



GO TELL Internship Program Intern Application

Please indicate which scholarship you are applying for:

Campbellsville University

Liberty University

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.): _____

Where do you attend church? _____

Church Address: _____

City: _____ State: _____ Zip: _____

Youth Leader's Name: _____

Pastor's Name: _____

Have you committed your life to Christ? Yes No

Please tell us how and when you became a Christian. Be specific and give full details.

Multiple horizontal lines for writing the response to the question about becoming a Christian.

Why do you want to be a GO TELL Intern? _____

Multiple horizontal lines for writing the response to the question about wanting to be a GO TELL Intern.

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: _____