

Summer Missions - Internship Program

Student Application

Please check all the locations you are applying for:

Nasonworth, New Brunswick

Millville, New Brunswick

Sackville, New Brunswick

Lewisporte, Newfoundland

Charlottetown, Prince Edward Island

Personal Information

Name: _____ Email: _____

Address: _____

Phone: Home _____ Work _____ Cell _____

Date of Birth: _____ Marital Status: (circle one) Single Married Widowed Divorced

Emergency Contact Information

Name: _____ Relationship _____

Address: _____

Phone: _____

PASTOR INFORMATION

Name: _____ Email: _____

Address _____

Phone: Home _____ Work _____ Cell _____

Christian Service History

How long have you been attending your present church? _____

Do you have the Holy Ghost with the evidence of speaking in tongues Yes No

Have you been baptized in Jesus' name? Yes No

Are you now living a consistent Christian life to the best of your ability? Yes No

List church related ministries you are or have been involved in.

Do you feel a call to any particular Ministry? _____

Scholastic Information

Are you enrolled in school? Yes No If yes, Where: _____

What level have you most recently completed? _____

List any scholastic awards or honors you have received: _____

List any special school activities in which you have participated: _____

Do you speak a language other than English? ___ Yes ___ No

What language(s)? _____

Health Information

Family Physician _____

Address _____

Phone _____

Do you have any health/physical conditions that require special attention? ___ Yes ___ No

If so, explain _____

Are you taking any prescribed medication? ___ Yes ___ No If so, what kind(s)?

Are you receiving or have you received professional treatment for any mental, emotional, or physical illness? ___ Yes ___ No If so, explain _____

Are you or have you received professional counselling of any nature? ___ Yes ___ No

If so, explain _____

Social Information

Have you ever been arrested? ___ Yes ___ No

If so, explain _____

Have you ever been convicted of a crime? ___ Yes ___ No

If yes, please explain: _____

Have you ever been in a behavioural rehabilitation program? ___ Yes ___ No

If so, explain _____

Other

Do you have your driver's license ___ Yes ___ No, Do you have a car ___ Yes ___ No

Please Provide references from family, employer or school. Include name & phone #.

1. _____

2. _____

Applicant's Signature _____ Date: _____

Pastor's Signature _____ Date: _____

Parent Signature (If Under 18) _____ Date: _____

Deadline is May 20th - Please send Applications to the North American Missions Director: Rev. Michael Noel, 38 Restigouche Drive, Tide Head, NB E3N 4H4 or email michael.therev.noel@gmail.com. You can also find the applications online at www.atlanticyouth.net, www.atlanticdistrictupci.org and www.atlanticmissions.com.