



Skybacher Ministries Sports Ministry Intern Application

Personal Information

Full Name: _____
 Last First Middle Date

Permanent Address: _____
 Street Address Apartment Unit #

 City State Zip Code

College Address: _____
 (If applicable) Street Address Apartment Unit #

 City State Zip Code

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Date of Birth: _____ Gender: M F

Marital Status: Single Married Separated Divorced

Parent/Guardian Information (if under 18) Emergency Contact Information (if 18+, only 1 needed)

Mother __ Name: _____ Address: _____ City: _____ State: __ Zip: _____ Occupation: _____ Home Phone: _____ Work Phone: _____ E-mail: _____	Emergency Contact __ Name: _____ Address: _____ City: _____ State: __ Zip: _____ Occupation: _____ Home Phone: _____ Work Phone: _____ E-mail: _____	Father __ Name: _____ Address: _____ City: _____ State: __ Zip: _____ Occupation: _____ Home Phone: _____ Work Phone: _____ E-mail: _____	Emergency Contact __ Name: _____ Address: _____ City: _____ State: __ Zip: _____ Occupation: _____ Home Phone: _____ Work Phone: _____ E-mail: _____
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Background Information

Name of Church you attend: _____

Denomination: _____ Pastor: _____

Church Phone: _____ Website or E-mail: _____

Have you ever been convicted of a felony or misdemeanor? Yes No
 If yes, please explain.

Do you have any health conditions that require special attention? Yes No
 If yes, please list. _____

Does your health insurance offer international coverage? Yes No

Insurance Company: _____ Policy # _____

Education

Beginning with most recent, list your high school and college/university information:

Name of School	City/State	Dates Attended	Degree (if applicable)

Internship Requirements

Please indicate the type of internship you are applying for by choosing one of the following:

Semester ___ Summer ___ Unsure ___

Is there a required amount of hours you must complete? Yes No If yes, how many? ____

Are you looking to receive college credit for internship? Yes No

If yes, please provide us with the following information about your supervisor/advisor:

Name: _____

Address: _____ City: _____ State: ___ Zip Code: _____

Telephone: _____ E-mail: _____

Sports Related Experience

Beginning with the most recent, list your prior involvement with sports:

Name of School/Club	City/State	Number of Years	Playing	Coaching

Sports Ministry Experience

Beginning with the most recent, list your prior involvement with sports ministry:

Name of Organization	City, State, Country	Dates of Participation	Your Role

References

Please provide the following information on persons (non-family members) that we contact for reference.

Employer

Name: _____ Years Known: _____

Address: _____ City: _____ State: ___ Zip Code: _____

Telephone: _____ E-Mail: _____

Pastor

Name: _____ Years Known: _____

Address: _____ City: _____ State: ___ Zip Code: _____

Telephone: _____ E-Mail: _____

Peer

Name: _____ Years Known: _____

Address: _____ City: _____ State: ___ Zip Code: _____

Telephone: _____ E-Mail: _____

Questions

Please provide an answer to the following questions.

- 1. What is your testimony? And what is God currently doing in your life?

- 2. Why do you want to serve with Skybacher Ministries and what gifts/abilities would you bring to the position?

Liability Release

In consideration for being accepted and allowed to participate in this internship and activities associated with its program and location, I personally assume responsibility for my actions, and release Skybacher Ministries, its Board of Directors, employees and agents from loss, injury, or damage to with myself or my property; provided that nothing contained herein shall excuse Skybacher Ministries from the responsibility to act with reasonable care for the safety of myself or my property.

I certify that my answers are true and complete to the best of my knowledge and I authorize Skybacher Ministries to make such investigations and inquiries of my personal, employment, and educational and other related matters as may be necessary for an internship acceptance decision. I hereby release employers, schools or individuals from all liability when responding to inquiries in connection with my application. I also grant Skybacher Ministries to perform a background check.

In the event that I am accepted as an intern, I understand that false or misleading information given in my application or interview(s) may result in immediate discharge.

AGREEMENT

Please sign and date this application.

Signature: _____ Date: _____

Please e-mail this completed application to Skybacher_7@yahoo.com

OR

Mail to:

Skybacher Ministries
ATTN: Internship Program
772 Rte. 989
Freedom, PA 15042