



INTERN APPLICATION

First Name _____ Last Name _____

Address _____

Mailing Address _____

City _____ State _____ Zip Code _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____ Birthday _____

Have you ever been convicted of a crime? ___ Yes ___ No

If yes, explain: _____

**NOTE: We conduct a criminal background check on all intern applicants.*

EDUCATION

High School: Number of Years Completed _____ Diploma Received? ___ Yes ___ No

School Name _____

College/University: Number of Years Completed _____ Degree or Major _____

School(s) Name _____

Dates of attendance _____ Graduation or Expected Graduation Date _____

Describe other Training or Degrees _____

Previous Volunteer Experience: List most recent volunteer experience first.

Organization _____ **Dates of Service:** _____

Address _____

Position/Duties _____

Telephone# _____ Supervisor Name _____

Organization _____ **Dates of Service:** _____

Address _____

Position/Duties _____

Telephone# _____ Supervisor Name _____

EMPLOYMENT HISTORY: List most recent employment first

Employer _____ **Dates of employment:** _____

Address _____

Position/Duties _____

Telephone# _____ Supervisor Name _____

Employer _____ **Dates of employment:** _____

Address _____

Position/Duties _____

Telephone# _____ Supervisor Name _____

ADDITIONAL INFORMATION

What is your reason for seeking an internship with ABCS?

Do you consider yourself a Christian? Yes ____ No ____ If so, how long? _____

Please describe your faith in God or your spiritual journey0

Please provide the following information concerning your local church

Church Name _____ Denomination _____

Address _____

Pastor's Name _____ Phone # _____

What have you been involved in at your church?

This organization is a pro-life Christian ministry. We believe that our faith in Jesus Christ empowers us, enables us and motivates us to provide crisis pregnancy and family services in this community. Please write a brief statement about how your faith would affect your work as an intern at this organization.

What type of skills, talents, or gifts would you bring to this ministry?

REFERENCES

Please list persons who are not related to you and who have known you for at least two years

Name	Address	Phone Number	Relationship

APPLICANT’S CERTIFICATION AND AGREEMENT

I certify that the facts set forth in this intern application are true and complete to the best of my knowledge, and I authorize Arizona Baptist Children’s Services to verify their accuracy and to obtain reference information concerning my character and capabilities. I release the Arizona Baptist Children’s Services and any person or entity providing such reference information from any and all liability relating to the provision of such information or relating to any decisions made based upon this information. If I become an intern at Arizona Baptist Children’s Services, I agree to fully adhere to its policies and procedures, including those rules relating to maintaining client confidentiality. I recognize that, as an intern, I will serve in a different role than the employees of Arizona Baptist Children’s Services. O { 'r tlpvfg pco g'dgrny 'lpf kcvgu'j cv'Kj cxg'tgcf 'cpf 'co 'lp'ci tggo gpv'y kj 'vj gug'\vgtu u0'

Rtlpvfg 'P co g of Applicant _____ Date _____