

Intern Application

GENERAL INF	ORMATION					Phone Email	417-866-6311 internship@co	mpassionlink.org	
Title Name (as it appears on your passport) Gender							www.compassionlink.org 521 West Lynn Street		
							Springfield, Mo	O 65802	
Date of Birth	Marital Status	Country of C	Citizenship		Coun	try of Birth	1		
treet Address (both P.O. Box and physical addr	esses, if applicable,)	City			State	Zip	
lome Phone	Ce	ell Phone		Home Er	mail				
ave you ever t	raveled out of the U.S.	and/or Canad	a? (No ()	Yes					
o you have a p	eassport? O No OYes	Country			Place o	f Issue			
Church			Denomi	nation		City		State	
low did vou he	ar about CompassionLi	nk?							
	ORMATION (Enclose ad y chronic illnesses that			n this trip? I	f so, explain.				
lave you had a	ny medical problems in	the last six m	onths? If so, e	explain.					
MERGENCY (CONTACTS (Also neede	d for last-minute s	schedule changes.)					
1) Name				Relationship)		Day Phone	e	
treet Address		City	\	State	Zip		Evening P	hone	
(2) Name				Relationship			Day Phone		
							-		
Street Address		City		State	Zip		Evening P	hone	

EDUCATION								
Higher Education or Vocational Training School	State	State Dates Attende		ed Major/Minor		Degree Earned or Hours Completed		
REFERENCES	<u>'</u>				'			
(1) Pastor			Churc	h Phone	Persona	Personal Phone		
Street Address			City		State	Zip		
(2) Professor					Persona	 Phone		
Street Address			City		State	Zip		
ESSAY								
Along with this application, submit a on	e-to two-pa	age essay along w	ith your	completed application that	at includes:			
 An introduction to your person Why you're interested in the interested in th	internship		now you					
CompassionLink is an Assemblies of God World and appreciating the evangelistic/Pentecostal Christ with people who receive ministry through baptism in the Holy Spirit."	thrust of this	s ministry, I concur wi	th these :	statements: "I know Christ as m	y personal Sa	vior and desire to share		
Signature / Date								