

Intern Application

Thank you for your interest in becoming an intern at Door Creek Church. All completed applications can be sent as an email attachment to the Intern/Resident Coordinator (Allie - adetert@doorcreekchurch.org) or by mail to:

Door Creek Church Attn: Internship Program | 6602 Dominion Drive | Madison, WI 53718.
All of the information sent via email and mail will be processed confidentially.

Basic Information

Name:		Date of Application:	
Preferred Phone:		Alternate Phone:	
Email Address:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Mailing Address:			
City:	State:	Zip:	

How did you hear about Door Creek's Internship Program?

Program Specifics

I am applying for the following program(s):

- Summer Internship Program (mid-May–mid-August)
- Fall Internship Program (mid-August–December)
- Spring Internship Program (mid-January–mid-May)
- Ministry Year Internship Program (9-12 months from date of hire)

I am applying for the following number of hours per week (choose anywhere between 12-40):

_____ hours/week **AND SELECT ONE:** Paid (fundraising required) Unpaid

Interns will work closely with a specific staff member and focus in on one area of ministry in addition to general responsibilities. Please rank your interest in all of the following areas on a 5 point scale with 5 being a high level of interest.

- | | | |
|---------------------------------|---------------------------------------|----------------------------------|
| __ Children's Ministry | __ Community Development | __ Worship Arts Ministry |
| __ Student Ministry | __ Care Ministry | __ Communications/Design |
| __ Hospitality/Event Management | __ Production/Videography/Photography | __ Other (please specify: _____) |

Briefly explain why you are passionate and interested in your top choice(s):

Education Background

Please list information for all schools post middle-school. This includes high-school, college, technical college, graduate school, community college, Bible institute and seminary.

School Name	Location	Years Completed	Degree	GPA

Are there any specific courses, seminaries, or classes which you feel have helped to prepare you to work in ministry? What have these courses done for you that make you a good candidate for this program? If so, please list the course title and briefly explain their significance and benefit.

Employment History

Please do not attach a resume in substitute.

Most Recent Employer

Address _____

Phone Number _____ Email Address _____

Position(s) Held _____

Employment Start Date _____ Employment End Date _____

Supervisor/Manager _____ May we contact? Yes No

Past Employer

Address _____

Phone Number _____ Email Address _____

Position(s) Held _____

Employment Start Date _____ Employment End Date _____

Supervisor/Manager _____ May we contact? Yes No

Past Employer

Address _____

Phone Number _____ Email Address _____

Position(s) Held _____

Employment Start Date _____ Employment End Date _____

Supervisor/Manager _____ May we contact? Yes No

Strengths and Skills

List your top three strengths and weaknesses:

Strengths

Weaknesses

Rank each of the following based on your level of experience and expertise. Do this based on a 5 point scale with 0 being the least experience and 5 being the most.

__Accounting/Finance

__Audio Production

__Graphic Arts

__Photography

__Journalism

__Computer Skills

__Video Production

__Office Skills

__Languages

__Team Leadership

__Music

Please specify _____

Please specify _____

Please specify _____

Please note any additional skills and interests:

Ministry Profile

Rank the following ministry areas based on your level of experience. Do this based on a 5 point scale with 0 being the least experience and 5 being the most.

__Children's Ministry

__Student Ministry

__Hospitality/Event
Management

__Community Development

__Care Ministry

__Production/Videography/
Photography

__Worship Arts Ministry

__Communications/Design

__Other (please
specify: _____)

Are there any aspects of ministry that excite you? Explain. Also, please explain if there are any areas of ministry that you don't enjoy.

List your top three spiritual gifts. If you do not know your spiritual gifts, please email the Intern/Resident Coordinator and we will provide a spiritual gift evaluation.

1. _____

2. _____

3. _____

How have you seen these gifts fit in with your ministry experience so far? How would you like to see these gifts used through an internship at Door Creek Church?

Personal Story

Attached with your application, please include a brief response answering the questions below.

1. Describe your faith journey. Discuss how you came to know and love God through experiences and people He placed in your life. Explain how this has prepared you for this position.
2. How does this position fit in with your goals? Short-term or long-term, what do you hope this experience will provide for you?

References

We ask that you send reference forms out to the individuals listed below. Reference forms are listed at the end of the handbook. If you'd like additional copies of the form, contact the Intern/Resident Coordinator.

List two contacts you've served **under** in ministry:

1. Name _____ Phone _____
Relationship to you _____ Email _____
2. Name _____ Phone _____
Relationship to you _____ Email _____

List two contacts you've served **with** in ministry:

1. Name _____ Phone _____
Relationship to you _____ Email _____
2. Name _____ Phone _____
Relationship to you _____ Email _____

List two people you have influenced through **your** leadership:

1. Name _____ Phone _____
Relationship to you _____ Email _____
2. Name _____ Phone _____
Relationship to you _____ Email _____

Church Background

Please list all churches you have regularly attended in the past 10 years. If appropriate, please also indicate any volunteer or ministry experience and involvement.

Current Church Name _____ **Dates Attended** _____

Church Address

Staff Contact/Position

Any Ministry Experience

Past Church Name _____ **Dates Attended** _____

Church Address

Staff Contact/Position

Any Ministry Experience

Past Church Name _____ **Dates Attended** _____

Church Address

Staff Contact/Position

Any Ministry Experience

Background Information

Are you legally authorized or permitted to work in the United States? Yes No

Are there any past or present issues which would hinder your ability to work appropriately with children or students? This may be spiritual, physical, emotional, mental, etc. Yes No

Have you struggled or are you currently struggling with addiction of any type (alcohol, drug, gambling, pornography, etc)? Yes No

Have you been accused, charged or convicted of a criminal offense (including felonies and misdemeanors other than traffic violations)? Yes No

Is there anything from your past that could come forward in the future which would hinder the growth, development, and ministry of Door Creek Church? Yes No

If you answered no to the first question and yes to any of the following four, please explain below.

Permission to Obtain a Background Check

(This form authorizes the church to obtain background information and must be completed by the applicant. The church must keep this completed form on file for at least five years after requesting a background check.)

I, the undersigned applicant (also known as "consumer"), authorize **Door Creek Church** through its independent contractor, LexisNexis, to procure background information (also known as a "consumer report and/or investigative consumer report") about me. This report may include my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; and the state sex offender records. I understand that I am entitled to a complete copy of any background information report of which I am the subject upon my request to **Door Creek Church** if such is made within a reasonable time from the date it was produced. I also understand that I may receive a written summary of my rights under the Fair Credit Reporting Act.

Signature: _____

Date: _____

Identifying Information for Background Information Agency (also known as "Consumer Reporting Agency")*

Print Name: _____

First

Middle

Last

Other Names Used (Maiden, Alias, Nickname) _____

Address: _____

Social Security Number: _____

Date of Birth: _____

*This portion of the form will be destroyed upon completion of the background check.

Thank you for your application. We will be in touch soon. If you have any questions in the meantime, don't hesitate to contact our Intern/Resident Coordinator, Allie, at adetert@doorcreekchurch.org.