Cincinnati Christian Church
"Helping People Find and Follow Jesus"
812-825-5691 / office.cincinnaticc@gmail.com
cincinnaticc.org

11432 East State Rd 54
Bloomfield, Indiana 47424

CHURCH INTERNSHIP APPLICATION FORM

☐ Preaching Internship
☐ Youth Ministry Internship

Name: _____
Street Address: _____
City, State, Zip: _____
Phone/Cell Phone: _____
Email: _____

Gender: ☐ Male ☐ Female
Are You Married? ☐ Yes ☐ No
If yes, spouses name? _____
Do you have children? ☐ Yes ☐ No
If yes, how many? ___

Social Media Handles / Accounts					
					Other:

What Bible College are you attending? _____

What & Where is your home church? _____

Have you had other ministry experience(s)? _____
_____
_____

Why our church for your internship? _____

Section 2: Background Check

We would like to perform a background check as part of routine procedure. There will be no cost to you. Please provide the information below so that the background check can be done. Failure to comply means this application will be disregarded.

Have you at any time been accused, rightly or wrongly, of child abuse, sexual molestation or neglect? ☐ Yes ☐ No

Have you ever been asked to leave a ministry or volunteer position in the past? ☐ Yes ☐ No

Have you been arrested or convicted for anything more serious than a traffic violation? ☐ Yes ☐ No

Have you used illegal, non-prescription drugs within the past 6 months? ☐ Yes ☐ No

confidential

Have you at any time been accused, rightly or wrongly, of stealing from a church or other place of employment? □ Yes □ No

Social Security Number: _____ Date of Birth: _____
Current State of Residence & Address: _____ _____
Previous State of Residence & Address: _____ _____
Other Names used previously (including maiden names): _____

SIGNATURE: _____ DATE: _____

Confidential

Spiritual Background

How and when did you become a Christian? _____
_____
_____
_____
_____
_____

Odds & Ends

What would be your monetary needs while interning with us? _____
_____
_____

What would be your housing needs while with us? _____
_____

Do you have any other physical (or other mention-worthy) needs that we should be aware of? _____
_____
_____

DATES OF PROPOSED INTERNSHIP: _____

COORDINATOR: _____

COLLEGE/UNIVERSITY INFORMATION:
_____
_____
_____

SIGNATURE: _____ **DATE**: _____