



426 W. Gay St. West Chester, PA 19380 610-430-3508 / f: 610-344-7308
www.cornerstonewestchester.com

OFFICE INTERNSHIP APPLICATION

General

Date _____

Name _____
(first name) (middle name) (last name)

Present mailing address: _____
_____ Zip _____

Effective until: _____

Home phone: () _____ Cell: () _____ Other: () _____

Permanent home address (if different): _____
_____ Zip _____

Email: _____

If presently employed, give your occupation: _____

Employer name: _____

Address: _____ Phone _____

Of what country are you a citizen? _____ Visa Status? _____

If you are not a U.S. citizen, you must submit a copy of your visa.

Passport expiration date: _____

Date of birth: _____ Place of Birth: _____

What person or event influenced you to apply for this internship? _____

Education

List below all previous academic and professional training including education, theological studies, conferences, certifications, and any other related continuing education endeavors. Feel free to attach extra paper if needed.

Name of School and Location	Attendance	Degree	Date Received or Expected
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List your undergraduate major: _____ minor: _____

If you have pursued graduate study, specify the field of concentration: _____

Church Info

In what church are you presently a member? _____

Length of membership _____ Name of pastor _____

Mailing address of church _____

E-mail or website of church _____

Availability

Please identify up to four shifts with a total of 10hrs/week:

Day	AM	PM
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

References

Please submit the names and contact information for two references:

- a. your most recent Pastor, pastor-figure or ministry mentor, and
- b. another personal reference who is able to assess your strengths, weaknesses and potential for this internship.

We will send each of them the required reference forms to complete on your behalf.

a. **Pastor /Mentor Reference**

Name _____ Relationship/Position _____

Church/Institution _____

Address _____

Work Phone _____ Other Phone _____

b. **Personal Reference**

Name _____ Relationship/Position _____

Church/Institution _____

Address _____

Work Phone _____ Other Phone _____

Legal Disclosures

Have you been convicted of a crime within the last 7 years (other than a minor traffic violation)? _____

If yes, give details on a separate sheet.

I testify that all above information has been provided truthfully by me to the best of my knowledge.

Signature _____ Date _____

Please email internship application to adminccf@gmail.com upon completion.