

APPLICATION FOR YOUTH MINISTRY INTERNSHIP

First Baptist Church of Abington
219 Adams St, PO Box 25, Abington, MA 02351
781 878-2447 www.abingtonfbc.com

This application is to be completed by all applicants for Youth Ministry Internship at First Baptist Church of Abington. Please complete the application to the best of your ability. Please feel free to use additional sheet(s) of paper if necessary.

General Information:

Date: ___/___/_____

Full Name (First MI Last) _____

Home Address _____ City _____ State _____

Home Phone: _____ Cell Phone: _____

College Attending: _____

Your Address While At School: _____

Your Phone at School: _____ Email Address: _____

Personal Information:

When would you be available to start in this position? _____

What is the minimum commitment you can make on a weekly basis? _____

In what extra-curricular activities do you participate? _____

Describe your special talents, interests, hobbies, and activities. _____

How would you use your talents and interests mentioned above in youth ministry? _____

Why do you want to work with youth? _____

What previous experience do you have in working with youth? _____

What life experiences have you had that would make you effective in working with youth? _____

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When did you become a follower of Christ? _____

How has your decision for Christ changed your life? _____

What role does God play in your life and how does it affect the way you live? _____

Why do you feel that God is calling you to serve in youth ministry? _____

Church Experience:

List the name(s) of the church(es), the Pastor's name where you have attended regularly in the last five years. Please include the church or Pastor's phone number.

Identify any children's or youth ministry positions you have had in the past. _____

Identify any non-church children's or youth program positions you have had in the past. List the organization name, contact person, phone number, and type of activity you performed. _____

List any gifts, training, education, leadership positions that have prepared you for ministry with youth. _____

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Background Information:

Massachusetts State law requires us to perform a criminal history background check before allowing anyone to work with children under the age of 18. Therefore if your application is approved you will be asked to complete a CORI form. You will need a United States or state government issued photo identification card (e.g. driver's license). In addition First Baptist Church policy dictates that all persons working with children review our "Keeping Children Safe" guidelines and complete a short online course.

Has your driver's license been revoked or suspended in the last three years? Yes ___ No ___

Have you had any moving violations (tickets, other than parking) in the last three years? Yes ___ No ___

If yes, how many? _____

May we obtain a copy of your driving record? Yes ___ No ___

Have you ever been arrested or criminally convicted? Yes ___ No ___

If you answered yes to any of the previous questions in this section, please explain all instances in detail.

Will you have a car? Yes _____ No ___

Personal References:

Please list two references (not relatives or former employers). Give name, address, and phone for each.

1. _____

2. _____

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Applicants Certification:

I hereby certify that the information provided in this application is correct to the best of my knowledge. I authorize any references or church listed in this application to give you any information (including opinions) that they may have regarding my character and also in regard to my fitness to serve in youth ministry. In consideration of the receipt and evaluation of this application by First Baptist Church of Abington, I hereby release any individual, youth organization, charity, employer, reference or any other person or organization, including record custodians, both collectively and individually, heirs, or family on account of compliance or any attempt to comply with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified in this application.

The above paragraph notwithstanding, I understand that I have the right to review the results of my Massachusetts Criminal Offender Record Information (CORI) check.

Applicant's Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Witness Printed Name: _____ Phone: _____

--- This section for Office Use Only ---

Date Received: ____/____/_____

Interviewed By: _____ Date: ____/____/_____

___ Reference 1 Contacted ___ Reference 2 Contacted

___ Application accepted. Position Assigned: _____

___ Application denied.

Comments: _____

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