

Eagle Worldwide Student Internship

P.O. Box 39, Copetown, Ontario L0R 1J0 Canada  
Phone: (905) 308-9991 Fax: (905) 308- 7798



**Term (Please Check a Box)**

- June 15<sup>th</sup> – July 13<sup>th</sup> \$100 cdn (Leadership Camp- Ages 18- 30 yrs.)  
(\$25. Each subsequent week for leaders only)
- July 6<sup>th</sup> -Aug 3<sup>rd</sup> \$100.00 cdn/ week
- Aug 3<sup>th</sup> – September 7<sup>th</sup> \$100.00 cdn/ week
- Other \_\_\_\_\_ (please explain)\_\_\_\_\_

**Enrollees are encouraged to raise funds to participate in the intern program, contact (905) 308- 9991, info@eagleworldwide.com to hear about information for financial assistance.**

**DEADLINE FOR ADMITTANCE: NOTIFY OUR OFFICE TODAY IF YOU HAVE AN INTEREST**

**Personal Information:**

Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ Prov / State \_\_\_\_\_ Postal Code/ Zip \_\_\_\_\_

Country \_\_\_\_\_ Telephone \_\_\_\_\_

Date of Birth Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Age \_\_\_\_\_

E-Mail address \_\_\_\_\_

**Contact in Case of an Emergency:**

Name of Contact Relationship \_\_\_\_\_

Tel \_\_\_\_\_ Mobile \_\_\_\_\_

E-mail \_\_\_\_\_

Name of Contact Relationship \_\_\_\_\_

Tel \_\_\_\_\_ Mobile \_\_\_\_\_

E-mail \_\_\_\_\_

**Please include a wallet size photo of yourself attached to this application.**

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1. Give a brief summary of why you would like to participate in this program.

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2. What skills, talents or interests do you have that you feel may be useful in getting you plugged in?

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3. Please check areas of experiences;

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Men's Ministry    | <input type="checkbox"/> Women's Ministry | <input type="checkbox"/> Children's Church   |
| <input type="checkbox"/> Sound/Projection  | <input type="checkbox"/> Video            | <input type="checkbox"/> Worship             |
| <input type="checkbox"/> Street Evangelism | <input type="checkbox"/> Ushering         | <input type="checkbox"/> Catching            |
| <input type="checkbox"/> Youth             | <input type="checkbox"/> Door Greeting    | <input type="checkbox"/> Transportation      |
| <input type="checkbox"/> Help in office    | <input type="checkbox"/> Cloth Attendants | <input type="checkbox"/> General Maintenance |
| <input type="checkbox"/> Visitation        | <input type="checkbox"/> Special Projects | <input type="checkbox"/> Drama               |
| <input type="checkbox"/> Hospitality       | <input type="checkbox"/> Intercession     |  |

4. On a the page provided, describe your Salvation Experience (100-250 words Typed or clearly printed)

5. Have you received the Baptism of the Holy Ghost?

- Yes
- No

If yes, indicate, date \_\_\_\_\_

6. Have you been baptized? If yes, when?

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7. How do you feel God is going to use you this summer?

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**Interests and Gifting**

8. What do you feel are your spiritual gifting's ? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Please give a brief description of your practical ministry experience and personal expectations for this mission's trip.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Have you participated in a domestic\ foreign missions trips with EWWM or another ministry affiliation? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes please indicate \_\_\_\_\_

11. Do you have any allergies or health issues? Yes\_\_\_\_\_ No\_\_\_\_\_ (If yes, please list)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Are you generally in good health and have physical stamina? Yes/ No  
\*Please describe any physical conditions, medical treatment or medication that EEW should be aware of.  
Questions/ Comments?

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

13. Do you have a vehicle for use during the program? Yes/ No  
\_\_\_\_\_ Date\_\_\_\_\_

Applicant's signature/ (Parent Signature if applicant is under the age of 18 yrs)

**Check List**

- Application Form
- wallet size photo (optional)
- 2 Reference Forms

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**PASTORAL REFERENCE**

Please return form to Eagle Worldwide Ministries  
PO Box 39  
Copetown, On  
L0R 1J0 OR Fax (905) 308-7798

Title - Mr Mrs Ms Miss Rev. Dr. \_\_\_\_\_

Name of Applicant \_\_\_\_\_

***TO THE APPLICANT:*** Print your name and address on the line above. Applicant should provide a stamped envelope addressed to Eagle Worldwide Ministries for the person filing this reference.

The above named applicant is applying for admission into the Eagle Worldwide Ministries Student Internship Program, and is asking you to complete a reference. Eagle Worldwide Ministries is a prophetic ministry called to bring revival fire to Canada and the nations, challenging, empowering and equipping the church of Jesus with a message of holiness and hope. Our goal and the desire is to admit those who will profit the most from their intern experience with us. It is essential that you be frank, fair and accurate in your remarks. Information you provide will be kept confidential.

1. How long have you known the applicant? \_\_\_\_\_
2. How well do you know the applicant? Very well Well Casually
3. Does the applicant know Christ as their personal Lord and Savior? \_\_\_\_\_
4. Does the applicant demonstrate the Lordship of Christ in her/his lifestyle?  
Comment. \_\_\_\_\_

5. Do you feel the applicant has leadership ability? Please describe briefly.  
\_\_\_\_\_  
\_\_\_\_\_

6. What goals does the applicant have?  
\_\_\_\_\_  
\_\_\_\_\_

Please check the one applicable.

7. I would recommend \_\_\_/I would not recommend \_\_\_ this applicant for the Summer Internship Program. Why/ Why not? \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Pastoral Signature \_\_\_\_\_

**Please return this form by either fax or sealed in an envelope**



### Church Leader Reference

Please return form to Eagle Worldwide Ministries  
PO Box 39  
Copetown, On  
L0R 1J0 OR Fax (905) 308-7798

Name of Applicant \_\_\_\_\_

Title - Mr Mrs Ms Miss Rev. Dr. \_\_\_\_\_

***TO THE APPLICANT: Print your name and address on the lines above. Applicant should provide a stamped envelope addressed to the Eagle Worldwide Ministries for the person filing the reference.***

**The above named applicant is applying for admission into the Eagle Worldwide Ministries Student Internship Program, and is asking you to complete a reference. Eagle Worldwide Ministries is a prophetic ministry called to bring revival fire to Canada and the nations, challenging, empowering and equipping the church of Jesus with a message of holiness and hope. Our goal and the desire is to admit those who will profit the most from their intern experience with us. It is essential that you be frank, fair and accurate in your remarks. Information you provide will be kept confidential.**

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3. Does the applicant know Christ as their personal Saviour and Lord? \_\_\_\_\_

4. Does the applicant demonstrate the Lordship of Christ in her/his lifestyle? \_\_\_\_\_

Comment. \_\_\_\_\_

5. Do you feel the applicant has leadership abilities? Please describe briefly. \_\_\_\_\_

6. What goals does the applicant have? \_\_\_\_\_

7. I would recommend \_\_\_/I would not recommend \_\_\_ this applicant for the Summer Internship Program. Why/ Why not? \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

**Church Leader Signature**

**Please return this form by either fax or sealed in an envelope**

