

Dear Applicant,

We are excited that you are interested in pursuing an internship here at Rockford First. Please carefully read the enclosed information and complete the application. Once you have completed this form, turn it, along with your medical background form, into the Head of the Department in which you wish to intern.

You will be contacted within two weeks from the date that all forms are turned in.

If you have any questions, feel free to contact us. Again, thank you for considering the Rockford First Internship!

Rockford First Staff  
Loving God, People, Life.

rockford**first**

5950 SPRING CREEK ROAD  
ROCKFORD, ILLINOIS 61114  
815.877.8000

[rockfordfirst.com](http://rockfordfirst.com)



PERSONAL INFORMATION

PLEASE TYPE OR PRINT CLEARLY

Full Name \_\_\_\_\_

Which department would you like to intern for? \_\_\_\_\_

Present Address \_\_\_\_\_

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

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Permanent Address \_\_\_\_\_

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

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Social Security Number \_\_\_\_\_

Marital Status \_\_\_\_\_ If married, for how long? \_\_\_\_\_

Children? Yes No If yes, how many? \_\_\_\_\_

Are you currently dating? \_\_\_\_\_ If so, for how long? \_\_\_\_\_

Year of High School Graduation or equivalent \_\_\_\_\_

Formal education: Circle Highest level completed

High School Jr. College Undergrad Degree Graduate Degree

Have you completed any other forms of education? Please explain.

\_\_\_\_\_  
\_\_\_\_\_

FAMILY BACKGROUND

Name of Father or Guardian \_\_\_\_\_

Address \_\_\_\_\_

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

Accepted Christ? Yes No Occupation \_\_\_\_\_

Name of Mother or Guardian \_\_\_\_\_

Address \_\_\_\_\_

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

Accepted Christ? Yes No Occupation \_\_\_\_\_

EMPLOYMENT

Are you currently employed? Yes No

Present Employer \_\_\_\_\_

Position \_\_\_\_\_ Date Hired \_\_\_\_\_

Past Employer \_\_\_\_\_

Position \_\_\_\_\_ Date Hired \_\_\_\_\_

Quit Laid Off Fired Date \_\_\_\_\_ Reason? \_\_\_\_\_

FINANCIAL BACKGROUND

Do you own your own vehicle? Yes No

Do you have health insurance? Yes No

List any debts, loans, and payments that you presently have, including the amount due for each:

\_\_\_\_\_
\_\_\_\_\_

Will your debts be paid off by the start of your internship? Yes No

If no, how will you make payments? \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

SPIRITUAL HISTORY

Date of Salvation \_\_\_\_\_

Date of Water Baptism \_\_\_\_\_

Have you ever had an Acts 2:4 experience (not required for acceptance)? Yes No

Is this a regular part of your spiritual disciplines? \_\_\_\_\_

Rate the consistency of your prayer life: 1-10 \_\_\_\_\_

Rate the consistency of your time in the Word: 1-10 \_\_\_\_\_

What are your talents and spiritual gifts?

- \_\_ Apostle \_\_ Giving \_\_ Prophecy
\_\_ Prophet \_\_ Leadership \_\_ Working of miracles
\_\_ Evangelist \_\_ Mercy \_\_ Gifts of healing
\_\_ Pastor \_\_ Word of wisdom \_\_ Ability to distinguish between spirits
\_\_ Teacher \_\_ Word of knowledge \_\_ Faith
\_\_ Service \_\_ Tongues \_\_ Craftsmanship
\_\_ Exhortation \_\_ Interpretation of tongues \_\_ Worship
\_\_ Counseling \_\_ Creative Communication \_\_ Other \_\_\_\_\_

Please explain in more detail the talents and spiritual gifts marked above: \_\_\_\_\_

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

**STRENGTHS & WEAKNESSES**

Please check one characteristic in each group:

PHYSICAL CONDITION

- Frequently incapacitated
- Below average
- Fairly healthy
- Good health
- Peak Condition

WILLINGNESS TO SERVE

- Reluctant to serve
- Motives confused
- Usually willing to serve
- Eager to serve as needed

CHRISTIAN EXPERIENCE

- Relatively superficial
- Over-emotional
- Genuine but mild
- Genuine and growing
- Warmly contagious

INTELLIGENCE

- Learns and thinks slowly
- Average mental ability
- Alert, has a good mind
- Brilliant, exceptional

LEADERSHIP ABILITY

- Makes no effort to lead
- Tries but lacks ability
- Has some leadership ability
- Unusual ability to lead

RELATIONSHIPS

- Avoided by others
- Tolerated by others
- Liked by others
- Well-liked by others

TEAMWORK

- Frequently causes friction
- Insists on having own way
- Usually cooperative
- Works well with others

RESPONSIVENESS TO OTHERS

- Slow to sense how others feel
- Reasonably responsive
- Understanding/thoughtful
- Unusually responsive/understanding

ACHIEVEMENT

- Not motivated
- Starts/rarely finishes
- Average
- Takes initiative

References (name, email, phone number)

Pastor/Mentor \_\_\_\_\_

Friend \_\_\_\_\_

Family member \_\_\_\_\_

What is your vocational or ministerial calling? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Where do you see yourself in 10 years? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do you hope to gain from this internship? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is your heart and vision for Rockford First? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Director \_\_\_\_\_ Date \_\_\_\_\_

Lead Pastor \_\_\_\_\_ Date \_\_\_\_\_

[RETURN COMPLETED APPLICATION TO THE DIRECTOR OF THE INTERNSHIP FOR WHICH YOU ARE APPLYING.]



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Full Name of Participant \_\_\_\_\_

Home Phone \_\_\_\_\_ Passport Number \_\_\_\_\_

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

Name of Insurer \_\_\_\_\_ Phone Number \_\_\_\_\_

Policy or Group Number \_\_\_\_\_

IN CASE OF EMERGENCY PLEASE NOTIFY:

#1 Full Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Number \_\_\_\_\_ Work Number \_\_\_\_\_ Mobile Number \_\_\_\_\_

Other Number \_\_\_\_\_ Email \_\_\_\_\_

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

#2 Full Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Number \_\_\_\_\_ Work Number \_\_\_\_\_ Mobile Number \_\_\_\_\_

Other Number \_\_\_\_\_ Email \_\_\_\_\_

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

In the event of an emergency, please help us take good care of you by listing any necessary information that might help us make quality decisions on your behalf:

Please list your blood type: \_\_\_\_\_

Do you have any physical handicaps or conditions preventing you from performing certain types of activities?

Yes No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Do you have any known medical conditions that we should be aware of? (diabetes, allergies, etc.) \_\_\_\_\_

\_\_\_\_\_

Are you able to handle extreme weather conditions, hot and humid and/or cold? \_\_\_\_\_

\_\_\_\_\_

Are you allergic to any medications? (please list any) \_\_\_\_\_

\_\_\_\_\_

Are you taking any medications? (please list any) \_\_\_\_\_

\_\_\_\_\_

Any other information that could be helpful when safely treating you, for any reason: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I give permission to use medical means to treat my injuries in the event I am unable to respond or make decisions.

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

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



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