

Internship Application



EAGLES' WINGS
9 MONTH INTERNSHIP

Please print or type - use the back or a separate sheet if necessary. The application packet must be completed in full including signing all guidelines and completing all references and assignments, and returned with a current photograph of yourself and an application fee of \$35 USD. *Applications will only be processed if all of these elements are included.

PERSONAL INFORMATION

Name: _____ Preferred name _____
Birth Date (MM/DD/YY) ____/____/____ Age: ____ Sex: ____ (m/f) Ethnic Origin: _____
Marital Status: Single Engaged Divorced Married Height: _____ Weight: _____
Address: _____ City/State: _____
Zip: _____ Country: _____
Mailing Address: _____ City/State: _____
Zip: _____ Country: _____
Home Phone: () _____ Work: () _____ Best Time to Call: _____
Mobile Phone: () _____ Email Address: _____

FAMILY INFORMATION

Father's Name: _____
Mother's Name: _____
Address: _____ City/State: _____
Zip: _____
Secondary Address: _____ City/State: _____
Zip: _____
Phone: () _____ Work/Mobile: () _____
Mobile Phone: () _____ How many siblings do you have? _____
Parents Marriage Status: Married Divorced
Are your parents walking with the Lord? _____

PERSONAL HISTORY

Please answer the following questions carefully and truthfully. Answers do not necessarily hinder eligibility. Failure to answer honestly may delay or disqualify application. Check those that apply.

Have you...

- | | |
|--|---|
| <input type="checkbox"/> been involved in drugs/alcohol/tobacco? | <input type="checkbox"/> struggled with stealing? |
| <input type="checkbox"/> been involved in the occult/or a cult? | <input type="checkbox"/> struggled with pornography? |
| <input type="checkbox"/> been involved in gang activity? | <input type="checkbox"/> struggled with an eating disorder? |
| <input type="checkbox"/> been arrested? | <input type="checkbox"/> been sexually active within the past year? |
| <input type="checkbox"/> been suspended or expelled from school? | <input type="checkbox"/> had professional counseling? |
| <input type="checkbox"/> struggled with homosexuality? | <input type="checkbox"/> intentionally inflicted harm on yourself? |
| <input type="checkbox"/> struggled with depression or suicidal thoughts? | <input type="checkbox"/> are you currently involved in a dating relationship? |

HOME CHURCH

Pastor's Name: _____

Church Name: _____

City/State: _____ Phone: _____

VEHICLES

Do you own a vehicle? _____ What Make/Year? _____ Condition? _____

Do you plan to use it for your transportation in Buffalo, NY? _____

Driving Record (tickets, accidents, etc.): _____

I understand that if I am accepted into the Internship program I will be required to personally provide a driving record with a 3 year history and take an online driving class in order to drive ministry vehicles.

IMPORTANT HEALTH INFORMATION

*Important- All interns are required to have health insurance before beginning the program.

Do you have medical insurance? _____ Insurance Company: _____

Policy Number: _____ Expiration Date: _____

Doctor's Name: _____

Doctor's Phone () _____

Do you have Allergies? _____

Describe: _____

What is the overall condition of you health? _____

Please list any hospitalizations, surgeries, diseases, etc...you have had and the dates that you had them:

I do not currently have health insurance but understand I need to fax and or email copies of coverage and policy # before arrival. _____

EDUCATION

High School: _____ City _____ State _____

GPA (required) _____ Year Graduated (required) _____ Have you received your GED? _____

College: _____ City _____ State _____

Major/Focus _____ GPA _____ Dates Attended ____/____ - ____/____

Are you still in debt because of College loans? _____ How much? _____

CONNECTION

Have you been to an Eagles Wings Ministry Event? Yes No

- Conference Watchmen Seminar Summer Discipleship Program Sunday Service w/ EW
 IE East Coast Conference Honduras Missions Trip Other: _____

Have you ever been on an International Missions trip? Yes No

If so, where? and with what ministry? _____

WORK EXPERIENCE (list from most recent)

Specific nature of work	Employer	Approximate Dates (mm/yy- mm/yy)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

On a scale of 1-5, 1 being very weak and 5 being very strong, rate yourself based on the following work related skills.

