

MISSION24 - INTERNSHIP APPLICATION FORM

Name	
Address	
Tel No(s)	
Email	
Date of Birth	

Church Address	
Pastors Name	
Pastors Tel No	
Pastors Email	
How long have you attended this Church?	

Mission/Ministry Experience	
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M24 Impact Training Completed	Y <input style="width: 40px; height: 20px;" type="checkbox"/>	Date Completed	N <input style="width: 40px; height: 20px;" type="checkbox"/>
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Skillset	Please summarise any skillsets that you have that may be useful in ministry (admin, IT, media, music/worship, arts, languages etc.)

I confirm that all information provided on this form is true and correct to the best of my knowledge.

I consent to the contacting of my Church Leadership by Mission24 to verify details provided within this application.

Furthermore, I certify that if selected to undertake the Internship, the copying of Mission24 materials cannot be undertaken without written authority from Mission24.

Applicants Signature		Date	
Pastors Signature		Date	