



PERSONAL INFORMATION:

Your Full Name: _____

Email: _____

Mailing Address and Phone:

Address _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Fax: _____

Permanent Address and Phone (if different from above)

Address _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Fax: _____

EMPLOYMENT AND SCHOOL HISTORY

Do you have a legal right to work in the United States? Yes No

Social Security Number: _____

Most recent schools attended:

SCHOOL NAME	State	Graduation Date

College Major: _____ Minor: _____ GPA: _____

MINISTRY TRAINING AND EXPERIENCE

Church/other training.

Please list specific training and involvement you have had with youth ministry.

Why do you feel youth ministry is important in the life of a church?

Do you feel most comfortable being a leader or a team participant? Please explain.

How do you respond to someone in a position of authority?

CHURCH AND SPIRITUAL BACKGROUND

Tell us about your spiritual journey, how you came to know Christ personally, and describe your personal growth as a Disciple of Christ.

Denomination of the church where you are a member: _____
How long have you been a member there? _____

If different from above, what is the denomination of the church you currently attend?
How long have you attended there? _____

What are your personal faith habits? How do you foster your relationship with God?

Please describe your understanding of the following: Grace, Salvation, Discipleship, & the Role of the Church.

What does a Spirit-filled life look like?

ADDITIONAL PERSONAL INFORMATION

Do you have any plans that may conflict with an internship during the time period for which you are applying?

Yes No

Have you ever been convicted of a crime?

Yes No

Have you used any narcotics, hallucinogens or drugs not prescribed by a physician?

Yes No

Do you now drink alcoholic beverages?

Yes No

Do you now use tobacco products?

Yes No

Please give an explanation to any question with a "yes" answer.

Are you willing to give up social habits that might lessen your effectiveness as a youth director?

Yes No

Are you willing to give up social habits that might lessen your effectiveness and influence while working as a student intern?

Yes No

FINANCIAL INFORMATION

Please describe any current personal debt. (ie. credit cards, student loans, car payments, etc.)

NATURE OF DEBT	Total Owed	Monthly Payment

Do you have other financial responsibilities or obligations?

Yes No

If so, please explain:

How do you plan to pay off your debts?

When do you plan to be debt-free?

RECOMMENDATIONS

Name	Phone	Email
<input data-bbox="235 304 516 352" type="text"/> Pastor or Youth Leader	<input data-bbox="618 304 821 352" type="text"/>	<input data-bbox="834 304 1162 352" type="text"/>
<input data-bbox="235 390 516 438" type="text"/> Personal Friend	<input data-bbox="618 390 821 438" type="text"/>	<input data-bbox="834 390 1162 438" type="text"/>
<input data-bbox="235 476 516 525" type="text"/> Ministry Mentor	<input data-bbox="618 476 821 525" type="text"/>	<input data-bbox="834 476 1162 525" type="text"/>

BIOGRAPHICAL INFORMATION

In two or three paragraphs, please explain how and why you believe that God is leading you to the CYMT program.

List your personal and ministry-specific goals:

Please describe your ministry experience. Please include any experiences as a youth, in college, etc. that you believe have helped prepare you for ministry.

OTHER INFORMATION

Please list and explain any criminal charges that have been brought against you. (Do not list minor traffic violations and parking tickets.)

I DECLARE BY MY SIGNATURE BELOW THAT...

- 1. I have read, understand and agree with the [CYMT Statement of Faith](#).
- 2. I understand that the Center for Youth Ministry Training is a 2 year commitment.
- 3. I give permission for CYMT to run a criminal background check.
- 4. I understand that participation in the internship does not imply ongoing employment with the Center for Youth Ministry Training beyond the internship period. I also understand that my employment with the CYMT can be terminated at any time, with or without cause. To the best of my knowledge, all of the information in this application is true and complete. I authorize you to make such inquiries into my personal employment, finances, medical history or other related matters as may be necessary in arriving at an acceptance decision. I hereby release employers, schools, or persons from all liability to inquiries in connection with my application.

Signature: _____

Date: _____