

All applicants must:

1. [Complete the FCA Ministry Leader Application \(MLA\).](#)
2. [Download and submit a recommendation form from your Pastor and Huddle Coach \(or local FCA staff person.\)](#)
3. [Download and submit the Impact Internship application.](#)

FCA will review all applications as they are received between now and May 15th and applicants will be informed whether or not they are accepted into the program.

March 30 – Acceptance emails sent

Late applications will be processed as they are received

April 20 - 50% of money due

May 10 – Balance due

COMPLETE, PRINT & FAX TO: Barry Spofford: (410) 224-3162 (call before faxing) OR SCAN AND EMAIL TO: bspofford@fca.org



IMPACT 2010 APPLICATION

General Information

First Name: _____ Middle: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip : _____

Home Phone: _____ Work Phone: _____ Email: _____

Gender: Male Female

Are you a US Citizen? Yes No

If no, explain:

Birthdate: _____

Do you have health insurance? Yes/No

Parent's Names: _____

Address: _____ City: _____ State: _____ Zip : _____

Home Phone: _____ Work Phone: _____

Health Information - Due to the nature of what this internship will require, we must let you know that there will be physical demands as well as the possible emotional stress of assimilating to new cultures. If there is any physical or medical reason you may not be able to fully participate, please let FCA International know. This will not necessarily disqualify you.

Is there anything that might compromise your ability to fulfill responsibilities as an intern?

Yes/No Explain:

Do you have any allergies (food or medicinal) that we should know about? (E.g. – severe allergy to peanuts or penicillin)

Yes/No Explain:

Are you currently taking any medication prescribed by a doctor? Yes/No
(You will be responsible to make sure you have enough of your meds for the duration of the internship.)

Education Information

Please list all the schools you have attended since and including high school.

School 1:

Name: _____ Dates Attended (Years) _____ Grad. Date _____

Degree: _____ Major: _____ GPA _____

Honors: _____

School 2:

Name: _____ Dates Attended (Years) _____ Grad. Date _____

Degree: _____ Major: _____ GPA _____

Honors: _____

Please list any extracurricular activities you participated in, such as sports, honor society, service organizations, clubs, etc.

Have you ever been expelled or suspended from school?

Yes/No Explain:

Employment Information

Please list your work experience for the last two years, beginning with the most recent.

Job 1:

Business Name: _____

Supervisor: _____ Phone: _____

Start Date: (Month/Year) _____ End Date: (Month/Year) _____

Position: _____

Reason for leaving:

Job 2:

Business Name: _____

Supervisor: _____ Phone: _____

Start Date: (Month/Year) _____ End Date: (Month/Year) _____

Position: _____

Reason for leaving:

Job 3:

Business Name: _____

Supervisor: _____ Phone: _____

Start Date: (Month/Year) _____ End Date: (Month/Year) _____

Position: _____

Reason for leaving:

Practical Experience

Indicate your skill in foreign languages.

Language 1: _____

Rate: Fair, Good or Excellent for the following in the language above:

Speaking: _____ Reading: _____

Writing: _____ Understanding : _____

Language 2: _____

Rate: Fair, Good or Excellent for the following in the language above:

Speaking: _____ Reading: _____

Writing: _____ Understanding : _____

Do you have any experience in the following areas? Leading Worship, Singing, Guitar, Piano or Keyboard, Other Instruments, Sound Equipment, Other.

If Yes, Please Explain:

Circle your level of experience and indicate version or type where appropriate:

Office Skills Fair/Good/Excellent
Explain:

Microsoft Windows Fair/Good/Excellent
Explain:

Graphic Design Fair/Good/Excellent
Explain:

Computer Skills Fair/Good/Excellent
Explain:

Video Editing & Prod. Fair/Good/Excellent
Explain:

Journalism Fair/Good/Excellent
Explain:

Photography Fair/Good/Excellent
Explain:

Other Fair/Good/Excellent
Explain:

List your athletic skills:

Personal Evaluation

On a scale of 1 to 10, 10 being the highest, please evaluate your personal strengths and weaknesses.

| | | | | | | | | | | |
|------------------------------------|---|---|---|---|---|---|---|---|---|----|
| Relating to new people: | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Establishing relationships: | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Maintaining friendships: | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Conversing with strangers: | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Listening: | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Encouragement: | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Sense of Humor: | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Ability to submit to leadership: | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Confrontation: | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Ability to finish what is started: | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Problem solving: | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Being an example: | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Describe your relationship with your family:

Name and describe your best friend:

What kinds of people annoy you the most? How do you respond to them?

What type of person do you enjoy working with or for?

How many books did you read in the last year, besides the Bible? _____

What is the last book you read and when did you finish it?

What were the last three movies you saw?

How many hours of tv do you watch each week?

How many hours of video games do you play each week?

How often do you exercise?

What is the biggest decision you have had to make in the past year? Please describe briefly how you handled making that decision.

What areas of your life would you like to see developed? (include character issues, ministry skills and work ethic)

What are you best known for?

Christian Experience

Have you ever been involved in the occult or a cult? Yes/No

What have been some major spiritual lessons and/or turning points since you have become a Christian?

Who has been a significant influence in your growth with Christ? How has he/she been an influence in your life?

Briefly describe your walk with God and what He is currently teaching you.

Ministry Experience

Please list areas you have been involved in your church.

Have you had any training in sharing your faith and/or experience in personal evangelism? Please explain.

Have you had any experience being disciplined by someone? Yes/No

Have you ever lead a small group or Bible study? Yes/No

Please briefly explain any opportunity you have had to work with teams. Please include the greatest challenge(s) of these experiences, as well as the greatest result(s) the team effort brought with it.

Have you ever gone on a mission trip? Yes/No

Where/When?

Please list any areas where you served as a ministry leader, including when and where.

What do you enjoy about being in a leadership role and what challenges you?

References

Church Leadership:

Pastor Name: _____ Church Name: _____

Address: _____ City: _____ State: _____ Zip : _____

How long have you known this person? _____

FCA Staff, Teacher or Mentor:

Name: _____

Address: _____ City: _____ State: _____ Zip : _____

How long have you known this person? _____

Friend:

Name: _____

Address: _____ City: _____ State: _____ Zip : _____

How long have you known this person? _____

Biography

Give a brief overview of your personal history. Include where you grew up, family situations, childhood to present, and how you feel these experiences will affect your participation in Impact 2009.

Tell how and when you became a Christian and about your personal growth with Jesus Christ.

Describe your current walk with the Lord, including how your faith is growing, the spiritual influences in your life, your quiet times, church involvement, and outreach events you have been involved in.

Statement of Agreement

I declare that all the information provided on this application is true and complete to the best of my knowledge.

I authorize Impact, a ministry of The Fellowship of Christian Athletes, to investigate all statements made and information provided on this application, in any correspondence I may submit, and in any interview in which I may participate.

I also authorize Impact staff to make contact with and obtain further information regarding me from all references, supervisors and employers identified on this application, in any correspondence I may submit, and in any interview in which I may participate.

If accepted into the Impact internship, I agree to fully accept and adhere to the Statement of Faith and Mission Statement of Impact and the Fellowship of Christian Athletes.

I agree to accept the responsibility to raise personal support necessary to participate in Impact.

I understand this application does not constitute an offer of employment and that it does not create, nor is it intended to create, a contract of employment.

Sign your name below:

Date:
