



INTERNSHIP APPLICATION

PLEASE TYPE or PRINT in BLACK INK

GENERAL INFORMATION

Last Name _____ First _____ Middle (Not Initial) _____ Date of Birth _____

Present Mailing Address _____ (No., Street, City, State, Zip) _____ Country _____

Home/Cell Phone _____ Work Phone _____ E-mail _____

Social Security Number _____ / _____ / _____ Citizenship _____ Sex _____

List any physical problems _____

MARITAL STATUS

Single _____ Engaged _____ Married _____ Date of Marriage _____

Number of Dependent Children _____ Other Dependents _____

Have you ever been Divorced? _____ Separated? _____ Widowed? _____ Remarried? _____

PERSONAL SKILLS — Experience, Training, and/or Interest (Check all which apply)

Typing _____ Bookkeeping _____ Clerical _____ Computer _____ Secretarial _____ Administration _____

Prepress _____ Graphic Arts _____ Print or Web Design _____ Press Operation _____ Bindery _____ Shipping _____

Grader/Teacher _____ Language skills _____ Audio production _____ Braille production _____ Computer technology _____

Machinist _____ Mechanic _____ Carpenter _____ Grounds keeping _____

Software Training (please list) _____

EDUCATION AND PREPARATION

Name of High School _____ Date of High School Graduation _____

Name of College, University, Technical School _____ Degree/Certificate _____ Date Received _____

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CHRISTIAN EXPERIENCE

Describe on a separate sheet of paper:

1. Your salvation experience and spiritual growth (include Scripture references).
2. Why you desire to work with Source of Light Ministries.

Church Membership _____ Church Phone _____

Address of Church _____

Name of Pastor _____ Phone _____

What church activities you have been or are currently in _____

How did you hear about Source of Light Ministries? _____

Date your internship begins _____ Date your internship ends _____

Date of Arrival _____ Date of Departure _____

Will you be arriving by car _____ airplane _____ bus _____?

Will you bring a vehicle with you? Yes _____ No _____ If you bring a vehicle, you must be able to show your current driver's licence, owners card, and proof of insurance.

Do you agree wholeheartedly with the Doctrinal position of SLM? Yes _____ No _____

Are you willing to fulfil all of the obligations of your internship, cooperate to the fullest with SLM Administration and those immediately over you, be assigned to any area of service your supervisors may choose, live and work as a team player with other interns, and do all things without murmuring or disputing? If so, please sign this Application.

Signature _____ Date _____

SLM reserves the right to terminate this internship at any time if intern fails to fulfil the obligations of this internship.

SOURCE OF LIGHT MINISTRIES INTERNATIONAL
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