

Intern Application

Name			
Address			
		Unlimited texting? Yes/no	(circle one)
Email			
		napchat? Instagram? ot me?)	
		me:)	
College (if applicable)		What are you studying?	
Do you work? Part-tin	ne Full-time	Where do you work?	
What does it mean to b	be a follower of Christ?		
		ee when?	
C	3 3 1	ences and growth. Tell us about your our story; there are no wrong answe	5

How often do you spend time in God's word?		
How often do you spend time praying?		
What is one thing God is currently teaching you?		
Do you have a "life-verse" and if so, what is it?		
What church do you attend?		
How often do you go?		
In your own words, tell us what Brainerd Area Youth for Christ does.		
Why do you want to be an intern with Brainerd YFC?		

One important thing of being an intern is that it is a time requirement. Is there anything that might interfere with your ability to be available?		
Several aspects of being an intern may push you out of your comfort zone. Have you been pushed out of your comfort zone in the past? How do you respond?		
Have you been involved in other ministries? Where? How long? What were your responsibilities?		
Is there anything else that you want us to know?		

Criminal and Disciplinary Record

Because our mission and purpose as a Christian ministry is to bring hope, love, and healing to young people and their families, it is of great importance that we endeavor at all times to build our team with people of the highest moral and spiritual character. To maintain our high standards, we must ask all applicants to be prepared to subject themselves to certain personal, employment and criminal background checks.

For tha	at purpose, please answer the following:
	Have you ever been convicted of a crime or violation other than a minor traffic
	infraction?YesNo
	If yes, please explain:
В.	Have you ever been subject to disciplinary action, suspended, terminated or asked to leave a job or volunteer position by an employer or non-profit organization on the grounds that you engaged in child sexual abuse or neglect, or other unlawful behavior, or on the grounds that you violated an employer's sexual misconduct or harassment policy? YesNo If yes, please explain:
	Statement of Faith
All of	our staff and volunteers must affirm our Statement of Faith as follows:
1.	We believe the Bible to be the inspired, the infallible authoritative Word of God.
2.	We believe that there is one God, eternally existent in three persons: Father, Son and Holy Spirit.
3.	We believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and His personal return in power and glory.
4.	We believe that for the salvation of lose and sinful people regeneration by the Holy Spirit is absolutely essential.
5.	We believe in the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a godly life.
6.	We believe in the resurrection of both the saved and the lost; they that are saved unto the resurrection of life and they that are lost unto the resurrection of damnation.
7.	We believe in the spiritual unity of believers in Christ.
I agre	e with and will adhere to the above Statement of Faith during my internship.
	Name: Date:
	(printed)
	Signature:

Information for our files

This information is important to have in our files in case it is needed. If you are under 18 we need your parent to fill this information out. If you are older than 18, it's all you! If you have any questions please contact Dale (218.821.0864) or Samantha (218.839.3977).

Medical Release	
Insurance Information	
Your name	
Age Birthdate	
Address	
City, state, zip	
MEDICAL RELEASE FORM & INSURANCE INFORMATION	
I have given my permission for my child to participate with the Brainerd Area Youth for Christ's Young A Leadership team. I do expect that the adult advisors will support my concern for healthy living and good choi However, if for some reason my child should get injured, I do authorize the adult advisors to seek emerge medical care for my child. I also want to be notified of any emergency as soon as possible.	ces.
Signature of you or Parent/Guardian if under 18:	
Emergency Contact Name:	
Emergency Phone Number:	
Insurance Information: Company:	
Policy Number:	

Give this form to someone you consider your mentor

Brainerd Area Youth for Christ Intern Mentor Reference Form

Intern's name	
Mentor's name	
How can we contact you if we have questions?	
How long have you known the applicant?	
What are some of his/her's strengths and weaknesses?	
Give me an example of good leadership qualities he/she has shown	
Explain how close of a relationship he/she has with the Lord based on your contact	t with
them	
Anything else we should know?	
I wouldstrongly recommendrecommend not recommend this apple be an intern.	licant to
Do not give this to the intern, instead please mail reference form to:	The only
B.A.Y. Ministries – PO Box 1131 – Brainerd, MN 56401	Thank you!