# Citilmpact Internship Application

Save this PDF file to your computer, fill out the form, save it, and email it to toni@citiimpact.org.

Today's Date		
Name		
Phone Number		
Business Phone		
Address		
City		
State		
Zip		
Email Address		
DOB		
INTERN INFORMATION:		
Past or Present Employer Name and Address		
Position Held		
Position(s) for which you are applying:		
Describe briefly your interest in an internship at CitilMPACT:		
Do you have the legal right to work and be employed in the U.S.?	Yes	No
Please describe the skills you are bringing to CitilMPACT:		

positions

How did you learn		
about CitiIMPACT and		
its intern program?		
Have you ever applied for employment or	Yes	No
been employed by		
CitiIMPACT?		

### **SCHOOL INFORMATION:**

College or University

Name:

Intern Advisor & Phone

Number:

Major

Year Freshman Sophomore Junior Senior

Internship required for graduation: Yes No

## **CHRISTIAN COMMITMENT:**

Because of the unique nature of our ministry, we are concerned that our interns are comfortable within our Christ-centered community. We commit to maintaining our identity as Christian, while being sensitive to the diverse contexts in which we express that identity. All interns must respect CitilMPACT Ministries' Christian statement of faith and/or the Lausanne Covenant and abide by our policies, working within our parameters and authority.

### Please answer the following questions if applicable, if not skip down to the next section:

Are you presently attending a church? Yes No

If yes, what is the name, address, and phone number of the church? What is your pastor's name?

Are you involved at

your church in any Yes No

volunteer capacity?

If yes, please explain:

Please share a personal statement of your relationship with Jesus Christ.

### **REFERENCES:**

List those familiar with your capabilities (do not list relatives).

Name, Years Known, Company/ Organization, Position, Home or Business Address, Home or Business Phone

Name, Years Known, Company/ Organization, Position, Home or Business Address, Home or Business Phone

Have you been

convicted of any Yes No

crimes other than traffic violations?

If yes, please explain:

# **Emergency Contact Info**

Name	

Relationship

**Complete Address** 

Phone

## **AVAILABILITY**

Date available to begin internship:

Length of internship commitment:

I hereby certify that the information contained in this application form is true and correct to the best of my ability. I agree to conform to the rules and standards of the company as amended from time to time at the company's sole discretion. I understand that I'm considering an internship for the sole purpose of completing my course requirements. I understand that this does not entitle me to employee status, wages, benefits or assure me of employment following my internship with CitilMPACT Ministries. I understand that a stipend may or may not be offered for my internship.

When sending this form to Citilmpact for your application, please include a copy of your resume (File format should be doc, docx, txt, or pdf)

Email this form and your resume' to toni@citiimpact.org