



Thank you for showing interest in interning with the West Virginia Church of God. Below are the steps to take in order to participate. Please contact us at any time if you have questions about the process.

West Virginia Church of God Executive office  
304.252.0622 ext. 3  
youthsec@wvcog.com

- Step One: Review the information packet on the Internship on page 3 and prayerfully consider the opportunity.
- Step Two: Complete the application form. Return the signed application to the office via email.
- Step Three: Stay in active communication with the group up to the beginning of Camp. Team concept is critical in any ministry endeavor.
- Step Four: Prepare yourself spiritually for battle. You are breaking the mold and doing something special for the kingdom.
- Step Five: Report to the Camp Caretaker by 6pm the first Saturday of the internship.

Important Note:

- Completion of the application does not guarantee placement as an intern.
- Each application will be reviewed individually.

## General Information (please print)

Full Name: (as it appears on ID): \_\_\_\_\_

Passport #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Shirt Size: \_\_\_\_\_

## Christian Life | Church Life

Which church do you attend regularly? \_\_\_\_\_

What ministries do you serve in? \_\_\_\_\_

Rate yourself 1-5 in the following areas:

Daily in the Word? \_\_\_\_\_

Daily time in Prayer? \_\_\_\_\_

Faithful to weekly services? \_\_\_\_\_

Sharing the gospel? \_\_\_\_\_

Giving (church and missions)? \_\_\_\_\_

Servant heart in daily life? \_\_\_\_\_

Are you confident in your ability to lead others to Christ, or would you like further training in this area? \_\_\_\_\_

What do you think your spiritual gifts are? \_\_\_\_\_

Write a brief testimony of how you entered a personal relationship with Jesus Christ:

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## Internship Information

You will be expected to work 20 hours per week on the campground through the camp season, with up to 2 weeks off during the summer. You will be provided housing and meals while camps are in session as well as a stipend. (2024 Stipend is \$200/week). You will be allowed to pursue a part time job off campus

A servant's heart is a requirement, as you will be serving guests who may be new converts or part of sister organizations. You will be representing the Church of God, but more importantly you will be representing Christ.

## Personal References (not related to you)

Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Years Known \_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Years Known \_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Years Known \_\_\_\_

Relationship \_\_\_\_\_

# MEDICAL AND LIABILITY RELEASE

NAME \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE(\_\_\_\_) \_\_\_\_\_

IN CASE OF AN EMERGENCY, NOTIFY \_\_\_\_\_ PHONE(\_\_\_\_) \_\_\_\_\_

DOCTOR \_\_\_\_\_ CITY \_\_\_\_\_ PHONE(\_\_\_\_) \_\_\_\_\_

## MEDICAL HISTORY

**Medication List** \_\_\_\_\_

**Allergies:** Insect Stings, \_\_\_\_\_

Other Allergies \_\_\_\_\_

### Other Conditions:

Heart Conditions \_\_\_\_\_ Diabetes \_\_\_\_\_ Epilepsy \_\_\_\_\_ Asthma \_\_\_\_\_

Back or Neck \_\_\_\_\_ Other \_\_\_\_\_

If you checked any of the above, please give details (i.e. typical treatment of allergic reactions).

**Details:** \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_ Swimming restrictions: \_\_\_\_\_ Other restrictions: \_\_\_\_\_

## INSURANCE INFORMATION

Do you have health insurance? \_\_\_ Yes/No \_\_\_

Name of insurance company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Address: \_\_\_\_\_

“In the event that an emergency occurs during the dates of a church related activity, and I am unable to be reached, I hereby authorize the physician or dentist selected by the church leadership to hospitalize, secure proper treatment, order an injection, anesthesia, and/or surgery for my son(s) and/or daughter(s), (or myself, if over 18) as deemed necessary.”

412 N Kanawha St | Beckley, WV | 25801 | 304.252.0622 | youthsec@wvcog.com

## Applicant's Statement

The information I have given is correct and may be verified by West Virginia Church of God (WVCOG) if necessary. I understand that if I am admitted to the Internship Program, WVCOG reserves the right to disqualify me from the Internship Program for any reason it deems appropriate. I hereby release and hold WVCOG harmless from all claims arising under this application. I further understand that a criminal record check may be conducted on me and I consent to any such check.

\_\_\_\_\_ Signature \_\_\_\_\_ Date