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Please attach current photo. Photo is for identity purposes only, not for qualification

**APPLICATION FORM FOR INTERN POSITION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_

Session Applying For: \_\_\_\_\_

Social Insurance Number: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Church: \_\_\_\_\_ Pastor: \_\_\_\_\_

Church Address: \_\_\_\_\_

Are you a Member? \_\_\_\_\_

Education History:

<u>Name and Location of School</u>	<u>Years Attended</u>	<u>Date Graduated</u>	<u>Major</u>
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College: \_\_\_\_\_

Other: \_\_\_\_\_

Employment History:

<u>Employer</u>	<u>Address and Telephone</u>	<u>Dates</u>	<u>Position Held</u>
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Outline any camp experience you may have as a camper or as staff:

\_\_\_\_\_  
\_\_\_\_\_

What Christian service have you been involved with the last 3 years?(Young Life, Campus Crusade, church etc)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of an offense involving a minor, or endangering the welfare of a child such as child abuse, child neglect, etc., or any offense against a person, such as assault, etc.? Yes  No

If yes please explain: \_\_\_\_\_  
\_\_\_\_\_

What do you hope to be doing in five years?

\_\_\_\_\_  
\_\_\_\_\_

Personal References:

<u>Name</u>	<u>Address</u>	<u>Telephone</u>	<u>Relationship</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____

\*Permission granted to contact these references                      Signature \_\_\_\_\_

**Please also include with this application one letter of reference from a non-family member**

Personal Testimony:

Please answer the following questions in detail on separate pages:

1. Tell us about your faith journey, especially in the last two years.
2. Why are you interested in the intern program?
3. What gifts do you see yourself bringing to the Barnabas community?

Personal Interests: (List sports, hobbies, special interests, extra-curricular activities, etc.)

\_\_\_\_\_

\_\_\_\_\_

Do you have any medical conditions we should be aware of? **List any allergies or dietary restrictions.**

\_\_\_\_\_

\_\_\_\_\_

Do you have any restrictions that would make it difficult for you to engage in any particular sport or activity?

Yes  No

If yes please explain: \_\_\_\_\_

\_\_\_\_\_