

Tenth Internship Program

Application

Today's date: _____

Name: _____

Last

First

Middle Initial

Date of Birth (month/day/year): _____ Age: _____

Address: _____

City

State

ZIP

Home phone: _____ Work phone: _____ Email: _____

For which internship do you wish to apply?

___ Pastoral internships (please prioritize by numbering)

___ Active Compassion Through Service (ACTS)

___ City College & Career

___ City Outreach

___ Maranatha

___ Medical Campus Outreach

___ Parish Ministry

___ Tenth International Fellowship (TIF)

___ Staff internships (please prioritize by numbering)

___ Active Compassion Through Service (ACTS)

___ Children's Bible School

___ City College & Career

___ City Outreach

___ Maranatha

___ Medical Campus Outreach

___ Parish Ministry

___ Tenth International Fellowship (TIF)

___ TenthWomen

___ Observation internships

___ Children's ministry

___ Christian education

___ Church planting

___ City Outreach

___ College ministry

___ Counseling

___ Mercy ministry

___ Missions

___ Parish Ministry

___ Youth ministry

___ International students

Church Membership: _____ Are you under care of Presbytery? _____

Please *briefly* describe the following on another sheet of paper:

1. Academic history, including present seminary status
2. Ministry experience
3. Testimony of faith in Jesus Christ
4. Sense of calling to Christian ministry
5. Involvement at Tenth to date
6. What you hope to gain from this internship
7. What exceptions you have, if any, to the *Westminster Confession of Faith*
8. Two personal references