Computer Skills - Word _____ Excel _____ Outlook _____ Power-point _____ Adobe Photoshop/Adobe
Illustrator/InDesign _____ Administration _____ Handling Money _____ Organization skills _____
Painting _____ Communication/Phone skills _____ Carpentry/Construction _____
Mechanical _____ Sound engineering/audio-editing _____ Videographer/ Video-editing _____ Other _____

*If you have a resume, please send a copy of that with your application.

FINANCIAL INFORMATION

You will not be able to have outside employment while attending this ministry. Thus, it is necessary to have the funds to attend the program without a part-time job.

What is your current source of income? _____

Do you have a savings account? _____

Will you have the required amount saved by the deadline? _____

If not, will you have any outside income or support if you are in this ministry? If so, please explain: _____

List any debts, loans, payments that you have presently, including the amount due for each: _____

Will your debts be paid off by the start of Eagles' Wings 9-Month internship? _____

If no, how will you make payments? _____

INTERNSHIP FEES & POLICIES

Please complete and return this page with application. Applications will only be processed with this form included.

I, _____ (print name) will be paying the indicated amounts below.

Internship Fee - (please mark one)

This fee includes housing, meals, books, materials and all necessary travel costs.

I will be paying in full - \$5,900.00

I would like the monthly payment option - \$2,700.00 (1st Payment)

The rest may be paid out over the course of 8 months at the rate of \$400.00/mo.

Accident Liability - We reserve the right to authorize up to \$500.00 as surety for the cost of any accident liability totaling up to \$500.00 on an Eagles' Wings Ministry Vehicle - (This info is to validate the Credit Card account has \$500.00 should an accident occur. \$500 will only be charged to your account should you be involved in an accident while driving an EW vehicle.)

Credit card # _____ Type _____ Exp ____/____/____

Signature of Applicant: _____ Date: _____

Vehicle Policy -

I, _____ (print name) am aware that in the event that I am involved in a traffic accident or I incur any traffic fines while in the EW Internship program I, not EW, am responsible to pay the total cost of all fines and fees associated with the incident.

Signature of Applicant: _____ Date: _____

Signature of Parent or guardian (If Applicable) _____ Date: _____

Signature of EW Administrator: _____ Date: _____

GUIDELINES FOR RELATIONSHIPS

These guidelines are to protect and strengthen your relationship with the Lord and to protect your integrity as a disciple. With these guidelines, it will be easier to maintain a more unified group of disciples. They are not intended to break up or keep you from godly relationships.

- The affection shown to anyone is expected to be the same as that shown to everyone else in the group.
- There will be no riding together as couple unless it is assigned carpool, ministry trip, or approved by EW staff.
- There will be NO DATING! A "date" is when two people of the opposite sex arrange to be together, either alone or in a group setting. The only time that guys and girls can be together is in an official group setting, such as church services, approved church functions, approved EW social gatherings, scheduled times of ministry, and other times appointed by the pastor in charge.

These guidelines apply to the relationships with people whether in or out of the EW Internship Program. This is our "NO DATING POLICY."

I FULLY UNDERSTAND THIS POLICY

I DO NOT FULLY UNDERSTAND THIS POLICY AND WOULD LIKE TO DISCUSS IT

Signed: _____ Date _____

ABOUT YOUR COMMITMENT

Do you understand the kind of commitment to the EW internship program for the nine month?

What have you received in prayer about this commitment?

Provided that you are accepted to the 9-month internship program, what would your specific desired start date be?

Have you lived longer than three months with anyone besides you parents? If not, what was the longest you have been apart from you home?

If yes, please explain

What did you enjoy most about this time?

What would you do differently?

BIOGRAPHICAL INFORMATION

Describe a time in your life when you were challenged beyond what you thought your limits were.

What did you learn from, that experience?

Describe when you were most surprised by a success you had, or by an outcome of a past experience...

