

# VBS INTERN APPLICATION



Application due March 26, 2023

## 1. PERSONAL INFORMATION

Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address (Home): \_\_\_\_\_

(School): \_\_\_\_\_

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

Phone (Cell): \_\_\_\_\_ (School): \_\_\_\_\_

**References:** Please list the names, addresses and phone numbers of two adults who can attest to your character and suitability to serve as a VBS intern. Indicate their relationship to you.

### Reference #1

Name: \_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

### Reference #2

Name: \_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

College: \_\_\_\_\_

Year in School: \_\_\_\_\_ Major(s): \_\_\_\_\_

Career Objective: \_\_\_\_\_

Name of church you attend at college: \_\_\_\_\_

## 2. SPIRITUAL LIFE

Briefly describe your relationship with Jesus Christ.

Briefly describe your habits of cultivating your spiritual life.

What do you believe are your spiritual gifts?

### 3. SUMMER OBJECTIVES

What would you hope to accomplish as a VBS intern?

**Availability:**

From \_\_\_\_\_ to \_\_\_\_\_

Times I am not available due to mission trips, vacations, or other circumstances:

Have you read the attached job description?  yes  no

Are you in agreement with the Westminster Confession of Faith?  yes  no

If accepted as the VBS intern, are you willing to submit to the Session and pastors of Westminster Presbyterian Church and to accept their guidance as you serve?  yes  no

Do you understand that this application must be approved by the Children's Ministry staff, Christian Education Committee and Session of Westminster Presbyterian Church and that completion of the application does not insure acceptance as an intern?  yes  no

Signed: \_\_\_\_\_

Date: \_\_\_\_\_



Children's Ministry

# Reference

\_\_\_\_\_ is applying to become a VBS intern with the children's ministry at Westminster Presbyterian Church and has given your name as a personal reference.

The person in this staff position will be working with the children's ministry staff, volunteers, and children, and we want to ensure that these relationships will be healthy ones. Please complete the form below and use the enclosed envelope to send us your evaluation of this person's character and integrity. Your response will remain confidential.

1. Describe your relationship with this person:

2. How long have you known this person?

Please use the following scale to respond to questions 3 through 8:

**1-low**

**2-below average**

**3-average**

**4-very good**

**5-excellent**

How would you rate his/her ability in the following:

3. Emotional maturity?

4. Resolving conflict?

5. Following through with commitments?

6. Ability to work with many different people?

7. Ability to work with children?

8. Spiritual maturity?

9. What are this applicant's greatest strengths?

10. Do you have concerns regarding this person working with children? If so, please explain.

Thank you for taking the time to fill this out. If you have any questions regarding this reference, please contact Mary Jo Rizzo (717.569.2151).

\_\_\_\_\_  
Your name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date



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Phone

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Date