

PERSONAL INFORMATION

NAME_____

EMAIL_____

CELL NUMBER_____

ADDRESS_____



EDUCATION

SCHOOL_____

MAJOR_____

LEVEL_____

GRADUATION DATE_____

WORK EXPERIENCE

PREVIOUS ROLES_____

RELEVANT SKILLS_____

AVAILABILITY

START/END DATES_____

WEEKLY HOURS_____

INTERNSHIP/EXTERNSHIP PREFERENCE

DESIRED MINISTRY OPPORTUNITY_____

PLACE YOU WOULD LIKE TO SERVE_____

ADDITIONAL INFORMATION

CONSENT FOR BACKGROUND CHECK SIGN HERE_____

STATEMENT OF INTEREST/WHY THIS INTERNSHIP/EXTERNSHIP_____

SIGNATURE AND DATE_____

TERRY LINTHICUM 336-259-1596 DIRECTOR OF INTERNSHIP PROGRAMS FOR FCNC