



Dear Applicant,

Thank you for your interest in interning at Calvary Chapel Bible College Italy. To submit your application, please ensure you do the following:

1. Fully complete this application form, including a passport style photo.
2. Give your reference forms to the two designated people and ensure they return the completed reference to us. Your application will not be considered until we have received both references.
3. Do not send money; no application fee is necessary.
4. Sign and date this form
5. Either mail or email your application form, responses to questions, and photo to the address below.

Calvary Chapel Bible College Italy  
Via J. Riccati 17  
31031 Caerano S. Marco (TV)  
Italia

[ccbc@calvarychapelmontebelluna.com](mailto:ccbc@calvarychapelmontebelluna.com)

All information provided in this application will be held in strict confidence



## Internship Application Form

Affix  
passport style  
photo here if sending your  
application by mail

### PERSONAL INFORMATION:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_

SSN/NI: \_\_\_\_\_ Passport Country and No: \_\_\_\_\_ Sex: \_\_\_\_\_

Current Occupation: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Home Church: \_\_\_\_\_

Contact at Home Church (pastor or leader): \_\_\_\_\_

When do you intend to begin interning at CCBC Italy? \_\_\_\_\_

How long do you intend on interning at CCBC Italy? \_\_\_\_\_

Marital Status: Single  Married  Divorced  Widowed  Currently in Relationship

### Emergency Contact Information:

Who may we contact in case of an emergency?

Full Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

**MEDICAL INFORMATION:**

Are you in good health? Yes No      When was your last complete physical exam? \_\_\_\_\_

Do you take any medications? If yes, please explain: \_\_\_\_\_

Have you had any major illnesses? If yes, please explain: \_\_\_\_\_

Do you have any physical disabilities? \_\_\_\_\_

Have you been, or are you presently under psychiatric or psychological care, or have you been in counseling or psychotherapy? If yes, please explain: \_\_\_\_\_

**PERSONAL INFORMATION:**

Are you a smoker? If yes, explain: \_\_\_\_\_

Do you drink alcoholic beverages? If yes, explain: \_\_\_\_\_

Have you, or are you currently, using illegal drugs? If yes, explain: \_\_\_\_\_

Have you ever been convicted of a felony? If yes, explain: \_\_\_\_\_

Do you have any history of violence or abuse towards others? If yes, explain: \_\_\_\_\_

Does your life currently conform to Biblical standards of morality? If no, explain: \_\_\_\_\_

Is there habitual sin in your life that affects your walk with God? If yes, explain: \_\_\_\_\_

Do you have trouble getting along or often have conflict in relationships? If yes, explain: \_\_\_\_\_

Have you ever been involved in any non-Christian cults or occult activities? If yes, explain: \_\_\_\_\_

**REFERENCES:**

Please have two people complete the attached reference forms. References should be completed by a pastor, a leader in your church, a teacher, or a school administrator. Your reference should have known you for at least one year. Individuals who are related to you by blood or marriage should not complete your reference forms.

Name

Email or Phone Number

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**EDUCATION:** (Please list all schools that you have attended since graduating high school or equivalent)

Name of School	Dates of Attendance	Degree/Diploma	Major
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**PURPOSE:** Please answer the following questions on a separate piece of paper.

1. Why do you want to intern at CCBC Italy?
2. Why do you specifically want to serve in Italy?
3. Are you aware that CCBC Italy is a “campus plant”? Will you be able/are you willing to cope with some of the challenges associated with planting a new campus?
4. Do you sense a calling to the mission field? If so, where?
5. Do you feel called to full-time ministry?
6. What do you think your spiritual gifts are?
7. In what ways do you anticipate serving at CCBC Italy?
8. In what ways have you served the Lord in the past?
9. Have you ever lived in a communal environment (i.e. dormitory)?
10. Are there any current obstacles that may hinder you coming to Italy should we accept your application (i.e. personal relationships, job commitments, financial responsibilities)?

**SPIRITUAL AND PERSONAL WALK:** The following questions are only for those who have NEVER attended a Calvary Chapel Bible College campus. Please answer the following questions on a separate piece of paper.

1. Describe your personality and how you relate with other people.
2. Describe your strengths and weaknesses.
3. What are your hobbies and talents?
4. Describe your salvation experience. How and when did you become a Christian?
5. Please describe your current relationship with the Lord. Describe your devotional and prayer life.
6. What is your current church involvement?
7. List three pastors or Christian authors that have influenced your life.
8. List three Christian books (other than the Bible) that have influenced your life.
9. Write a brief statement of faith describing the following: a) God b) Jesus Christ c) Holy Spirit d) The Bible  
e) Sin f) Salvation g) Baptism with the Holy Spirit h) Rapture.

**FINANCIAL RESPONSIBILITY:**

I hereby apply to intern at Calvary Chapel Bible College Italy and request you review my application. I agree to observe all of the rules and regulations of the Bible College. I am also aware that I am fully responsible for all financial requirements as an intern at CCBC Italy, including flights, visas, transportation, accommodation, and food expenses.

Print Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



## INTERNSHIP REFERENCE FORM

Applicant's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

The Family Education Rights and Privacy Act of 1974 permits students the right to inspect their files. Because of the importance of preserving the confidentiality of a reference, the Act permits an applicant to waive his right of access to the reference. By signing below, the applicant willingly waives their right of access to see this reference, knowing that this waiver is NOT required as a condition of admission.

Applicant's Signature: \_\_\_\_\_

To the Person Writing the Reference: The above-mentioned applicant has applied for an internship at Calvary Chapel Bible College Italy and has named you as a reference. Your reference contributes to the decision made by our staff regarding this applicant. Therefore, please be thorough and timely in your response.

1. How long have you known the applicant? \_\_\_\_\_
2. In what capacity have you known the applicant? \_\_\_\_\_
3. How long has the applicant been an active Christian? \_\_\_\_\_
4. Do you have any questions about the applicant's commitment to Jesus Christ? \_\_\_\_\_
5. Do you believe the applicant would benefit from an internship? \_\_\_\_\_
6. Do you believe the applicant has a future in full-time ministry? \_\_\_\_\_

Please state any concerns or recommendations you have that would help us evaluate the applicant:

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Thank you for your help. Please mail or email this form to the address below.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Organization/Church: \_\_\_\_\_ Position: \_\_\_\_\_

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