

New Life Intern Application

NAME:

AGE:

DATE:

ADDRESS:

PHONE: (H):

(W):

Email address:

TIMES AVAILABLE:

Monday:

Tuesday:

Wednesday:

Thursday:

Friday:

List any special skills or certifications that may assist you during the internship:

Are you a member of a church? YES NO

If yes which one-

Have you accepted Jesus as your Lord and Savior? YES NO

Please share a little about that experience:

What would you like to accomplish during your internship?