



Urban Impact Ministries Internship

Transforming the people of Central City New Orleans
through spiritual development, Christian community
development and strategic partnerships.

Personal information

Name: _____
Home address: _____
City: _____ State: _____ Zip: _____
School name: _____
School address: _____
City: _____ State: _____ Zip: _____
Daytime phone: _____ Evening phone: _____ Cell phone: _____
E-mail address: _____
Birthdate: _____

Work history

Employer: _____ Position: _____
Supervisor: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
May we contact this employer? _____ Signature: _____

Employer: _____ Position: _____
Supervisor: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
May we contact this employer? _____ Signature: _____

Employer: _____ Position: _____
Supervisor: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
May we contact this employer? _____ Signature: _____

Church information

What church are you currently attending? _____

Is this your "home" church? _____ Are you a member? _____

What ministries are you involved with? _____

Background information

It may be necessary to run a criminal background check. Your signature below gives us permission to run this check.

I _____ give Urban Impact Ministries permission to run a criminal background check. My social security number is: _____ - _____ - _____.

Signature: _____ Date: _____

Please briefly answer the following questions on a separate sheet of paper. Please type or print neatly.

- | | |
|---------------------------------|---|
| Christian testimony | How and when did you commit your life to Christ? |
| Career goals | What do you think the Lord is leading you to do with your life? |
| Educational background | Where are you in your education? What are your educational goals? |
| Strengths and weaknesses | What gifts, strengths and weaknesses would you be bringing with you to UIM? What areas of urban ministry interest you the most? |
| Missions experience | What missions/ministry experience do you have? |
| Urban Impact Ministries | How did you learn about this internship? How would the internship benefit you? How would it benefit Urban Impact? |
| Support team | Are you willing to develop a prayer and financial support team? |

Time commitment

How long are you interested in serving with us?

- 3 months 6 months 9 months 12 months Summer

When are you available to start? _____

Please give the recommendation form to: a pastor or ministry leader and two others who know your Christian heart and ministry desires and are not a relative. Have letters mailed or faxed to:

Urban Impact Ministries Attn: Terry Sistrunk P.O. Box 50223 New Orleans, LA 70150

Fax: 504-523-5133

please return this application to the address above.