



7721 Torresdale Avenue  
Philadelphia, PA 19136  
215-533-3396  
www.metrograce.org

## Church Planter Internship Application

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

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

Date of Birth \_\_\_\_\_

Home Church \_\_\_\_\_

Home Church Address \_\_\_\_\_

\_\_\_\_\_

Home Church Phone \_\_\_\_\_

Home Church Pastor \_\_\_\_\_

Church Attended While At College \_\_\_\_\_

Church Attended While At College Address \_\_\_\_\_

\_\_\_\_\_

Church Attended While At College Phone \_\_\_\_\_

Church Attended While At College Pastor \_\_\_\_\_

Name of College or Graduate School \_\_\_\_\_

Are you seeking college/graduate credit for your internship? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you answered "Yes," please list contact information for the teacher or academic advisor who will oversee your internship.

Name \_\_\_\_\_

Phone \_\_\_\_\_

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

***Ministry Experience***

How are you currently serving the Lord? \_\_\_\_\_

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

What are some ways you've served the Lord in the past? \_\_\_\_\_

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

What would your pastor or other spiritual leader identify as some of your spiritual gifts? \_\_\_\_\_

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

What are your career goals? How would you like to serve the Lord in the future? \_\_\_\_\_

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

Why do you want to serve as a church planting intern at MetroGrace? \_\_\_\_\_

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### ***Medical History***

List any allergies: \_\_\_\_\_

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List any reasons for hospitalization in the past 5 years: \_\_\_\_\_

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List any medical condition for which you are currently receiving treatment: \_\_\_\_\_

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List any current medications: \_\_\_\_\_

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Name of Your Family Doctor \_\_\_\_\_

Address of Your Family Doctor \_\_\_\_\_

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Phone of Your Family Doctor \_\_\_\_\_

Name of Your Health Insurance \_\_\_\_\_

Policy Number of Your Health Insurance \_\_\_\_\_

Phone of Your Health Insurance \_\_\_\_\_

Name of Primary Insured \_\_\_\_\_



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**Medical Release**  
***(Must be signed by parent/guardian if applicant is younger than 21)***

I hereby give permission to the physicians selected by the MetroGrace staff to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for

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**(Name of Applicant)**

I understand that MetroGrace does not carry medical or accidental insurance for program participants, and I hereby certify that the participant named above, is covered by a personal health insurance policy or is included in a policy which is in force. Further, I hereby authorize routine medical dispensary care for the above named participant and authorize treatment not considered routine to be referred to local physicians and medical facilities at my expense.

I give permission for this participant to be transported in ministry operated vehicles. And I give permission for the release of medical records in case of illness. Further, I agree to release MetroGrace, Crossroads Community Church of Philadelphia and their staff from any liability for accidents, sickness or death which may occur while serving in this program. I hereby certify that all application information is correct.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone** \_\_\_\_\_



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### ***Pastoral Reference***

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(Applicant's Name)

has applied for a church planting internship at MetroGrace. Your input would be very helpful.

Pastor's Name \_\_\_\_\_

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

How long have you known the applicant? How well?

How would you describe the applicant's relationship with Jesus Christ?

What special skills, characteristics, or gifts would this applicant bring to the ministry?

What are some areas where the applicant needs further growth?

Please describe the applicant's . . . .

Attitude towards those in positions of authority.

Attitude and actions towards the opposite sex.

Work habits.

Demonstrated desire for personal growth.

Would you recommend this applicant for service in an internship program in the inner city?

Please add any other information that you feel would be beneficial in making our internship decision.

**Pastor's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_