

MISSOURI PRESBYTERY APPLICATION FOR INTERNSHIP

Name _____ Date _____ Email _____
Address _____ City _____
State _____ Zip _____ Telephone (_____) _____

Under Care? Yes / No What Presbytery? _____
Licensed? Yes / No When? _____
Licensed by what Presbytery? _____

Home Church _____
Address _____ City _____
State _____ Zip _____ Telephone (_____) _____
Pastor _____

Are you a member of a church in the Missouri Presbytery? Yes / No

Church _____
Address _____ City _____
State _____ Zip _____ Telephone (_____) _____
Pastor _____

How long have you been a member of this church? _____
Where will you be serving your internship? _____
Has your internship been approved by the Session? Yes / No When? _____
Session Clerk's Name _____
What will be your specific responsibilities? _____

Seminary Attended: _____
Graduation Date: _____ Degree _____

Internship Mentors: Teaching Elder _____ Title _____
 Ruling Elder _____ Title _____

Church _____
Address _____ City _____
State _____ Zip _____ Telephone (_____) _____

On a separate sheet(s) list any previous ministry experience that is applicable toward your internship. Please be as specific as possible. Give dates and name(s) of the person(s) to whom you were responsible. If you are requesting Missouri Presbytery to apply any of this prior experience toward your internship requirements, please specify the requirements for which you request exemption. Finally, provide a written statement regarding your inward call to the ministry of the Word.

I have carefully read the internship requirements as specified in BCO §§ 19.7 through 19.16, and do hereby apply for an internship as outlined above. If approved, I will communicate with the Internship Subcommittee at least quarterly as to my progress and standing.

Signed _____ Date _____