

RAVENCREST CHALET • INTERNSHIP APPLICATION

BIBLE SCHOOL & RETREAT CENTER

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PERSONAL INFORMATION - PLEASE PRINT

Name _____
Last First Middle

Address _____ City _____

State/Province _____ Zip/Postal Code _____ Country _____

Cell Phone _____ Email _____

Date of Birth (M/D/Y) _____ Age _____ Social Security No. _____

Country of Birth _____ Country of Citizenship _____

Parents/Guardian _____ Home or Cell Phone _____

Work Phone _____ Parents Email _____

Gender: Male Female Marital Status: Single Married Divorced



THE FOLLOWING MUST BE RECEIVED FOR YOUR APPLICATION TO BE PROCESSED:
 APPLICATION FORM; A CURRENT PHOTOGRAPH ATTACHED ABOVE; THREE REFERENCES (SEE INSTRUCTIONS ON FORM)

INTERN PROFILE

Year of high school graduation: _____ Year of college graduation: _____

Present occupation or schooling: _____ Name of school: _____

Please indicate the dates for which you are available to serve: Start Date: _____ End Date: _____

Have you applied to any other positions during this same period; if so which? _____

For which internship(s) would you like to apply? Summer Program Resident Assist. Kitchen Maintenance Domestics

Explain any abilities, training or related experience you have (particularly in the areas of leadership, outdoor skills, worship leading, maintenance, media, housekeeping or cooking): _____

Will you be bringing your own vehicle? Yes No

FOR OFFICE USE ONLY:

Date Received _____ References Comments: _____

Date Accepted _____ Notification _____

MEDICAL HISTORY

Please indicate any of the following you have experienced:

Circle One

- | | | |
|---|-----|----|
| 1. Allergies (drug, food, pollen, insect bites, etc.) | YES | NO |
| 2. Diabetes or hypoglycemia | YES | NO |
| 3. Epilepsy | YES | NO |
| 4. Heart Problems | YES | NO |
| 5. Have you had an emotional or mental breakdown at any time? | YES | NO |
| 6. Have you had any professional psychological counseling? | YES | NO |
| 7. Have you been in the past or are you currently suffering from anorexia or bulimia? | YES | NO |
| 8. Have you been in the past or are you currently a user of alcohol, tobacco or recreational drugs? | YES | NO |
| 9. Have you ever had: | | |
| a. Excessive nosebleeds | YES | NO |
| b. High altitude sickness | YES | NO |
| c. Asthma or bronchitis | YES | NO |
| d. High blood pressure | YES | NO |
| e. Ulcers | YES | NO |

Explain in detail any "YES" answers (use a separate sheet if necessary): _____

List any medical problems, illnesses or chronic conditions experienced in the last three years: _____

List any medications you are currently taking: _____

Age: _____ Height: _____ Weight: _____ Health Condition: _____

Name of current physician: _____ Telephone: _____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Name of emergency contact: _____ Telephone: _____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Relationship of Emergency Contact to Applicant: _____

Insurance Provider/Group Name _____ Policy Number _____

I certify that the above medical information is correct to the best of my knowledge.

Signature _____ Date _____

CHRISTIAN EXPERIENCE

Please give a brief account of your acceptance of Jesus Christ.

How has the Lord been working in your life recently?

What are your reasons for wishing to participate in the our Internship Program?

Please explain any past experience you have in ministry settings.

Describe any Christian service or work specifically in a position of leadership.

Please give the name and address of the church you attend.

IF YOU NEED ADDITIONAL SPACE TO ANSWER ANY OF THESE QUESTIONS PLEASE ATTACH A SEPARATE SHEET OF PAPER.
