

EAGLE WORLDWIDE INTERNSHIP PROGRAM

P.O. Box 39 Copetown Ontario L0R 1J0 Canada
Phone: (905) 308-9991 Fax: (905) 308-7798

Please list dates that applicants are applying for _____

Personal Information:

Name of Applicant _____

Address _____

City _____ Prov / State _____ Postal Code/ Zip _____

Country _____ Telephone _____

Date of Birth Month _____ Day _____ Year _____ Age _____

E-Mail address _____

Contact in Case of an Emergency:

Name of Contact: Relationship _____

Tel _____ Mobile _____

E-mail _____

Name of Contact Relationship _____

Tel _____ Mobile _____

E-mail _____

Please include a wallet size photo of yourself attached to this application.

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1. Give a brief summary of why you would like to participate in this program.

2. What skills, talents or interests do you have that you feel may be useful this summer?

3. Please check areas of experiences;

- | | | |
|--|---|--|
| <input type="checkbox"/> Men's Ministry | <input type="checkbox"/> Women's Ministry | <input type="checkbox"/> Children's Church |
| <input type="checkbox"/> Sound/Projection | <input type="checkbox"/> Video | <input type="checkbox"/> Worship |
| <input type="checkbox"/> Street Evangelism | <input type="checkbox"/> Ushering | <input type="checkbox"/> Catching |
| <input type="checkbox"/> Youth | <input type="checkbox"/> Door Greeting | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Help in office | <input type="checkbox"/> Cloth Attendants | <input type="checkbox"/> General Maintenance |
| <input type="checkbox"/> Visitation | <input type="checkbox"/> Special Projects | <input type="checkbox"/> Drama |
| <input type="checkbox"/> Hospitality | <input type="checkbox"/> Intercession | |

4. On a the page provided, describe your Salvation Experience
(100-250 words Typed or clearly printed)

5. Have you received the Baptism of the Holy Spirit?

- Yes
- No

If yes, indicate, date _____

6. Have you been baptized? If yes, when?

7. How do you feel God is going to use you this summer?

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Interests and Gifting

8. What do you feel are your spiritual giftings ? _____

9. Please give a brief description of your practical ministry experience and personal expectations for this internship.

10. Have you participated in a domestic\ foreign missions trips with EWWM or another ministry affiliation? Yes_____ No_____

If yes please indicate _____

11. Do you have any allergies or health issues? Yes_____ No_____ (If yes, please list)

12. Are you generally in good health and have physical stamina? Yes/ No

*Please describe any physical conditions, medical treatment or medication that EWWM should be aware of.

13. Do you have a vehicle for use during the program? Yes/ No

Signature: _____ Date _____

(Parent Signature if applicant is under the age of 18 yrs)

Check List

- Application Form
- 2 Reference Forms

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PASTORAL REFERENCE

Please return form to Eagle Worldwide Ministries
PO Box 39
Copetown, On
L0R 1J0 OR Fax (905) 308-7798

Name of Applicant: _____

Address of Applicant: _____

TO THE APPLICANT: Print your name and address on the lines above. Applicant should provide a stamped envelope addressed to the Eagle Worldwide Ministries for the person filing the reference.

The above named applicant is applying for admission into the Eagle Worldwide Ministries Internship Program, and is asking you to complete a reference. Eagle Worldwide Ministries is a prophetic ministry called to bring revival fire to Canada and the nations, challenging, empowering and equipping the church of Jesus with a message of holiness and hope. Our goal and the desire is to admit those who will profit the most from their intern experience with us. It is essential that you be frank, fair and accurate in your remarks. Information you provide will be kept confidential.

Your Name: _____

1. How long have you known the applicant? _____

2. How well do you know the applicant? Very well Well Casually

3. Does the applicant know Christ as their personal Lord and Savior? _____

4. Does the applicant demonstrate the Lordship of Christ in her/his lifestyle?
Comment. _____

5. Do you feel the applicant has leadership ability? Please describe briefly.

6. What goals does the applicant have?

Please check the one applicable.

7. I would recommend ___/I would not recommend ___ this applicant for the Summer Internship Program. Why/ Why not? _____

Pastoral Signature _____ Date: _____

Please return this form by either fax or sealed in an envelope

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CHURCH LEADER REFERENCE

Please return form to Eagle Worldwide Ministries
PO Box 39
Copetown, On
L0R 1J0 OR Fax (905) 308-7798

Name of Applicant: _____

Address of Applicant: _____

TO THE APPLICANT: Print your name and address on the lines above. Applicant should provide a stamped envelope addressed to the Eagle Worldwide Ministries for the person filing the reference.

The above named applicant is applying for admission into the Eagle Worldwide Ministries Internship Program, and is asking you to complete a reference. Eagle Worldwide Ministries is a prophetic ministry called to bring revival fire to Canada and the nations, challenging, empowering and equipping the church of Jesus with a message of holiness and hope. Our goal and desire is to admit those who will profit the most from their intern experience with us. It is essential that you be frank, fair and accurate in your remarks. Information you provide will be kept confidential.

Name: _____

1. How long have you known the applicant? _____

2. How well do you know the applicant? Very well Well Casually

3. Does the applicant know Christ as their personal Saviour and Lord? _____

4. Does the applicant demonstrate the Lordship of Christ in her/his lifestyle?
Comment. _____

5. Do you feel the applicant has leadership abilities? Please describe briefly.

6. What goals does the applicant have?

7. I would recommend ___/I would not recommend ___ this applicant for the Summer Internship Program. Why/ Why not? _____

Church Leader Signature _____ Date _____

Please return this form by either fax or sealed in an envelope

