



### International Ministry Internship Application

Thank you for your interest in the ICO International Ministry Internship Program. Please send your completed application as an email attachment to [jerry@icotulsa.org](mailto:jerry@icotulsa.org). All information gathered through the application process will be handled confidentially.

#### GENERAL INFORMATION

Name \_\_\_\_\_ Date of Application \_\_\_\_\_

Preferred Address \_\_\_\_\_

Preferred Phone \_\_\_\_\_

Alternate Phone \_\_\_\_\_

Email address \_\_\_\_\_

Gender: Male Female

Marital Status: Single Married Name of spouse \_\_\_\_\_

How did you hear about the Internship Program?

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Do you agree with your statement of faith on our website ([icotulsa.org](http://icotulsa.org)) ? Yes No

**INTERN PROGRAM SPECIFICS** I am applying for the following internship track (please check one)

Year-Long Program (Aug.-May) Mid-Year Program (Jan.-May)

Please state briefly your areas of ministry are passionate about

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Please list general skills and abilities that could benefit a ministry in administration, planning, advertisement, communication, and volunteer management.

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### **EDUCATION BACKGROUND**

Please list all schools attended after grammar school (high school, technical college, university, graduate school, Bible institute or seminary)

SCHOOL NAME

LOCATION

YEARS COMPLETED

DEGREE

GPA

SCHOOL NAME

LOCATION

YEARS COMPLETED

DEGREE

GPA

Are there any training courses or seminars you have completed which you feel have helped prepare you for the ministry experience you are applying for? If so, please list the course titles and the major benefit to you.

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**EMPLOYMENT HISTORY** Please do not substitute a resume for this section.

Most Recent Employer \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Position(s) Held \_\_\_\_\_

Employment Start Date \_\_\_\_\_ Employment End Date \_\_\_\_\_

Supervisor/Manager \_\_\_\_\_ May we contact? Yes No

Reason for Leaving \_\_\_\_\_

Past Employer \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Position(s) Held \_\_\_\_\_

Employment Start Date \_\_\_\_\_ Employment End Date \_\_\_\_\_

Supervisor/Manager \_\_\_\_\_ May we contact? Yes No

Reason for Leaving \_\_\_\_\_

Past Employer \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Position(s) Held \_\_\_\_\_

Employment Start Date \_\_\_\_\_ Employment End Date \_\_\_\_\_

Supervisor/Manager \_\_\_\_\_ May we contact? Yes No

Reason for Leaving \_\_\_\_\_

## STRENGTHS & SKILLS

List your top three strengths and top three weaknesses

Strengths	Weaknesses
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____

## MINISTRY PROFILE

Please number the following ministry areas (0-5) according to your level of experience, with 5 being the highest. \_\_\_\_\_ Children's Ministry \_\_\_\_\_ Adults Ministry \_\_\_\_\_ Care Ministry \_\_\_\_\_ Middle School Ministry \_\_\_\_\_ College Ministry \_\_\_\_\_ Finance/Administration \_\_\_\_\_ High School Ministry \_\_\_\_\_ Worship Arts Ministry \_\_\_\_\_ Impact/Missions \_\_\_\_\_ Communication

What aspects of ministry excite you? What aspects don't?

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List your top three spiritual gifts. If you do not know your spiritual gifts, we can provide a spiritual gifts evaluation. You can request an assessment by emailing [jerry@icotulsa.org](mailto:jerry@icotulsa.org) .

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

How have you seen these gifts fit with your ministry experience?

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### PERSONAL STORY

On a separate page, please include brief responses to the following questions with the application

1. Please describe your faith journey. Include how God got your attention and some significant experiences and people that He used. How has this journey prepared you for this position?
2. How does this position fit into your short and long-term goals? What do you hope to gain from this experience?

### REFERENCES

List the contact information of the individuals (excluding family members) to whom we should send the reference forms. Please notify them that we will be contacting them.

#### List two contacts you've served under in ministry:

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

Email Address \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

Email Address \_\_\_\_\_

#### List one contacts you've served with in ministry:

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

Email Address \_\_\_\_\_

### CHURCH OR PARACHURCH BACKGROUND

Please list all churches you have regularly attended in the past 5 years and any previous ministry experience or volunteer involvement.

1. Current Church Name \_\_\_\_\_ Dates Attended \_\_\_\_\_

Church Address \_\_\_\_\_

Church Phone \_\_\_\_\_ Email \_\_\_\_\_

Staff Contact (name and position) \_\_\_\_\_

Ministry Experience

\_\_\_\_\_

2. Previous Church Name \_\_\_\_\_ Dates Attended \_\_\_\_\_

Church Address \_\_\_\_\_

Church Phone \_\_\_\_\_ Email \_\_\_\_\_

Staff Contact (name and position) \_\_\_\_\_

Ministry Experience

\_\_\_\_\_

3. Previous Church Name \_\_\_\_\_ Dates Attended \_\_\_\_\_

Church Address \_\_\_\_\_

Church Phone \_\_\_\_\_ Email \_\_\_\_\_

Staff Contact (name and position) \_\_\_\_\_

Ministry Experience

\_\_\_\_\_

### BACKGROUND INFORMATION

Are you legally authorized or permitted to work in the United States?  yes  no

Are there any past or present issues (spiritual, physical, emotional/mental, social) which would hinder your ability to work appropriately with children or students?  yes  no

Have you been accused, charged or convicted of a criminal offense (felony or misdemeanor other than a parking violation)?  yes  no

Have you struggled in the past or are you currently struggling with any addictions (alcohol, drug, pornography, etc)?  yes  no

Is there anything from your past that may come up in the future about you that could hurt the ministry of ICO?  yes  no

If you answered no to the first question or yes to the remaining questions, please explain (attached an additional page if needed).

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### BACKGROUND CHECK

This form authorizes the church to obtain background information and must be completed by the applicant.

Name (first, middle, last)

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Other names used (maiden, nickname, alias) \_\_\_\_\_

Driver's License Number (and state) \_\_\_\_\_ Gender \_\_\_\_\_

Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Current Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

If you have lived at your current address less than three years, please provide your former address below. If you are a college student, please provide your permanent address below.

Alternate Address \_\_\_\_\_

In the interest of safety and security I, the undersigned applicant, authorize Blackhawk Evangelical Free Church to procure background information about me, prior to, and at any time during, my service to the organization. This report may include my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; and the state sex offender records.

I understand that I am entitled to a complete copy of any background information report of which I am the subject upon my request. For a copy of this report, please contact SecureSearch at 558 Castle Pines Parkway, Unit B4-137, Castle Rock, CO, 80108 or call 1-866-891-1954. I also understand that I may receive a written summary of my rights under the Fair Credit Reporting Act.

Signature \_\_\_\_\_ Date \_\_\_\_\_