Why did you feel that it was successful?

List your three greatest strengths:

List your three greatest weaknesses:

Describe your current walk with the Lord:

Describe something new about yourself that you learned in the last 12-18 months:

Who are your favorite writers and what have they written?

Tell about the person you most admire and why...

If there was one thing you could change about your life what would that be?

Describe one thing that you think you don't understand about yourself...

What are your goals after you have completed the EW Internship Program?

How would your parents (family) feel about you coming to the EW internship?

The following are not requirements for entrance:

1. Have you been baptized in water? Yes No
2. Filled with the spirit? Yes No
3. Are you a member of a congregation? Yes No

ESSAY

IN 200-300 WORDS FOR EACH QUESTION, PLEASE RESPOND TO THE FOLLOWING:

1. Describe your spiritual gifts.
2. Describe what you consider to be your calling in Christ (not general calling but specific), include any sense of divine destiny God has you life marked for.
3. Why in the EW internship something you would like to commitment to?

*ESSAYS MUST BE TYPED ON A SEPARATE SHEET OF PAPER

REFERENCES

There are three recommendations required for acceptance into this program. Please have your pastor fill out the appropriate recommendation form, have a present or past employer fill the appropriate form, along with a personal recommendation (these may not be family members). Once the appropriate people have filled out the forms, then have them mail them SEPERATELY to EW.

Please fill out the appropriate names for the following references.

Pastoral Reference: _____ Church: _____

Phone: () _____

Employer References: _____ Business Name: _____

Phone: () _____

Personal References: _____ Relation: _____

Phone: () _____

I understand that there is limited space in this ministry and I may or may not be selected for this program. I understand that I will be contacted if I am accepted into the program.

Signature: _____ Date: _____

PASTORAL RECOMMENDATION FORM

EAGLES' WINGS INTERNSHIP

Name of Applicant: _____

Pastor's Name: _____ Title/Position: _____

Church Name: _____

Church Address _____ City/State: _____

Zip: _____ Phone: () _____ Other Contact Info: _____

1. How long have you known the Applicant? _____
2. What are the greatest strengths of the applicant? _____

3. What are the greatest weaknesses of the applicant? _____

With 1 Representing "very poor" and 5 representing "excellent", please fill in the number that best describes how the applicant reflects each character trait.

- | | | | | | | | | | | |
|-----------------------------|---|-----------------------|---|-----------------------|---|-----------------------|---|-----------------------|---|-----------------------|
| Spiritual Maturity | 1 | <input type="radio"/> | 2 | <input type="radio"/> | 3 | <input type="radio"/> | 4 | <input type="radio"/> | 5 | <input type="radio"/> |
| Personal Integrity | 1 | <input type="radio"/> | 2 | <input type="radio"/> | 3 | <input type="radio"/> | 4 | <input type="radio"/> | 5 | <input type="radio"/> |
| Intellectual Ability | 1 | <input type="radio"/> | 2 | <input type="radio"/> | 3 | <input type="radio"/> | 4 | <input type="radio"/> | 5 | <input type="radio"/> |
| Communication Skills | 1 | <input type="radio"/> | 2 | <input type="radio"/> | 3 | <input type="radio"/> | 4 | <input type="radio"/> | 5 | <input type="radio"/> |
| Physical Health | 1 | <input type="radio"/> | 2 | <input type="radio"/> | 3 | <input type="radio"/> | 4 | <input type="radio"/> | 5 | <input type="radio"/> |
| Ability to work with others | 1 | <input type="radio"/> | 2 | <input type="radio"/> | 3 | <input type="radio"/> | 4 | <input type="radio"/> | 5 | <input type="radio"/> |
| Devotion to Christ | 1 | <input type="radio"/> | 2 | <input type="radio"/> | 3 | <input type="radio"/> | 4 | <input type="radio"/> | 5 | <input type="radio"/> |
| Self-Discipline | 1 | <input type="radio"/> | 2 | <input type="radio"/> | 3 | <input type="radio"/> | 4 | <input type="radio"/> | 5 | <input type="radio"/> |
| Willingness to Serve | 1 | <input type="radio"/> | 2 | <input type="radio"/> | 3 | <input type="radio"/> | 4 | <input type="radio"/> | 5 | <input type="radio"/> |
| Reliability | 1 | <input type="radio"/> | 2 | <input type="radio"/> | 3 | <input type="radio"/> | 4 | <input type="radio"/> | 5 | <input type="radio"/> |
| Family Life | 1 | <input type="radio"/> | 2 | <input type="radio"/> | 3 | <input type="radio"/> | 4 | <input type="radio"/> | 5 | <input type="radio"/> |
| Good Attitude | 1 | <input type="radio"/> | 2 | <input type="radio"/> | 3 | <input type="radio"/> | 4 | <input type="radio"/> | 5 | <input type="radio"/> |
| Responsibility | 1 | <input type="radio"/> | 2 | <input type="radio"/> | 3 | <input type="radio"/> | 4 | <input type="radio"/> | 5 | <input type="radio"/> |

