



International Board of Jewish Missions

APPLICATION FOR INTERNSHIP

Social Security Number: _____

Date: _____

1. Name: _____
Last First Middle/Maiden

2. Check one: Single Married Divorced Widowed

3. Spouse's name (if applicable): _____
Last First Middle/Maiden

4. Please list any children or dependents as well as the sex and age of each:

Name	Sex	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Preferred Address: _____

City: _____ State: _____ Zip: _____

6. Home Address (if different from above: _____

City: _____ State: _____ Zip: _____

7. Cell Phone: _____ Email: _____

8. Present Occupation or School: _____

(If employed, provide name/address of employer. If a student, provide school, course of study, & expected graduation date.)

9. Birth Date: ____ / ____ / ____ Place of Birth: _____

10. Local church membership: _____ Years Attending: _____

Address: _____ City, State, Zip: _____

Phone: _____ Pastor's name: _____

11. List church and other Christian activities of ministries in which you have been engaged. Indicate age group and length of involvement: _____

12. Provide a brief testimony of your faith: _____

13. List your hobbies? _____

14. Summarize your school history below, including high school, college, Bible Institute, seminary, or any special school attended:

School Name & Location	Date Entered	Date of Graduation	Major(s) & Minor(s)	Degrees, Certificates, or Semester Hours Completed

15. Do you have plans for further study? _____

16. List any job experience or special training specifically in IT, Audio-Visual, and Archiving:

17. List any other job experience or special training you have:

18. List two non-familial references with phone numbers:

Please return to: International Board of Jewish Missions
 Attention: John Lawrence
 P.O. Box 1386
 Hixson, TN 37343