



## MINISTRY INTERN APPLICATION FORM

*Please  
affix your recent  
Passport size  
Photograph here*

### CHECK LIST (Please check and sign before sending)

- All sections have been fully completed.
  - 12th Grade Completion Certificate is included.
  - 12th Grade marks sheet is included.
  - Degree Certificate(s) are included.
  - Degree Mark sheet(s) are included.
  - Two Recommendation forms in sealed and signed envelopes are included.
  - Health Clearance Certificate from a certified doctor
- I have checked and attached all of the above.*

**Signature:**

### PERSONAL INFORMATION

1. Full Name: Mr / Mrs. / Miss \_\_\_\_\_

2. Mailing Address \_\_\_\_\_

Town \_\_\_\_\_ District \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Pin Code \_\_\_\_\_

Home Phone (with STD code) \_\_\_\_\_ Mobile \_\_\_\_\_

E- Mail \_\_\_\_\_

3. Date Of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Mother Tongue \_\_\_\_\_

Other languages that you can speak \_\_\_\_\_

4. Nationality \_\_\_\_\_

5. Marital Status: 1. SINGLE  2. ENGAGED  3. MARRIED  4. WIDOWED

5. SEPARATED  6. DIVORCED  7. REMARRIED

[Kindly note: APC's Ministry Intern Program is currently available only for Single people between the age of 25 to 35 at the time of application. Please do not apply if you are not Single.]

6. How did you learn about APC's Ministry Intern Program? \_\_\_\_\_

7. Your Current Occupation \_\_\_\_\_



## FAMILY INFORMATION

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Father's Name & Occupation \_\_\_\_\_

Mother's Name & Occupation \_\_\_\_\_

Home Address \_\_\_\_\_

Town \_\_\_\_\_ District \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Pin Code \_\_\_\_\_

Father's Contact Phone \_\_\_\_\_

Mother's Contact Phone \_\_\_\_\_

## RELIGIOUS INFORMATION

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1. Name of the church you currently attend \_\_\_\_\_

Month and Year when you started attending this local church \_\_\_\_\_

Pastor's Full Name \_\_\_\_\_

Denomination \_\_\_\_\_

Church Address \_\_\_\_\_

Town \_\_\_\_\_ District \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Pin Code \_\_\_\_\_

Pastor's Phone \_\_\_\_\_ Pastor's Mobile \_\_\_\_\_

Pastor's Email \_\_\_\_\_

Church website (if available) \_\_\_\_\_

2 a) Have you accepted Jesus Christ as your personal savior?

YES  NO  When (month/year)? \_\_\_\_\_

b) Have you received the baptism of the Holy Spirit with the evidence of

speaking in tongues? YES  NO  When (month/year)? \_\_\_\_\_











# All Peoples Church & World Outreach Ministry Intern Program

## 8. List your ministry experience

Name of Church / Ministry/Details of Ministry Done	Place of ministry	Period of ministry (start and end)

*(Please use and attach additional sheets if needed)*

## 9. Identify the area(s) of ministry to which you feel God is calling (or has called) you:

- |  |   |
|--|---|
| <input type="checkbox"/> PASTOR<br><input type="checkbox"/> CHILDREN 'S MINISTER<br><input type="checkbox"/> BIBLE TEACHER<br><input type="checkbox"/> URBAN MISSIONS<br><input type="checkbox"/> WORSHIP MUSIC-VOCAL<br><input type="checkbox"/> MEDIA/AUDIO/VIDEO<br><input type="checkbox"/> CHURCH ADMINISTRATION<br><input type="checkbox"/> PERFORMING ARTS/THEATRE<br><input type="checkbox"/> TECHNOLOGY IN MINISTRY<br><input type="checkbox"/> COUNSELING<br><input type="checkbox"/> SMALL GROUP MINISTRY<br><input type="checkbox"/> DEADDICTION CENTER<br><input type="checkbox"/> VILLAGE/RURAL MINISTRY | <input type="checkbox"/> TRAVELLING MINISTER/PROPHETIC/APOSTOLIC<br><input type="checkbox"/> YOUTH MINISTER<br><input type="checkbox"/> EVANGELIST<br><input type="checkbox"/> URBAN CHURCH PLANTING<br><input type="checkbox"/> WORSHIP MUSIC-INSTRUMENTAL<br><input type="checkbox"/> SOCIAL WORK (CHILDREN'S HOME, etc.)<br><input type="checkbox"/> WRITING/MASS COMMUNICATIONS<br><input type="checkbox"/> CREATIVE ARTS/STAGE DECOR<br><input type="checkbox"/> SOCIAL MEDIA FOR MINISTRY<br><input type="checkbox"/> WORSHIP DANCE<br><input type="checkbox"/> HOUSE CHURCHES<br><input type="checkbox"/> MARRIAGE/FAMILY MINISTRY<br><input type="checkbox"/> DISASTER RELIEF |
|--|---|

