THE HOUSE MINISTRIES

SCHOOL OF Supernatural

Learn to walk as Jesus did

Internship Application

STUDENT INFORMATION

First Name: _____

Middle Name: _____

Last Name: _____

Birth Date: _____

Age: _____

Social Security Number: _____

Gender: Male Female

Email Address: _____

Phone Number: _____

Cell Phone Number: _____

Occupation: _____

Current Employer: _____

Date of Graduation: **1st Year** _____

2nd Year _____

What area or area's of Ministry in your Internship are you most interested in?

_____
_____
_____
_____
_____

How do you feel that this internship will help you ful fill your destiny and calling?

_____
_____
_____
_____
_____

ABILITY TO MEET REQUIREMENTS FOR MINISTRY IN

Time available to serve:

_____
_____
_____

Skills:

_____
_____
_____

Gifts:

_____
_____
_____

Other:

_____
_____
_____
_____

Will you have an outside job? YES NO

What will your schedule be?

_____

_____

_____

_____

What other responsibilities do you have (family, children, home, home school, etc)?

_____

_____

_____

What areas of weakness have you identified and what are you doing to overcome these?

_____

_____

_____

Who do you have speaking into your life?

_____

_____

_____

Signed _____

Name _____

Date _____

Please return this to:

The House Ministries
School of Supernatural
Box 930
Tofield, AB
T0B 4J0

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FAX: (780) 662-3499
EMAIL: admin@thehouseministries.com