



SILVER CREEK FELLOWSHIP INTERNSHIP APPLICATION

www.silvercreekfellowship.org

Questions? Contact Kurt Barnes at 503-873-7353

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PERSONAL INFORMATION

Last Name: _____ First: _____ M.I. _____

Maiden/Other Names: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Primary Phone: _____ Secondary Phone: _____

Primary Email Address: _____

Secondary Email Address: _____

Gender: Male Female Date of Birth: _____

Home Church
Name & Address: _____

EDUCATION

High School: _____ Graduation Year: _____

City and State: _____

College/University: _____ Graduation Year: _____

City and State: _____

Other Formal Training: _____

City and State: _____

MINISTRY EXPERIENCE

Area of Ministry: _____

Leader: _____

Responsibilities: _____

Area of Ministry: _____

Leader: _____

Responsibilities: _____

Area of Ministry: _____

Leader: _____

Responsibilities: _____

SPIRITUAL GIFTS

(Please indicate your top two based on feedback you've received from ministry experience.)

- | | | | |
|---------------------|-----------------|-------------------|--------------------|
| _____Administration | _____Evangelism | _____Intercession | _____Prophecy |
| _____Music | _____Faith | _____Shepherding | _____Giving |
| _____Serving | _____Teaching | _____Leadership | _____Discernment |
| _____Hospitality | _____Mercy | _____Wisdom | _____Encouragement |

INDIVIDUAL CHARACTERISTICS

Circle the number (1-10) most suitable to the perception you have of your own characteristics.

	Poor			Fair				Strong		
Work Ethic	1	2	3	4	5	6	7	8	9	10
Relational	1	2	3	4	5	6	7	8	9	10
Organization	1	2	3	4	5	6	7	8	9	10
Outgoing	1	2	3	4	5	6	7	8	9	10
Dependable	1	2	3	4	5	6	7	8	9	10
Leadership	1	2	3	4	5	6	7	8	9	10
Administration	1	2	3	4	5	6	7	8	9	10
Preaching	1	2	3	4	5	6	7	8	9	10
Creativity	1	2	3	4	5	6	7	8	9	10
Music Ability	1	2	3	4	5	6	7	8	9	10

What are some natural gifts, talents, and abilities you may possess that do not appear on this list?

What are your top three strengths and weaknesses?

STRENGTHS

WEAKNESSES

1) _____	1) _____
2) _____	2) _____
3) _____	3) _____

PERSONALITY

Mark the words below that *BEST* describe your personality

<input type="checkbox"/> Competitive	or	<input type="checkbox"/> Cooperative		<input type="checkbox"/> Project-Driven	or	<input type="checkbox"/> People-Driven
<input type="checkbox"/> Extrovert	or	<input type="checkbox"/> Introvert		<input type="checkbox"/> Rigid	or	<input type="checkbox"/> Relaxed
<input type="checkbox"/> Routine	or	<input type="checkbox"/> Variety		<input type="checkbox"/> Get It Done	or	<input type="checkbox"/> Delegate It
<input type="checkbox"/> Low Risk	or	<input type="checkbox"/> High Risk				

GOALS

What do you hope to gain most from this internship?

In what ways do you wish to grow while on this internship?

Briefly tell us why you desire to intern at Silver Creek Fellowship:

Are there any dates that you will be unable to participate in the internship?

REFERENCES

Please give three (3) character references with whom you have had sufficient contact over the past five (5) years. Please do not use relatives.

Reference #1 Name: _____ **Relationship:** _____

Email Address: _____

Primary Phone: _____ Secondary Phone: _____

Reference #2 Name: _____ **Relationship:** _____

Email Address: _____

Primary Phone: _____ Secondary Phone: _____

Reference #3 Name: _____ **Relationship:** _____

Email Address: _____

Primary Phone: _____ Secondary Phone: _____

SCHOOL REQUIREMENTS (For college credits)

Please let us know any school requirements your college may have from us regarding your internship:
