



Application for Summer Internship

Applicants are considered based on their association with and adherence to BMA doctrine.

PERSONAL INFORMATION

FULL NAME		DATE OF APPLICATION	
AGE	HOME CHURCH (NAME AND CITY)	PASTOR	
ADDRESS		CITY	STATE ZIPCODE
PHONE (HOME)	PHONE (MOBILE)	EMAIL ADDRESS	
When is the best time to reach you? <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon		May we text you? <input type="checkbox"/> Yes <input type="checkbox"/> No	

QUESTIONNAIRE

1. Why would you like to participate in the Timothy Ministries Summer Internship Program?

2. What goal(s) would you like to accomplish during this summer apprenticeship program?

3. Have you felt the call to preach? Yes No

- If so, when were you called to preach? _____
- Do you have an idea of what area of ministry that you would be potentially serving in? Yes No
 - If so, which area? (for example: Youth Ministry, Church Planting, Missionary, Pastor)

4. Can you drive? Yes No Do you have a vehicle accessible to you? Yes No

5. List some of your strengths and weakness.

Strengths:

Weaknesses:

6. Would your pastor be interested in Mentoring you throughout this process? Yes No



TIMOTHY MINISTRIES

*“Training the next generation of
leaders for the work of the ministry!”*

TESTIMONY (Please share your salvation testimony in the provided space below or attach a copy to the back)

REFERENCES (Please select references from your local church)

1.	FULL NAME	RELATIONSHIP	HOW LONG HAVE YOU KNOWN THEM?
	PHONE NUMBER	EMAIL	
2.	FULL NAME	RELATIONSHIP	HOW LONG HAVE YOU KNOWN THEM?
	PHONE NUMBER	EMAIL	

I certify that the information contained in this application is accurate and correct. I understand that any omission or erroneous information may be grounds for dismissal.

SIGNATURE

DATE

601-428-8616
bmams.org
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