

Internship 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 Administrator 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 Program (May—August)
- ☐ Fall Program (August—December)
- ☐ Spring Program (January—May)
- ☐ Ministry Year Program (August—May)

I am applying for the following number of hours per week:

- ☐ 20 hours/week ☐ 30 hours/week ☐ 40 hours/week

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/Graphic Design |

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

___ Video Production

___ Audio Production

___ Office Skills

___ Graphic Arts

___ Languages

Please specify _____

___ Photography

___ Team Leadership

Please specify _____

___ Journalism

___ Music

Please specify _____

___ Computer Skills

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

___ Community Development

___ Worship Arts Ministry

___ Student Ministry

___ Care Ministry

___ Communications/Graphic Design

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 Administrator 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. The form can be found on our website (www.doorcreekchurch.org) under the Serve tab where the application and other internship information is found. You are responsible for distributing the forms – please do not include family members.

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 _____

Previous Church Name _____ Dates Attended _____

Church Address _____

Staff Contact/Position _____

Any Ministry
Experience _____

Previous 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.*