



2018 HopeStreet Internship Application form

Please fill this form in and send to RNaoum2@baptistcare.org.au or:

HopeStreet Internship
174 Cathedral Street
Woolloomooloo, NSW, 2011

Family Name: _____

First Name: _____

Gender: _____

DOB: _____

Postal Address: _____

Email: _____

Phone: _____

Emergency Contact

Name: _____

Contact number: _____

Relationship: _____



Church Details

Church currently attending _____

Senior pastor: _____

Phone number: _____

Email: _____

Is your church family aware of you applying for this internship? Y/N

Secondary School attended: _____

Year attended: _____

HSC completed: Y/N If NO, are you over 21 Y/N

Have you studied at tertiary level before Y/N

Did you complete your studies? Y/N

If YES, where did you study and which course?



Describe how you became a Christian.

What has been your key Church involvement so far?

What has lead you to do an urban internship at HopeStreet?

What would you like God to do in you over the year at HopeStreet?



What are your thoughts about immersing yourself for a year in Woolloomooloo?

Reference 1: Church Pastor (current church)

Full name _____
Phone: _____
Position: _____
Email: _____

Reference 2: Personal Referee

Full name _____
Phone: _____
How you know them: _____
Email: _____

Declaration

I acknowledge I have completed this form in full and all statements and information supplied are true and correct to the best of my knowledge.

I authorise HopeStreet to contact the above referees to obtain any other information which may assist in deciding the outcome of my application

Signed: _____

Date __/__/20__