



Summer Camp 2017:

Pinecrest 1: July 24 – July 28

Pinecrest 2: July 31 – August 4

1. General Information

Full Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Telephone: _____ Email: _____@_____

Birthdate: _____ Marital Status: _____

Gender: _____ Age: _____ Height: _____ Weight: _____

Ethnicity: _____

Social Media Handle: _____ (Facebook, Instagram, Twitter)

(@Johnsmith or facebook.com/janesmith)

2. Education

High School: _____ Graduation Date: _____ GPA/Marks: _____

City: _____ State: _____ Country: _____

College: _____ Graduation Date: _____ GPA/Marks: _____

City: _____ State: _____ Country: _____

Major: _____ Minor: _____

3. Employment History

Company: _____ Manager: _____

Phone: _____ Dates: ___/___/___ To: ___/___/___ Position: _____

Responsibilities _____ Reason for Leaving: _____

Company: _____ Manager: _____

Phone: _____ Dates: ___/___/___ To: ___/___/___ Position: _____

Responsibilities _____ Reason for Leaving: _____

4. Medical Background

Describe your health: (circle one) Excellent Good Fair Poor

Do you have any physical handicap, disability or disease which may in anyway affect your abilities as an intern? (circle one) Yes No

If yes, please explain: _____

Do you have any allergies, asthma, or chronic illness? (circle one) Yes No

If yes, please explain: _____

List any medications prescribed by a doctor (and why you use them): _____

5. Christian History

Date you decided to follow Christ: ___/___/___

Date Baptized by water : ___/___/___ (if not baptized, leave blank)

Date Baptized in Holy Spirit according to Acts 2:4 : ___/___/___ (Not necessary for acceptance)

Name of your home church: _____

Home Church Address: _____

City: _____ State: _____ Zip Code: _____

Home Church phone number: _____

Senior Pastor's Full Name: _____

Youth Pastor's Full Name: _____

How long have you attended? _____ What Ministries did you participate in? _____

6. Self-Evaluation:

On a scale of one to ten, ten being the highest, please evaluate your strengths and weaknesses:

- | | | |
|------------------------------|------------------------------|------------------------------------|
| ___ Relating to new people | ___ Being in a crowd | ___ Ministering one on one |
| ___ Confronting | ___ Finishing what you start | ___ Being an example |
| ___ Submitting to leadership | ___ Sense of humor | ___ Staying positive in hard times |
| ___ Encouraging | ___ Personal Devotions | ___ Adapting to different cultures |

Describe 3 of your strengths: _____

Describe 3 of your weaknesses: _____

What do you believe are 3 qualities of both a good leader and a bad leader (rate by importance):

7. Personal History

Please answer the following questions carefully and truthfully. If you answer yes to any of the following, please explain on a separate sheet of paper.

Have you ever been involved with: ___Drugs/Alcohol ___The Occult/Cult ___Gang Activity

Have you ever struggle with: ___Homosexuality ___Pornography ___Eating Disorder

Have you ever been: ___ On probation ___ In Jail ___Convicted of a crime

Are you currently involved in a dating relationships? Yes No

Have you ever been sexually active? Yes No

Have you ever had professional counseling? Yes No

Have you ever been pregnant or fathered a child? Yes No

8. Interests and Skills:

What are your hobbies: _____

What do you do when you are bored: _____

Please put a check mark beside any and all specific skills in with you have experience with:

Computer/Media: ___Computers ___Layout & Designs ___Audio/Video Editing
___Photography ___Videography ___Computer Graphics

Other Skills: _____

9. References:

(Give a recommendation form to a pastor and teacher/employer who knows you well, along with a pre-stamped envelope with the address below to SoCal Network Office. Have them mail it directly here. All references will be called and verified. Recommendation forms are necessary to begin processing your application).

Pastor's Name: _____ Position: _____

Church Name: _____ Phone: _____

Church Address: _____ City: _____

State: _____ Zip Code: _____ Country: _____

Teacher/Employer's Name: _____ Relationship: _____

Company Name: _____ Phone: _____

Company Address: _____ City: _____

State: _____ Zip Code: _____ Country: _____

10. References:

Upon Receipt of your application, photo, letters of recommendation, you will be contacted to schedule a personal interview with the intern director. If you are accepted into the program, you will be notified shortly after we have conducted the interview and all references have been verified.

I verify that all information I have provided on this application form is factual and true to the best of my knowledge.

Print Full Name

Signature

Date Signed

Make sure you include the following items when you apply to Intern with SoCal Network Office:

1. Recent Photo of you alone (no group photos)
2. Complete Application, signed.
3. Two References (one must be a pastor)

**Mail to: SoCal Network Youth Ministry
17951 Cowan, Irvine, CA 92614**