OTHER \_\_\_\_\_



# All Peoples Church & World Outreach Ministry Intern Program

## EDUCATIONAL INFORMATION

*Please check all levels of education you have completed.*

BACHELORS     MASTERS     DOCTORATE

OTHERS (SPECIFY) \_\_\_\_\_

(PLEASE GIVE COMPLETE DETAILS STARTING WITH THE MOST RECENT)

Name of Institution, City, State	Completion Month/Year	Degree / Diploma Received

## EMPLOYMENT INFORMATION

PLEASE GIVE COMPLETE DETAILS STARTING WITH THE RECENT

Name of Employer, City, State	Start and End Dates (Month/Year)	Nature of your work





# All Peoples Church & World Outreach Ministry Intern Program

Name of Employer, City, State	Start and End Dates (Month/Year)	Nature of your work

a) List your occupational and professional skills

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b) DO YOU HAVE A CRIMINAL RECORD? HAVE YOU EVER BEEN ARRESTED/JAILED?

YES  NO  (if yes, please attach a letter of explanation in detail)

## **SOCIAL MEDIA ACTIVITY INFORMATION**

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PLEASE PROVIDE YOUR PERSONAL SOCIAL MEDIA ACCOUNTS

Facebook Page \_\_\_\_\_

Instagram \_\_\_\_\_

Twitter \_\_\_\_\_

YouTube \_\_\_\_\_

LinkedIn \_\_\_\_\_

Blogs \_\_\_\_\_

Any other \_\_\_\_\_



## **MEDICAL INFORMATION**

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1. Briefly state the condition of your health \_\_\_\_\_
2. Have you had any recent illnesses within the last 2 years? YES  NO  if yes, please explain

\_\_\_\_\_

\_\_\_\_\_

3. Do you have any physical handicaps, weaknesses or chronic diseases, which could interfere during your Internship? YES  NO  (if yes, please explain and attach a letter from your physician) \_\_\_\_\_

4. Person to be contacted in case of any emergency

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

\_\_\_\_\_ TOWN \_\_\_\_\_ DISTRICT \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ PIN CODE \_\_\_\_\_

PHONE (Office) \_\_\_\_\_

PHONE (Residence) \_\_\_\_\_

MOBILE \_\_\_\_\_

EMAIL \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

## **MEDICAL CONSENT**

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I HEREBY GRANT PERMISSION TO ALL PEOPLES CHURCH BANGALORE OR IT'S CONSULTING PHYSICIAN TO RENDER ME ANY EMERGENCY TREATMENT, MEDICAL OR SURGICAL CARE THAT MIGHT BE DEEMED NECESSARY. WHEN SUCH CARE IS REQUIRED. I GRANT PERMISSION FOR HOSPITALIZATION. I ALSO STATE BY GRANTING SUCH PERMISSION I WILL COVER ALL COSTS INCURRED FOR MY MEDICAL TREATMENT AND ABSOLVE ALL PEOPLES' CHURCH BANGALORE OF ANY FINANCIAL LIABILITY PERTAINING TO SUCH MEDICAL TREATMENT OR HOSPITALIZATION.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

DATE

\_\_\_\_\_

APPLICANT SIGNATURE



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**STATEMENT OF TRUTH**

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I HEREBY STATE THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT AND TRUE. IF ALL PEOPLES CHURCH IS NOTIFIED THAT ANY INFORMATION CONTAINED IN THIS IS FALSE, IT WILL BE GROUNDS FOR MY IMMEDIATE DENIAL OR DISMISSAL.

