



Evolve Church Edmonton Internship Application Form

Applications are received by Evolve Church Edmonton and Interns are accepted without regard to race, creed, colour, sex, age, national origin, marital status, physical or mental handicap or citizen status. The receipt of this application does not guarantee acceptance into the Evolve Church Internship Program, nor does it obligate us in any way.

We appreciate your interest.

Need to know before you start:

1. Complete your application in full
2. Submit your 30 second video
3. Ensure your Pastoral Reference Form is completed and submitted.

If you would like a more detailed recap on these steps, refer to your application pack. Only once all three of these steps are fully completed can we process your application for the interview.

If you have not heard from us within 3-5 business days, please email info@evolvechurch.com.

Title Mr Mrs Miss

First Name Last Name

Date of Birth

Current Residential Address

Unit/Apartment No.

Address Line 1

Address Line 2

Province / State Country Postal

City Code Mobile

Home Number Number

E-mail

First Language Second Language

Present Occupation

Emergency Contact

First Name

Last Name

Relationship

Home Number

Cell Number

Email

Are you in a relationship? If yes, please explain.

Give a brief description of your family/home life.

How does your family feel about you doing the internship? Are they aware of the commitment it requires?

Christian Life Details

Date of Salvation

Have you been Water Baptized?

Have you been Baptized in the Holy Spirit?

Please list your present church.

Are you an active part of a volunteer team? If so, which team?

How long have you attended this church?

How long have you been serving in this church?

Briefly explain how/when you became a born-again follower of Jesus. How has your spiritual walk grown?

Have you had any moral failings within the last 12 months? (*A moral failure is a willful choice to act in a way that you know is contrary to biblical values*)

Yes No

If yes, please explain

Internship Information

Please choose between Small Groups, Worship & Creative, Family Ministry (Kids/Youth) or Pastoral Care

First Choice

Why?

Second Choice

Why?

Last Choice

Why?

How did you hear about the Evolve Internship program?

Skills

Choose which skills you are strong in:

Human Resources

Graphic Design

Accounting / Bookkeeping

Web design / Programming

Construction / Maintenance IT

Vocals

Photography

Instruments

Counseling

Other

Lighting / AV

Video editing

Please specify your experience in the areas selected

Do you have a laptop?

Yes No

Please indicate your level of skill in the following:

Powerpoint Strong Moderate Poor

Pages/Word Strong Moderate Poor

Numbers/Excel Strong Moderate Poor

Adobe Strong Moderate Poor

Other

Education

Name of Education Provider

Date of Qualification

Highest Qualification Awarded

Work history

Do you smoke? Do Yes No

you drink alcohol?

Police Details Yes No

Do you have a Yes No
criminal record?

If yes, please give details

Medical

Do you have any health challenges that could potentially impact your participation in the program? Please disclose all relevant information for your health and safety in the program.

Have you been hospitalized within the last 12 months? If yes, please elaborate.

Please list all known allergies, including food and drug allergies etc.

Financial

Who will be responsible for payment of your internship fees?

- Yourself Parents Other

Please provide details of how you will take care of your internship expenses for the duration of the year.

Please provide clear details of your accommodation and transport for the duration of the year.

Personal References (Other than relatives)

Reference #1

First Name	<input type="text"/>	Last Name	<input type="text"/>
Phone Number	<input type="text"/>		
Relationship	<input type="text"/>	Years Known	<input type="text"/>

Reference #2

First Name	<input type="text"/>	Last Name	<input type="text"/>
Phone Number	<input type="text"/>		
Relationship	<input type="text"/>	Years Known	<input type="text"/>

Pastoral Reference

Please complete the following details of the person completing your Pastoral Reference form

First Name	<input type="text"/>	Last Name	<input type="text"/>
E-mail	<input type="text"/>	Church Name	<input type="text"/>
Phone Number	<input type="text"/>		
Relationship to Applicant	<input type="text"/>		

Confidential Information

This application is highly confidential and will be handled accordingly. The Lead Pastors will be the only persons involved.

Applicant's statement - read carefully

By submitting this application, I confirm the following:

- The information I have given is correct and may be verified by Evolve Church if necessary. I understand that if I am admitted to the Internship Program, Evolve Church reserves the right to disqualify me from the Internship Program for any reason it deems appropriate. I hereby release and hold Evolve Church harmless from all claims arising under this application. I further understand that a criminal record check may be conducted on me and I consent to any such check.