Give 3 words that best describe this individual: _____

Comments on any of the Above: _____

I recommend this applicant for admission to EW Internship Program:

Highly Recommend - Recommend - Recommend with reservation - Do not recommend -

Signature: _____ Date: _____

EMPLOYEE RECOMMENDATION FORM

EAGLES' WINGS INTERNSHIP

Name of Applicant: _____

Employer's Name: _____ Title/Position: _____

Organization's Name: _____

Organization's Address _____ City/State: _____

Zip: _____ Phone: () _____ Other Contact Info: _____

1. How long have you known the Applicant? _____

2. What are the greatest strengths of the applicant? _____

3. What are the greatest weaknesses of the applicant? _____

4. Please list the skills that this person learned or utilized in their employment with you: _____

With 1 Representing "very poor" and 5 representing "excellent", please fill in the number that best describes how the applicant reflects each character trait.

Spiritual Maturity 1 2 3 4 5

Personal Integrity 1 2 3 4 5

Intellectual Ability 1 2 3 4 5

Communication Skills 1 2 3 4 5

Physical Health 1 2 3 4 5

Ability to work with others 1 2 3 4 5

Devotion to Christ 1 2 3 4 5

Self-Discipline 1 2 3 4 5

Willingness to Serve 1 2 3 4 5

Reliability 1 2 3 4 5

Family Life 1 2 3 4 5

Good Attitude 1 2 3 4 5

Responsibility 1 2 3 4 5

Give 3 words that best describe this individual: _____

Comments on any of the Above: _____

I recommend this applicant for admission to EW Internship Program:

Highly Recommend - Recommend - Recommend with reservation - Do not recommend -

Signature: _____ Date: _____

PERSONAL RECOMMENDATION FORM

EAGLES' WINGS INTERNSHIP

Name of Applicant: _____

Your Name: _____

Relationship to Applicant: _____

Your Address _____ City/State: _____

Zip: _____ Phone: () _____ Other Contact Info: _____

1. How long have you known the Applicant? _____

2. What are the greatest strengths of the applicant? _____

3. What are the greatest weaknesses of the applicant? _____

With 1 Representing "very poor" and 5 representing "excellent", please fill in the number that best describes how the applicant reflects each character trait.

Spiritual Maturity 1 2 3 4 5

Personal Integrity 1 2 3 4 5

Intellectual Ability 1 2 3 4 5

Communication Skills 1 2 3 4 5

Physical Health 1 2 3 4 5

Ability to work with others 1 2 3 4 5

Devotion to Christ 1 2 3 4 5

Self-Discipline 1 2 3 4 5

Willingness to Serve 1 2 3 4 5

Reliability 1 2 3 4 5

Family Life 1 2 3 4 5

Good Attitude 1 2 3 4 5

Responsibility 1 2 3 4 5

Give 3 words that best describe this individual: _____

Comments on any of the Above: _____

I recommend this applicant for admission to EW Internship Program:

Highly Recommend - Recommend - Recommend with reservation - Do not recommend -

Signature: _____ Date: _____