I AFFIRM THAT I HAVE READ AND MEET THE "**ELIGIBILITY REQUIREMENTS**", AND I HAVE READ AND AGREE WITH APC'S "**STATEMENT OF FAITH**", AND "**CODE OF CONDUCT**", IN THEIR ENTIRETY, AS GIVEN IN THE APC MINISTRY INTERN BROCHURE DOCUMENT.

I ALSO UNDERSTAND THAT THE COMPLETION OF THIS APPLICATION, IN NO WAY GUARANTEES OR IMPLIES ACCEPTANCE AND OR ENROLLMENT INTO THE MINISTRY INTERN PROGRAM WITH ALL PEOPLES CHURCH.

I UNDERSTAND THAT THE INFORMATION CONTAINED IN THE PERSONAL RECOMMENDATION FORMS ARE CONFIDENTIAL. I HEREBY WAIVE MY RIGHT TO SEE THE CONFIDENTIAL INFORMATION CONTAINED THEREIN.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT SIGNATURE



**RECOMMENDATION FORM ONE (PAGES 12-15)**

Dear Pastor / Christian Leader,

Please fill this recommendation form carefully and in private. Your comments are held in strict confidence and given serious consideration. Upon completion of this form, please put it in an envelope, seal the envelope, sign across the seal and return to the applicant.

Applicant please fill in your details and give this form to your pastor/Christian leader along with an envelope.

Applicant's Name :

Applicant's Full Address :

**1. How long have you known the above person?**

\_\_\_\_\_

**2. How well do you know the applicant? (Please tick  )**

Very Well       Well       Casual       Distant

Other \_\_\_\_\_

**3. Does the applicant know Jesus as his/her Lord and Savior?**  Yes     No

**4. Does the applicant's life reflect a commitment to Christ?**     Yes     No

**5. Does the applicant live by Biblical moral standards?**             Yes     No

**6. What do you consider as the applicant's strong points?**

\_\_\_\_\_

**7. What do you consider as the applicant's weak points?**

\_\_\_\_\_

\_\_\_\_\_



# All Peoples Church & World Outreach Ministry Intern Program

**8. To your knowledge, which of the following does the applicant use? (Please tick )**

- Cigarettes     Alcohol     Illegal drugs     Paan/Gutkha

**9. How can you best describe the applicant? (Please tick )**

	UNKNOWN	POOR	FAIR	GOOD	EXCELLENT
Honesty					
Punctuality					
Commitment to excellence					
Financial Responsibility					
Cooperative					
Academic Ability					
Ability to work with others					
Ability to lead others					
Personal Hygiene					
Consideration for others					
Moral character					
Acceptance of instruction and discipline					
Dependability on assigned responsibilities and tasks					
Ability to resolve inter-personal conflicts					
Communication					
Commitment to local church					

**10. Are you aware any physical/emotional weaknesses that would hinder the applicant in an academic environment?    Yes     No  (Please tick )**

If yes, Please explain

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# All Peoples Church & World Outreach Ministry Intern Program

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## STATEMENT OF TRUTH

I UNDERSTAND THAT THE APPLICANT IS APPLYING TO THE TWO-YEAR MINISTRY INTERN PROGRAM WITH ALL PEOPLES CHURCH BANGALORE. ON SUCCESSFUL COMPLETION THE CANDIDATE WILL HAVE THE OPTION OF SERVING AS A FULL-TIME PAID TEAM MEMBER WITH ALL PEOPLES CHURCH IN BANGALORE OR ELSEWHERE IN INDIA. I HAVE NO OBJECTIONS TO THIS.

