

# Rick Bonfim Ministries

## Application Form 12-month Internship

### Section I: Primary Contact Information

(Mr., Mrs., Ms., Miss) First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_ Preferred Name (Nickname): \_\_\_\_\_  
Current Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Section II: Emergency Contact

Full Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Section III: Church and Leadership Information

Name of Your Home Church: \_\_\_\_\_  
Denomination: \_\_\_\_\_ Pastor's Name: \_\_\_\_\_  
Church Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Church Phone: \_\_\_\_\_

Please briefly describe a few leadership responsibilities you have had with your school, work, church, or other Christian groups.

<i>Leadership Role/Title</i>	<i>Brief Description of Responsibilities</i>
1) _____	_____
2) _____	_____
3) _____	_____

### Section IV: Personal Information

Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Marital Status:  Never Married  Married  Separated  Divorced  Other: \_\_\_\_\_  
If married, what is your spouse's name: \_\_\_\_\_

### Section V: Education

Highest level of education completed: \_\_\_\_\_  
School(s) Attended: \_\_\_\_\_  
Major or Subject Concentration: \_\_\_\_\_

### Section VI: Evangelism and Ministry Experience

Please indicate your level of experience in the following areas of evangelism and ministry:

<i>Area of Evangelism/Ministry</i>	<i>Little</i>	<i>Moderate</i>	<i>Extensive</i>
Personal/Friendship Evangelism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children's Ministry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arts Ministry (music, drama, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ministry to Youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preaching/Teaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Section VII: Medical Information

Are you currently taking any prescription medications?:  Yes  No If so, please indicate which ones, how often, and at what dosage: \_\_\_\_\_

Please tell us about any past or current medical conditions, illnesses, allergies, or disabilities (this is important): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Section VIII: About You

**Autobiographical Statement:** In a brief (under 600 words) but detailed statement, please write about these topics and **attach to your application:**

- 1) Your family background/upbringing.
- 2) Major life experiences that have impacted you.
- 3) How did you come to know Jesus Christ as your personal Lord and Savior?
- 4) Your hopes and plans for the future after the RBM internship.

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Please explain how the Lord has led you to apply for this internship program and why you want to make this commitment: \_\_\_\_\_

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In terms of your personal and spiritual life, what areas do you believe need healing and growth?

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In your opinion, what do you see as your personal strengths in ministry?

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What general skills do you possess? (Musical, Management, Travel Planning, Public Relations, Marketing, Financial, Graphic Design, etc.)?

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Specifically, what computer skills and experience do you have?

Power Point or Media Shout \_\_\_\_\_ Excel \_\_\_\_\_  
Corel Draw 4 (or equivalent) \_\_\_\_\_  
Audio/Visual Production and Editing Software \_\_\_\_\_  
Print Media (or equivalent) \_\_\_\_\_ Web Design Experience \_\_\_\_\_  
Other \_\_\_\_\_

**Section IX: Internship Requirements**

I have read the following requirements and I agree to comply with them in full: \_\_\_\_\_

- Completed pastoral recommendation form
- Completed application, interview, and screening process 3 months prior to the onset of the internship
- Submission of itemized monthly budget
- Fund-raising of all expenses for the full 12 months, including \$150 per month to RBM to cover office expenses (procedure for fundraising will be fully explained by Internship Program Manager)
- 3 months living expenses raised before the onset of the internship

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

# Rick Bonfim Ministries

## Release Form -- MUST be notarized and returned to the office of RBM.

KNOW ALL MEN BY THESE PRESENTS:

THAT , “the undersigned,” has released and forever discharged, and by these Presents does not for himself/herself, his/her heirs, representatives and assigns, remise, release and forever discharge the said RICK BONFIM MINISTRIES, INC., and its successors and assigns, of and from all manner of actions, cause of actions, suits and demands whatsoever in law or in equity, which against the said RICK BONFIM MINISTRIES, INC., its successors and assigns, he/she ever had, now has or which his/her heirs, representatives and assigns hereafter can, shall, or may have for any reason.

The undersigned hereby agrees to hold the said RICK BONFIM MINISTRIES, INC., its successors and assigns, harmless from any responsibility or liability for sickness, accident, disease or death incurred while traveling within the United States or to or from or within any foreign country while on the business of the said RICK BONFIM MINISTRIES, INC., its successors or assigns, or any other of those autonomous, independent entities which are non-profit corporations, companies, trusts, or unincorporated associations or movements known broadly and internationally as Rick Bonfim Ministries, whether or not such entities are organized or operating within or outside of the United States of America.

IN WITNESS WHEREOF, the undersigned has hereunto set his/her hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, in the year of \_\_\_\_\_.

Signed, sealed and delivered in the presence of:

\_\_\_\_\_  
A Notary Public in the State of \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Signature of parent or guardian if applicant  
is under 18 years old

My commission expires \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY \_\_\_\_\_

*Please sign and date this form. Make a copy for your records and then return it to:*

**Rick Bonfim Ministries**

**P.O. Box 250**

**Bogart, GA 30622**