

Third Day Church/Dominion Media Internship Application

PERSONAL DATA

PLEASE TYPE OR PRINT CLEARLY

Name in full_____

Address_____

City_____

Province_____ Postal Code_____

Phone_____ Cell_____

E-mail_____

Age_____ Birthday_____ Birth Place_____

Social Insurance No. _____

Drivers License Number _____

Emergency Contact

Name_____ Phone_____

Marital Status

Single_____ Engaged_____

Widowed_____

Divorced_____ (Please attach a statement giving details)

Married_____

Spouse's Name_____

Date of Marriage_____

Number and ages of children (if applicable)_____

Citizenship_____

Occupation_____

If you are still living at home, please provide the following information:

Name of Father or Guardian_____

Phone number of Father or Guardian_____

Accepted Christ? Yes___ No___ Occupation_____

Name of Mother or Guardian_____

Phone number of Mother or Guardian_____

Accepted Christ? Yes___ No___ Occupation_____

How do your parents/guardians currently feel about you participating in the Third Day /
Dominion Media Internship program?

Church Background

Name of home church_____

Denomination_____

City _____ Prov _____ Phone # _____

Name of senior/lead pastor_____

Name of pastor currently serving under_____

Date you accepted Christ as Saviour_____

Have you been baptized in water? _____ Date_____

Have you been Baptized in the Holy Spirit? _____

Do you speak in tongues? _____

Do you tithe regularly? _____

Areas of Service

Music/Choir/Worship _____

Teaching _____ Drama _____ Youth Ministry _____

Children's Ministry _____ Dance _____

Missions / Evangelism _____

Small Groups _____ Ushering _____ Administrative _____

Other _____

Internship Interest

Internship requested in the following department: _____

Reason for this choice: _____

Employment Background

Are you currently employed? Yes ___ No ___

Present Employer _____

Present Position _____

Past Employer _____

Past Position _____

Academic Background

Name of High School attended _____

Graduation Date or GED _____ City _____ Province _____

List colleges, universities, or other schools you have attended:

Name _____

Location _____ Date attended _____

Diploma/Degree received _____

Medical Background

How would you describe your health? Excellent___ Good___ Fair___ Poor___

List any physical limitations, disabilities, or diseases you have experienced.

List any medications you are currently using.

Have you ever used illegal drugs? Yes___ No___

If yes, date of last use _____

Do you currently or have you ever struggled with the use and/or abuse of tobacco products? Yes___ No___ If yes, please explain:

Do you currently or have you ever struggled with the use and/or abuse of alcohol? Yes___ No___ If yes, please explain:

Have you ever been treated for an addiction? Yes___ No___

If yes, dates of treatment_____

Finances

How do you plan to pay for your tuition?

Will your debts be paid off by the start of the internship program? Yes___No___
If no, how will you make payments?

Housing Information

Will you need assistance in finding housing for the duration of the internship program? Are you willing to share a room? Yes / No

Legal and Lifestyle Concerns

Will you have the total amount by the required date? Yes___No___If no, please explain_____

Do you own your vehicle? Yes___No___

Do you have car insurance? Yes___No___

Name of Insurance Company _____

Policy Number_____ (Please attach a hard copy of your insurance policy/card with this application.)

What is your current total personal indebtedness? (Include the total amount of any debts, loans, and payments that you presently have)

Do you have any lifestyle practices that might be considered questionable by Third Day Church standards? Yes___ No___

Have you ever been arrested or convicted of a crime? Yes___ No___

Have you ever been accused or convicted of any form of child abuse? Yes___ No___

Is there anything from your past that may come up in the future about you that could hurt the ministry of Third Day Church? Yes___ No___

(If “yes” to any of the above, please attach a statement giving details.)

Have you read and do you agree with the Third Day Church Pledge of Honor? Yes___ No___

Have you read and do you agree with the Third Day Doctrinal Beliefs? Yes___ No___

Personal References

PRINT name, address and telephone number of one family member and two adult associates.

Name _____

Phone _____

Address _____

Name _____

Phone _____

Address _____

Name _____

Phone _____

Address _____

Pledge of Honour

I pledge that if admitted to the Third Day/Dominion Media Internship Program, I will at all times conduct myself as a Christian; faithfully and diligently applying myself to the program requirements and promptly meeting all financial and other obligations.

By my signature below, I authorize Third Day Church to obtain information – written, oral or other – and including information from a consumer reporting agency, bearing on my character, general reputation, personal characteristics, mode of living, criminal background and driving background. I understand that this investigation may include interviews with friends, acquaintances or others.

The information I have given is correct and you may verify the information listed if necessary. I understand that if I am admitted to the Third Day Church/Dominion Media Internship Program, I will be a volunteer at will and Third Day reserves the right to disqualify me from the Internship Program any reason it deems appropriate. I hereby release and hold Third Day Church harmless from all claims arising under this application.

Date _____

Signature _____

BIOGRAPHICAL STATEMENT

Name of applicant_____Date_____

TO THE APPLICANT:

Please write a short autobiographical statement including the following information:

- A. Salvation experience
- B. Desire for Christian service
- C. Why you wish to participate in the Third Day/Dominion Media Internship Program
- D. Goals and desires for the future