

## Trinity Wellsprings Church Mission Internship Application

| Applicant Information                |                           |                      |  |    |          |             |          |    |  |  |  |
|--------------------------------------|---------------------------|----------------------|--|----|----------|-------------|----------|----|--|--|--|
| Full Name:                           |                           |                      | Date:  |    |          |             |          |    |  |  |  |
|                                      | Last                      | First                |  |    | M.I.     |             |          |    |  |  |  |
| Address:                             |                           |                      |  |    |          |             |          |    |  |  |  |
|                                      | Street Address            |                      |  |    |          | Apartmer    | t/Unit # |    |  |  |  |
|                                      |                           |                      |  |    |          |             |          |    |  |  |  |
|                                      | City                      |                      |  |    | State    | ZIP Code    |          |    |  |  |  |
| Phone:                               |                           |                      | Email_   |    |          |             |          |    |  |  |  |
| Date Availabl                        | e:                        | Social Security No.: |  |    |          | : <u>\$</u> |          |    |  |  |  |
| Church you a                         | ttend:                    |                      |  |    |          |             |          |    |  |  |  |
| Are you a citi                       | zen of the United States? | YES NO               | $\begin{array}{c} \text{YES} \\ \text{If no, are you authorized to work in the U.S.?} \end{array}$ |    |          |             |          | NO |  |  |  |
| Have you ever worked for TWC before? |                           | YES NO               | If yes, when?  |    |          |             |          |    |  |  |  |
|                                      |                           | Educe                | ation  |    |          |             |          |    |  |  |  |
| High School:                         |                           | Address:             |  |    |          |             |          |    |  |  |  |
| From:                                | To:                       | Did you graduate?    | YES  | NO | Diploma: |             |          |    |  |  |  |
| College:                             |                           | Address:             |  |    |          |             |          |    |  |  |  |
| From:                                | To:                       | Did you graduate?    | YES  | NO | Degree:_ |             |          |    |  |  |  |
| Other:                               |                           | Address:             |  |    |          |             |          |    |  |  |  |
| From:                                | To:                       | Did you graduate?    | YES  | NO | Degree:_ |             |          |    |  |  |  |
|                                      |                           | Refer                | ences  |    |          |             |          |    |  |  |  |
| Please list thr                      | ree personal references.  |                      |  |    |          |             |          |    |  |  |  |
| Full Name:                           |                           |                      | Relationship:  |    |          |             |          |    |  |  |  |
| Company (if applicable):             |                           |                      | Phone:   |    |          |             |          |    |  |  |  |
| Address:                             |                           |                      |  |    |          |             |          |    |  |  |  |

| Full Name: Company (if                |                               |              |              | Relationship: |  |
|---------------------------------------|-------------------------------|--------------|--------------|---------------|--|
| applicable):                          |                               |              |              | Phone:        |  |
| Address:                              |                               |              |              |               |  |
| Full Name:                            |                               |              |              | Relationship: |  |
| Company (if applicable):              |                               |              |              | Phone:        |  |
| Address                               |                               |              | _            |               |  |
|                                       | Your                          | Story        |              |               |  |
| Tell us why                           |                               | ,            |              |               |  |
| you are                               |                               |              |              |               |  |
| interested in this position:          |                               |              |              |               |  |
| Pr                                    | evious Employment a           | nd/or Miss   | ion Expe     | rience        |  |
|                                       |                               |              |              | Dl            |  |
| Address:                              |                               |              |              | Supervisor:   |  |
|                                       |                               |              |              |               |  |
| Job Title:                            |                               |              |              |               |  |
| Responsibilities:                     |                               |              |              |               |  |
| From:                                 | Го:                           | Reason fo    | or Leaving:_ |               |  |
| May we contact your previous super    | rvisor for a reference?       | YES          | NO           |               |  |
|                                       |                               |              |              |               |  |
| Organization:                         |                               |              |              | Phone:        |  |
| Address:                              |                               |              |              | Supervisor:   |  |
|                                       |                               |              |              |               |  |
| Job Title:                            |                               |              |              |               |  |
| Responsibilities:                     |                               |              |              |               |  |
| From:                                 | Го:                           | or Leaving:_ |              |               |  |
|                                       |                               | YES          | NO           |               |  |
| May we contact your previous super    | visor for a reference?        |              |              |               |  |
|                                       |                               |              |              |               |  |
|                                       | Disclaimer c                  | and Signati  | ıre          |               |  |
| I certify that my answers are true ar | nd complete to the best of my | knowledge.   |              |               |  |
|                                       |                               |              |              |               |  |
| Signature:                            |                               |              |              | Date:         |  |