I HEREBY STATE THAT THE INFORMATION CONTAINED IN THIS RECOMMENDATION FORM IS CORRECT AND TRUE. IF THE INFORMATION CONTAINED HEREIN IS FALSE, IT WILL BE GROUNDS FOR IMMEDIATE DENIAL OR DISMISSAL OF THE APPLICANT.

**Name of pastor/Christian leader submitting this recommendation form:**

\_\_\_\_\_

**Position** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Town/City** \_\_\_\_\_ **State** \_\_\_\_\_

**Pincode** \_\_\_\_\_

**Telephone (with STD code)** \_\_\_\_\_

**Mobile** \_\_\_\_\_

**Email** \_\_\_\_\_

**Date** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_

SIGNATURE AND SEAL



**RECOMMENDATION FORM TWO (PAGES 16-19)**

Dear Pastor / Christian Leader,

Please fill this recommendation form carefully and in private. Your comments are held in strict confidence and given serious consideration. Upon completion of this form, please put it in an envelope, seal the envelope, sign across the seal and return to the applicant.

Applicant please fill in your details and give this form to your pastor/Christian leader along with an envelope.

Applicant's Name :

Applicant's Full Address :

**3. How long have you known the above person?**

\_\_\_\_\_

**4. How well do you know the applicant? (Please tick  )**

Very Well       Well       Casual       Distant

Other \_\_\_\_\_

**3. Does the applicant know Jesus as his/her Lord and Savior?**  Yes  No

**4. Does the applicant's life reflect a commitment to Christ?**  Yes  No

**5. Does the applicant live by Biblical moral standards?**  Yes  No

**6. What do you consider as the applicant's strong points?**

\_\_\_\_\_

**7. What do you consider as the applicant's weak points?**

\_\_\_\_\_

\_\_\_\_\_





# All Peoples Church & World Outreach Ministry Intern Program

**8. To your knowledge, which of the following does the applicant use? (Please tick )**

- Cigarettes     Alcohol     Illegal drugs     Paan/Gutkha

**9. How can you best describe the applicant? (Please tick )**

	UNKNOWN	POOR	FAIR	GOOD	EXCELLENT
Honesty					
Punctuality					
Commitment to excellence					
Financial Responsibility					
Cooperative					
Academic Ability					
Ability to work with others					
Ability to lead others					
Personal Hygiene					
Consideration for others					
Moral character					
Acceptance of instruction and discipline					
Dependability on assigned responsibilities and tasks					
Ability to resolve inter-personal conflicts					
Communication					
Commitment to local church					

**10. Are you aware any physical/emotional weaknesses that would hinder the applicant in an academic environment?    Yes     No  (Please tick )**

If yes, Please explain

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# All Peoples Church & World Outreach Ministry Intern Program

**11. Have you ever known the applicant in questionable moral conduct?**

Yes     No    ? (Please tick ) If Yes, Please explain

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**12. What type of involvement has the applicant had in your church/ministry?**

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**13. Please tick the appropriate statement:**

Highly recommend the applicant as a qualified candidate for training

Recommend as a candidate for ministerial training

Recommend them with slight reservations as a candidate

Hesitate to recommend for ministerial training

Do not recommend for ministerial training

Any comments on the above:



# All Peoples Church & World Outreach Ministry Intern Program

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**Name of pastor/Christian leader submitting this recommendation form:**

\_\_\_\_\_

**Position** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Town/City** \_\_\_\_\_ **State** \_\_\_\_\_

**Pincode** \_\_\_\_\_

**Telephone (with STD code)** \_\_\_\_\_

**Mobile** \_\_\_\_\_

**Email** \_\_\_\_\_

**Date** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_

SIGNATURE AND SEAL



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**HEALTH CLEARANCE CERTIFICATE**

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Please attach a letter on a professional letter head, from a certified medical doctor stating that you are in good physical health and are capable of undertaking rigorous academic and physical training. If there are any prevailing medical conditions or chronic illnesses, the letter from the medical doctor should clearly state these.