



GENERAL INTERNSHIP APPLICATION

PERSONAL INFORMATION

Name _____
Last First Middle
Address _____
Street City State Zip Code
Phone # _____ E-mail Address _____

AREAS of INTEREST

Division: Business / Management Communication / Media Department Education Christian Ministry

Areas of Interest:

Organizational Strategy Missionary Support Social Media Marketing Teaching/Preaching
 Website Management Fundraising Videography Missions Art
 Nonprofit Management Photography Graphic Design

EDUCATION

1. High School _____ Location _____
Unweighted GPA _____ Did you graduate? Yes No Relevant Classes _____

2. College _____ Location _____
Current GPA _____ Areas of study _____

Level: Freshman Sophomore Junior Senior College High School

Name and Title of Academic Sponsor _____ School Email _____

3. Business/Trade School _____ Location _____
Number of years attended _____ Did you graduate? Yes No Subjects Studied _____

GENERAL SKILLS & EXPERIENCE

<u>GENERAL</u>	<u>COMPUTER SKILLS</u>	<u>WRITING SKILLS</u>	<u>COMMUNICATION</u>
<input type="checkbox"/> Freelancing	<input type="checkbox"/> MS Office/Teams	<input type="checkbox"/> Lessons	<input type="checkbox"/> Vlogging
<input type="checkbox"/> Professional Communication	<input type="checkbox"/> Wix Website Development	<input type="checkbox"/> Academic	<input type="checkbox"/> PR Press Kit
<input type="checkbox"/> Teaching / Preaching	<input type="checkbox"/> CRM Databases	<input type="checkbox"/> Press releases (AP)	<input type="checkbox"/> Audio/Video/Lighting
<input type="checkbox"/> Team Development	<input type="checkbox"/> SEO	<input type="checkbox"/> Proposals	<input type="checkbox"/> Interviewing
<input type="checkbox"/> Bible Basics	<input type="checkbox"/> Adobe(Premiere/Photoshop)	<input type="checkbox"/> Grant writing	<input type="checkbox"/> Graphic Design / Art
<input type="checkbox"/> Resource Management	<input type="checkbox"/> Social Media Platforms	<input type="checkbox"/> Newsletters	

What skills do you wish to gain from your experience?

AVAILABILITY

What term are you applying for? Fall ____ Spring ____ Summer ____ Other _____
Will you be receiving academic credit? YES NO How many hours do you need for credit? _____

GENERAL QUESTIONS

What are your long-term career goals?

What additional skills can you bring to the organization?

Previous Experience: *Please indicate any work experience or client-based projects done in the same field.*

CERTIFICATION

I herby certify, to the best of my knowledge, all the information contained in this internship application is true and correct. I am also aware that BC Missions may run a background check to verify my eligibility.

I understand upon selection for an interview I must supply:

- 1) A letter from my school certifying my enrollment, course of study, and expected graduation date.
- 2) An up-to-date official transcript.
- 3) Two letters of recommendations, one must be from the teacher/professor supervising my internship.

Applicant's Signature _____ Date _____

Email Application To : Socialdirector@bcmissions.org