



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

Summer Intern 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 of 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 summer intern at MetroGrace? _____

Medical History

List any allergies: _____

List any reasons for hospitalization in the past 5 years: _____

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

List any current medications: _____

Name of Your Family Doctor _____

Address of Your Family Doctor _____

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 _____



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

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

(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 _____



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

Pastoral Reference

(Applicant's Name)

has applied for a summer 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 eight week 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** _____