



PERSONAL INFORMATION

Name: _____

Address: _____

City: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Birth Date: _____

Valid Drivers License: Yes No If yes, Class: _____

PERSONAL BACKGROUND

Church Name: _____

Pastor: _____ Phone: _____

Denomination: _____

High School _____

Post Secondary Institution: _____

Educational Highpoints: _____

Food Allergies/Needs: _____

FAMILY INFORMATION

Parent's Name: _____

Home Phone: _____ Cell: _____

Address: _____

City: _____ Postal Code: _____

Email: _____

Emergency Contact: _____

Home Phone: _____ Cell Phone: _____



If under 18, parent must sign below:

“I grant permission for my child to proceed with the application process. Having been approved for acceptance, I hereby give permission for my child to join the Revolution Team. I realize that this summer requires independent living skills as my child will be living in community with fellow interns. I realize that Revolution Ministries, the summer residence of interns are in North Toronto and solid common sense and personal safety skills are required. I hereby attest to the maturity of my child in being prepared to handle such a setting and am confident that, where questions or support is needed, they are able to seek out appropriate guidance from other interns or Revolution staff.”

“I hereby grant permission for my child to participate in all activities of the Revolution Intern Program and release its staff from any and all liability, claims, demands, personal injury or illnesses, in addition to property damage and expenses of any nature which may be incurred by my child while participating at Revolution Intern Program. Further I grant permission to Revolution Intern Program staff to authorize medical personnel to carry out any emergency procedures on my child in the case that I, nor my emergency contact cannot be reached at the time of the incident. In addition, I understand that photographs of my child taken during the summer program that may be used for promotional material. I have read and understand this waiver.”

Parent Signature: _____

Date: _____

PROGRAM DETAILS

Please check off: Program 1 (May 5 – June 21) Program 2 (June 30 – August 16)

Please check off the 3 outreach areas that excite you most:

<input type="checkbox"/> Seniors' Visitations	<input type="checkbox"/> One-on-One Youth Mentoring
<input type="checkbox"/> Youth Tutoring	<input type="checkbox"/> Basketball Coaching
<input type="checkbox"/> Homeless Ministry	<input type="checkbox"/> Student Evangelism
<input type="checkbox"/> Girls' Club	<input type="checkbox"/> Single Moms Fellowship

1.) What are your personal strengths?

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

2.) What are your personal weaknesses?

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

3.) According to your knowledge, what spiritual gifts do you possess? Also, what natural gifts do you possess?

4.) What is your understanding of the gospel message?

5.) Do you have any experience working in ministry (youth, outreach, etc.)? If so, explain.

6.) What is the boldest thing you have ever done for God? If your answer is 'nothing', why?

7.) What would you want to achieve in the duration of the program?

Please submit **2 reference letters** (1 being from a Pastor) in order to complete this application.

INTERNSHIP PROGRAM CONTACT:

Johnathan Knight
Christian Centre Church
4545 Jane St. Toronto, Ontario
M3N 2K7
P 416.661.6770
F 416.661.6772
john1285@gmail.com