) have you had in the following areas?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | None | Little | Moderate | Advanced |
| Working with students |  |  |  |  |
| Leading small groups |  |  |  |  |
| Giving my testimony |  |  |  |  |
| Discipling someone |  |  |  |  |
| Other: |  |  |  |  |

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| **Could you confidently lead a group of 10-15 students in spiritual discussions?**  Yes No Unsure |
| **Would you feel comfortable praying with a student to receive Christ?** Yes No Unsure |
| **Do you spend consistent time alone with God?** Yes No Sometimes |

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| **What do you believe about the Bible, and how does it affect your life?** |
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| **What do you believe it takes to get to heaven?** |
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**How does your relationship with God and your belief in the Bible affect your decisions regarding the following areas:**

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| Modesty |
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| Dating Relationships |
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| Purity |
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| Drinking Alcohol |
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| Homosexuality |
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| Social Media |
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**4. Testimony**

**Please briefly give your testimony - when you came to know Christ, and the difference He has made in your life:**

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**Why do you want to be a Summer Intern for The Corner Student Ministries?**

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**5. References -** Please list three references below (No Family Members, please)

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| --- | --- | --- | --- | --- |
| Name | Phone number | Email | Occupation | Relationship to applicant |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Authorization and Request for Criminal Records Check**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Name), hereby authorize *The Corner Student Ministries* to request \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(County) police/sheriff’s department, or another company, to release information regarding any record of charges or convictions contained in its files, or in any criminal file maintained on me, whether said file is a local, state, or national file, and including but not limited to accusations and convictions for crimes committed against minors, to the fullest extent permitted by state and federal law. I do release said police/sheriff’s department, or other company, from all liability that may result from any such disclosure made in response to this request.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

Print full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print all other names that have been used (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver’s license number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State issuing license: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

License expiration date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List each address at which you have resided in the last five years:

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_