

MICHIGAN REGIONAL INTERNSHIP PROGRAM

If you have any questions about the Michigan Regional Internship Program, please contact us by phone at 810-742-7462 or by email at office@mcmichigan.org.

CONTACT INFORMATION

Name: _____

Address: _____

Email: _____

Mobile Phone: _____

Home Phone: _____

Birthday: _____

Gender: M ___ F ___

APPLICATION FOR INTERNSHIP PROGRAM

Area of Ministry In Which I Am Interested: (check all that apply)

Senior Pastor: _____ Youth Pastor: _____ Children's Pastor: _____

Worship Pastor: _____ Church Planting: _____ Tech: _____

Other: _____

EDUCATION:

College Name: _____

Expected Graduation Date: _____

Degree of Major: _____

College Status: Freshman ___ Sophomore ___ Junior ___ Senior ___

MINISTRY EXPERIENCE:

Name of Ministry #1: _____

Direct Supervisor: _____

Supervisor's Phone Number: _____

Dates Involved: _____

Position and Responsibilities: _____

Reason for Leaving: _____

Name of Ministry #2: _____

Direct Supervisor: _____

Supervisor's Phone Number: _____

Dates Involved: _____

Position and Responsibilities: _____

Reason for Leaving: _____

Name of Ministry #3: _____

Direct Supervisor: _____

Supervisor's Phone Number: _____

Dates Involved: _____

Position and Responsibilities: _____

Reason for Leaving: _____

REFERENCES:

Ministry/Organization Reference #1: _____

Name: _____

Phone: _____

Relationship to Applicant: _____

Ministry/Organization Reference #2: _____

Name: _____

Phone: _____

Relationship to Applicant: _____

Ministry/Organization Reference #3: _____

Name: _____

Phone: _____

Relationship to Applicant: _____

SKILL ASSESSMENT:

(check all that apply)

- | | |
|-----------------|---|
| Administrative: | Organizing ___ Planning ___ Event Production ___ |
| Arts: | Drama ___ Digital ___ Painting/Drawing ___ |
| Counseling: | Crisis ___ Family ___ Life ___ |
| Sports: | Organizing Tournaments ___ Coaching ___ Playing ___ |
| Leadership: | Leading Small Groups ___ Leading Volunteers ___ |
| Music: | Vocal ___ Instrumental ___ Production ___ Leading a Team ___ |
| Design: | Video Editing ___ Graphic Design ___ Set Design ___ |
| Communication: | Teaching ___ Preaching ___ |
| Missions: | Local ___ Global ___ Foreign Language ___ |
| Computer: | Programming ___ Power Point ___ Email/Communication ___ |
| Writing: | Bible Studies ___ Curriculum ___ Editing ___ |
| Technology: | Audio Equipment ___ Sound Board ___ A/V Operator ___ Lighting ___ |

What do you hope to accomplish with this internship:

SECURITY INFORMATION:

We take seriously our responsibility to help protect the Michigan Regional Churches. Because of this, we ask that you answer the following questions truthfully:

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

If yes, explain: _____

Do you have any history of drug or alcohol abuse: Yes ___ No ___

If yes, explain: _____

Do you have a history of or have ever been accused of any form of child abuse: Yes ___ No ___

If yes, explain: _____

Is there anything from your past that may come up in the future that could hurt the ministry of the Michigan Region Churches: Yes ___ No ___

If yes, explain: _____

PERSONAL COMMITMENT:

Will you commit during your time as an intern to refraining from the use of alcohol, tobacco, or illegal drugs: Yes ___ No ___

Will you agree to abide by all the internship expectations and guidelines: Yes ___ No ___

Do you understand that your acceptance into the Michigan Regional Internship Program is conditional upon a review of your application and by the approval of the MRIP committee members who conducted your interview: Yes ___ No ___

Do you understand this is a placement program, and, upon your acceptance, you will be assigned to a church equipped to run your internship that the MRIP committee feels best aligns with your ministry goals: Yes ___ No ___

Are you aware that the MRIP committee may, without liability, terminate your internship because of false statements or omissions made in this application: Yes ___ No ___

Do you understand that this is an “at will” internship, meaning your internship may be terminated by the MRIP committee at any time without cause: Yes ___ No ___

APPLICANT’S STATEMENT:

BY SIGNING BELOW, I ACKNOWLEDGE THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE REFERENCES IN THIS APPLICATION TO GIVE YOU ANY INFORMATION (INCLUDING THEIR OPINIONS) THAT THEY MAY HAVE REGARDING MY CHARACTER AND FITNESS FOR THE MINISTRIES I AM PURSUING. SHOULD MY APPLICATION BE ACCEPTED, I AGREE TO BE BOUND BY THE POLICIES OF THE MICHIGAN REGIONAL INTERNSHIP PROGRAM AND OF THE CHURCH TO WHICH I AM ASSIGNED, AND TO REFRAIN FROM UNBIBLICAL CONDUCT FOR THE DURATION OF MY INTERNSHIP. I FURTHER ACKNOWLEDGE THAT I HAVE READ THIS STATEMENT IN ITS ENTIRETY AND IN AGREEMENT HAVE FREELY SIGNED.

Applicant Signature: _____

Date: _____

Please fill out this application completely and email it along with a recent picture to:

office@mcmichigan.org