

APPLICANT INFORMATION			
Last Name:	First:	MI:	
Mailing Address:	City:	State:	Zip:
Home Number:	Mobile:	D.O.B.	
Social Security No:	Occupation:	Marital Status:	

CHURCH INFORMATION			
Church Name:	Phone Number:		
Mailing Address:	City:	State:	Zip:
Pastor Name:	Contact Number:		
Youth Leader Name:	Contact Number:		

FAMILY INFORMATION			
Father's Name:	Occupation:		
Mailing Address:	City:	State:	Zip:
Mother's Name:	Occupation:		
Mailing Address:	City:	State:	Zip:
Are you living with both parents?	If not, explain:		
Are both parents active in church?	Explain:		

EDUCATIONAL INFORMATION	
What year of school have you completed?	GPA:
List any clubs or organizations you are involved in;	
List any special awards and honors you have received:	
List any languages you speak other than English;	

HEALTH INFORMATION

List any drug or food allergies:

Do you have (or have you experienced) any physical handicaps?

Are you currently taking any medications? If so, list below:

Would you be willing to eat any food served to you? If not, please explain:

Insurance Provider:

Policy Number:

Contact Number:

MISCELLANEOUS INFORMATION

Briefly explain why you want to join the Impact Now Internship.

List ministry talents or abilities you possess (human videos, preaching, media, instruments, etc.).

T-shirt Size:

SPIRITUAL INFORMATION

Date of Conversion:

Date of Water Baptism:

Date of in-filling of Holy Spirit with the evidence of Speaking in Tongues:

BACKGROUND INFORMATION

Have you used drugs, alcohol or tobacco in the past 3 years? If yes, state which and date of discontinuance.

Have you ever been convicted of a felony? If yes, please provide a detailed explanation of the conviction, including dates of charges and penalties. Include any time served in any correctional facility (juvenile detention, jail, prison, etc.)

I, _____, hereby declare that all answers and statements made by me in regard to the questions herein contained are answered to the best of my ability.

SIGNATURE

DATE