

Work Phone (_____) _____ Place of Employment _____

Will your spouse be residing with you during the FULL duration of your internship? Yes No

Marital Status (Continued)

Please list all your children's name(s) and age(s):

Living with you: _____

Not living with you: _____

Emergency Contact # 1

Name _____

Address _____

City _____ State _____

Zip Code _____ Phone (_____) _____

Relation to you _____

Emergency Contact # 2

Name _____

Address _____

City _____ State _____

Zip Code _____ Phone (_____) _____

Relation to you _____

Parents:

Father's Name: _____ Living? Yes No Phone (_____) _____

Mother's Name: _____ Living? Yes No Phone (_____) _____

Education

Last High School Attended _____ Phone (_____) _____

GED? Y N Graduated? Y N Date of Graduation or GED ____/____/____
Month Date Year

Dates attended _____ Fax (_____) _____

(1) College/Other _____ Dates attended _____

City _____ State _____ Zip Code _____ Phone (_____) _____

(2) College/Other _____ Dates attended _____

City _____ State _____ Zip Code _____ Phone (_____) _____

(3) College/Other _____ Dates attended _____

City _____ State _____ Zip Code _____ Phone (_____) _____

Circle One:

Highest Degree Attained _____ Attained at which college: (1) (2) (3)

Application Continued

Type or Print All Items

Failure to do so will cause a delay in the processing of this Application

Full Legal Name: _____
First Middle Last Maiden

Nickname _____ Social Security Number _____ / _____ / _____

Church Information

Church Name _____ Denomination _____

Sr. Pastor's Name _____ Church Phone (_____) _____

Assoc. Pastor's Name _____ Yth. Pastor's Name _____

Address _____ City _____ State _____

Zip Code _____ Church Fax (_____) _____ E-mail _____

How long have you attended the church named above? _____ Year(s) _____ Month(s) Are you a member? Y N

If you attended the Church named above less than one year, please fill in the needed information below:

Previous Church Name _____ Denomination _____

City _____ State _____ Sr. Pastor's Name _____

How long did you attend the church named above? _____ Year(s) _____ Month(s) Phone (_____) _____

Spiritual

When did you accept Jesus as your Savior for the first time? _____ Month _____ Year

Have you made a recommitment since the date above? Yes No If yes, when? _____ Month _____ Year

In the last 2 years have you used illegal drugs, tobacco or consumed any alcoholic beverage? No Yes

If yes, please explain: _____

_____ Date(s) of most recent occurrence(s), Month and Year: _____ / _____

In the last 2 years has your life demonstrated a moral, ethical and pure living style? Yes No

If no, please explain: _____

Spiritual (Continued)

Have you ever been incarcerated? Yes No If yes, please explain: _____

_____ Date(s) of most recent occurrence(s), Month and Year: ____/____

Have you ever been involved in the occult, witchcraft or cults? Yes No If yes, please explain: _____

_____ Date(s) of most recent occurrence(s), Month and Year: ____/____

State any Christian service that you have done in the past 2 years: _____

Health

Describe any disease, disorder, or disability that requires special attention: _____

Have you had emotional problems in the past 2 years or recurring emotional problems? Yes No

If yes, please explain: _____

_____ Date(s) of most recent occurrence(s), Month and Year: ____/____

Have you ever been medicated for mental illness? Yes No If yes, please explain: _____

_____ Date(s) of most recent occurrence(s), Month and Year: ____/____

Have you ever been institutionalized? Yes No If yes, please explain: _____

_____ Date(s) of most recent occurrence(s), Month and Year: ____/____

Are you presently taking any medications? Yes No If yes, please explain: _____

Employment

Place of Employment _____ Position _____

Phone (_____) _____

How long employed there? _____ Year(s) _____ Month(s) May we contact your work number if needed? Y N

Finances

First three months support are due on the program start date.

How do you plan to pay for your internship expenses? Raising Support Part-time work Both Other

If "Other" please explain: _____

Agreement

By signing below, I hereby certify that I have read the entire YouthStorm Internship handbook and agree to comply with the values and policies therein. YouthStorm reserves the right to require the withdrawal of any student who is considered to be out of harmony with the spirit of this institute.

Signature Required _____

Date _____