



GO TELL Internship Program Intern Application

Please indicate which scholarship you are applying for:

- | | |
|----------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Brewton-Parker College | <input type="checkbox"/> Scarborough College |
| <input type="checkbox"/> Campbellsville University | <input type="checkbox"/> Southwestern Seminary |
| <input type="checkbox"/> Liberty University | <input type="checkbox"/> Truett-McConnell University |
| <input type="checkbox"/> Louisiana College | <input type="checkbox"/> Volunteer |

First Name: _____ Last Name: _____

Age: _____ Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Mobile Phone: _____ Gender: Male Female

Email: _____

Marital Status: Single Engaged Married

Mother's Name: _____

Phone 1: _____ Cell Home Work

Phone 2: _____ Cell Home Work

Father's Name: _____

Phone 1: _____ Cell Home Work

Phone 2: _____ Cell Home Work

or

Guardian's Name: _____

Phone 1: _____ Cell Home Work

Phone 2: _____ Cell Home Work

Where did you go to High School? _____

What year did you/will you graduate from High School? _____

If already in college, what is your current year in college?

- Freshman Sophomore Junior Senior Grad School

Please list any unusual school circumstances (ie. Attending in Spring instead of Fall, dual enrollment, etc.): _____

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

Has a boss or supervisor complimented you for your sound judgment? What was the circumstance? _____

Have you volunteered or worked with students in the past? Yes No

What camp experiences have you had with GO TELL or elsewhere? _____

What are any frustrating or difficult circumstances you have dealt with working with students? How did you respond? _____

How would you describe your relationship with your best friend or very close friend?

How did you hear about the GO TELL Internship?

GO TELL Family Member Friend University/College

What is your Health condition? Excellent Good Fair Poor

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

Yes No

If yes, please explain: _____

Do you have, or have you ever had a problem with drugs, alcohol, tobacco, or any other immoral behavior? Yes No

If yes, please explain: _____

Please list any of your interests, hobbies or activities you enjoy: _____

If selected as a GO TELL Intern 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?

- Recreation Administration Media/Production
- Counseling Resources/Sales
- Breakout Groups/Teaching Small Groups

Are you comfortable counseling students and leading them to the Lord?

Yes No

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

Yes No

Have you read and understand the GO TELL Camp Internship Program General Information? Yes No

Signature: _____ Date: _____