



APPLICATION FOR RE:FORM INTERNSHIP 2009

APPLICANT INFORMATION

Last Name: _____ First Name: _____ MI: _____

Home Address:

City: _____ State: _____ Zip Code: _____

Telephone: Home: _____ Cell: _____

E-mail Address:

WORK PREFERENCE

Internship for which you are applying (circle one):

RE:FORM – Environment

RE:FORM – Human Trafficking

Work Availability Dates: Start: _____ End: _____

Referral Source: () College advisor/professor () Friend/Relative

() Web Site – Specify: _____

() Other - Specify: _____

EDUCATION AND TRAINING

High School Name and Location:

Received Diploma or Equivalent G.E.D.: () Yes () No (If “no”, highest grade completed: _____)

College or University Name and Location

Dates Attended

Graduate?

Degrees Received

Major and Minor Fields

() Yes

() No

() Yes

() No

() Yes

() No

EMPLOYMENT HISTORY

Please provide your employment history beginning with your most recent or current job.

Employer Name and Address:

Telephone No:

Supervisor:

Salary:

Job Title:

Dates Employed:

No. of Hours Worked per Week:

Duties and Responsibilities:

Employer Name and Address:

Telephone No:

Supervisor:

Salary:

Job Title:

Dates Employed:

No. of Hours Worked per Week:

Duties and Responsibilities:

LIST ANY MEMBERSHIPS IN PROFESSIONAL OR CIVIC ORGANIZATIONS OR CERTIFICATIONS THAT YOU POSSESS (which are relevant to the position for which you are applying):

DESCRIBE COMPUTER SKILLS THAT YOU POSSESS. Include specific kinds of software that you are proficient at and any related training that you have had:

DESCRIBE ANY OTHER SPECIAL KNOWLEDGE, SKILLS OR ABILITIES THAT YOU POSSESS (relevant to the position for which you applying):

SHARE WHY YOU ARE INTERESTED IN WHY YOU ARE INTERESTED IN THE ISSUES OF RE:FORM AND WHY YOU WANT TO SERVE AN INTERNSHIP WITH US:

PROFESSIONAL REFERENCES (List three references that have direct knowledge of your work-related skills and abilities.)

Name of Reference:

Address:

What is your working relationship with this individual?

Title:

Telephone Number:

Company/Organization:

Name of Reference:

Address:

What is your working relationship with this individual?

Title:

Telephone Number:

Company/Organization:

Name of Reference:

Address:

What is your working relationship with this individual?

Title:

Telephone Number:

Company/Organization:

Please read the following carefully and sign the application:

The answers to the questions contained in this application are true and complete to the best of my knowledge. I acknowledge that any misleading information, false statements or misrepresentations on this application may be cause for rejection of this application. I grant permission to Boise Vineyard to investigate by personal inquiry or otherwise information provided in this application (and accompanying resume and/or other documents if any) and release from liability or responsibility all persons, schools or companies responding to such inquiries.

Applicant Signature: _____ **Date:** _____

Please return this application to:

Vineyard Boise Church

c/o Jason Chatraw, RE:FORM internship

4950 N. Bradley St.

Boise, ID 83714

Or fax it to the attention of Jason Chatraw at (208) 377.1471

Or email it to: jason.chatraw@vineyardboise.org