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**INTERN OR RSP/CRSS APPLICATION**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE (H) \_\_\_\_\_ (C) \_\_\_\_\_

EMAIL \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_

CURRENT INVOLVEMENT WITH SPECIFIC ORGANIZATIONS \_\_\_\_\_

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FORMER/CURRENT EMPLOYER & WORK EXPERIENCE \_\_\_\_\_

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HIGHEST EDUCATION COMPLETED \_\_\_\_\_

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REFERENCES with name and contact information (Please list at least 3 references)

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How will your faith and relationship with Jesus Christ positively impact Cross Over Ministries?

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Describe 3 of your personal strengths and/or gifts.

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Briefly describe why you are interested in joining the Cross Over Ministries Team.

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How do you see the Vision and Mission of COM  
being accomplished especially as it relates to Haven Home of Hope?

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What else would you like us to know about you? \_\_\_\_\_

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**PLEASE NOTE:** Cross Over Ministries' Board reserves the right to request information from all employers and other persons listed on the application form. We may also do a background check (Employees Only). An oral interview with the Cross Over Ministries' Board will be requested within two (2) weeks of receipt of the completed application. This information will be used strictly to determine if you will be considered for future internship/employment with Cross Over Ministries. This information is not available to other persons without the written consent of the applicant. By signing this application, you agree to allow Cross Over Ministries to request information from previous employers and persons listed on this application form. You also give us permission to do a background check if you are applying for employment.

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

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P.O. Box 238  
Hillsboro, IL 62049  
1 (217) 608 - 0266