



GO TELL Intern Application

1. Name _____
Home Address _____
City _____ State _____ Zip _____
Phone _____
Age _____ Date of Birth _____
Sex F M Email _____
2. Parents' Name(s) _____
Address _____
City _____ State _____ Zip _____
Phone 1 _____ Phone 2 _____
3. Marital Status Single Engaged Married Divorced
4. Education (current year)

High School	College
Name _____	Name _____
Location _____	Location _____
5. Church membership _____
Church Address _____
City _____ State _____ Zip _____
Phone _____
Youth Leader's Name _____
Pastor's Name _____
6. Have you committed your life to Christ?

Yes No

If you answered "yes", please tell how and when you became a Christian on an attached document. Please be specific and give full details.

7. Why do you want to be a GO TELL Camp Intern?

8. Describe strengths or positive qualities you would bring to the GO TELL team.

9. What camp experience have you had with GO TELL or elsewhere? (Please be specific and give full details.)

10. Have you been on a GO TELL mission trip? Yes No

If yes, what year and where did you go? _____

11. Health condition: Excellent Good Fair Poor

12. Do you have any health related limitations that might hinder your effectiveness at camp?

Yes No

If yes, explain in an attached document.

13. Do you have or have you ever had a problem with drugs, alcohol, tobacco, or any other immoral behavior?

Yes No

If yes, explain in an attached document.

14. Interest / Hobbies / Activities

15. If selected, you may be asked to do a wide range of tasks to help camp be as successful as possible. Which of the following activities do you feel interested in and equipped to do?

Use CTRL to select more than one item

16. Would you be comfortable counseling students and possibly leading them to the Lord?

Yes No

17. Are you committed to giving 100% at any time in any area of camp work?

Yes No

18. Have you read and do you fully understand the GO TELL Camp Internship Program General Information?

Yes No

In order for this application to be complete, please do the following:

- Include a current photo of yourself with the application.
- Ask three adults to complete the GO TELL Internship Reference Form. Have THEM return the forms directly to GO TELL Ministries.
- Send your completed application and non-refundable application fee of \$35 to GO TELL Ministries.

Signature: _____

Date: _____

Contact Information:

Physical/Shipping Address:

GO TELL Ministries
1810 Peachtree Industrial Blvd.; Suite 200
Duluth, GA 30097

Website: www.gotellministries.com

Email: info@gotellministries.com

Phone: 770-622-5600 Fax: 770-622-5603

Mailing Address:

GO TELL Ministries
P.O. Box 2138
Duluth, GA 30096