



## St. Louis ACTS Campus Ministries Application

> *Phone/Email* \_\_\_\_\_ *Date* \_\_\_\_\_

*Name* \_\_\_\_\_ *Age* \_\_\_\_\_ *Sex* \_\_\_\_\_

Marital Status: Single \_\_\_ Married \_\_\_ Divorced \_\_\_ Spouse Name \_\_\_\_\_

Current Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How did you hear about the Internship? \_\_\_\_\_

If now attending school, please give name of school, when graduating, and your field of study

\_\_\_\_\_

If now employed, please give name of employer and job description \_\_\_\_\_

\_\_\_\_\_

What Congregation do you presently attend? \_\_\_\_\_

Do you receive any special care or have you had attention for physical and/or emotional health?

Explain: \_\_\_\_\_

Are you taking any kind of medication? \_\_\_\_\_ What type and why? \_\_\_\_\_

*> Have you been on any mission trips out of the country? Where / How long? Speak languages outside of English?*

*> Please give us a short spiritual biography, indicating events and people that have significantly affected your walk with Christ.*

*> What do you hope to gain from this Internship?*

*> Please supply two references with phone numbers, and indicate their relationship to you.*

1. \_\_\_\_\_

2. \_\_\_\_\_