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THE BLACK
CHURCH

Journey of Hope Internship Application for Youth and Young Adults of African Descent

Name: _____ Cell: (____) _____

Address: _____ Home: (____) _____

City, State, Zip: _____ DOB: ____/____/____

Email: _____

Are you fluent in other language(s) other than English? No Yes

If yes, which? _____

Church Name: _____

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

Are you a member? Yes No How long have you been a member? _____

Check one:

High School Student School Name: _____ Grade: _____

School Address: _____

City, State, Zip _____

High School Graduate Pursuing additional education? No Yes

If yes, where? _____

If no, are you employed? _____

If employed, where? _____

1. Describe your faith journey. _____



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2. Why are you interested in this internship? _____

3. How active are you in your local church? _____

4. What skills do you have for ministry? _____
