

# INTERNSHIP Application



Push The Rock ■ PO Box 95 ■ Emmaus, PA 18049  
610-967-6861 (Office) ■ 610-967-5140 (Fax)

If you have any questions about the application or internships at Push The Rock, please email us at [internships@pushtherock.org](mailto:internships@pushtherock.org)

#### **Our Vision:**

To be a global leader in sports ministry,  
impacting the world for Jesus Christ ... *one life at a time!*

#### **Our Mission:**

At Push The Rock we create, develop, teach and implement adaptable, culturally relevant sports ministry concepts through an active portrayal of Christian values...*in an atmosphere where the message of Christ and excellence in athletics meet.*

[www.pushtherock.org](http://www.pushtherock.org)

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**PERSONAL INFORMATION**

Name \_\_\_\_\_  
Last First Middle Initial

Permanent Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

College Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
(If applicable)

Home Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender  M  F

Marital Status:  Single  Married  Separated  Divorced

Will you need housing? Yes No (please circle one)

Will you be bringing a vehicle? Yes No (please circle one)

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**EDUCATION**

Beginning with the most recent, list all high schools, colleges/universities you have attended.

<i>Name of School</i>	<i>City/State</i>	<i>Dates Attended</i>	<i>Degree</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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**EMERGENCY CONTACT INFORMATION**

Name \_\_\_\_\_ Relation \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

\_\_\_\_\_ Work Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

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**BACKGROUND INFORMATION**

Name of Church \_\_\_\_\_

Denomination \_\_\_\_\_ Pastor \_\_\_\_\_

Church Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email Address \_\_\_\_\_

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**HEALTH**

Do you have any health conditions that require special attention? Yes No (please circle one)

If Yes, please list: \_\_\_\_\_

\_\_\_\_\_

Insurance Company \_\_\_\_\_

Primary Holder \_\_\_\_\_ Policy # \_\_\_\_\_

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Answering "yes" to any of the following questions does not constitute an automatic rejection of your application.  
Date of the offense, seriousness and nature of the violation and rehabilitation will be considered.

Have you ever used illegal drugs? Yes No (please circle)

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor? Yes No (please circle)

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

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### INTERNSHIP REQUIREMENTS

Please indicate the type of internship you are applying for by circling one of the following:

Semester      Camps      Missions      Administrative

Are you looking to receive college credit for this internship? Yes No (please circle one)

If yes, who is serving as your **Supervisor / Advisor** at school? \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Sports Related Experience

Playing \_\_\_\_\_  
\_\_\_\_\_

Coaching \_\_\_\_\_  
\_\_\_\_\_

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### PERSONAL REFERENCES

#### Employer

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

#### Pastor

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

#### Peer (non-relative)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

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## AUTOBIOGRAPHICAL ESSAYS

Please provide an essay of no more than 150 words for each of the following:

1. The account of your conversion and progress in your Christian life.
2. Describe the ministries in which you have served the Lord over the past three (3) years and how you were used of the Lord in those ministries.
3. What events in your life have influenced your decision to choose sports ministry and Push The Rock as the place God is calling you to serve?
4. How will your spiritual gifts and abilities impact the ministry of Push The Rock?
5. What areas are you hoping to grow in spiritually during your time at Push The Rock?
6. What excites you about the ministry of Push The Rock?
7. Previous sports ministry experience.
8. What do you hope to accomplish through this internship?
9. How would you describe yourself in terms of your ability to work as a member of a team?

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## LIABILITY RELEASE

*In consideration for being accepted and allowed to participate in this internship and activities associated with its program and location, I personally assume responsibility for my actions, and release Push The Rock, its Board of Directors, employees and agents from loss, injury or damage to myself or my property; provided that nothing contained herein shall excuse Push The Rock, its Board of Directors, employees or agents from responsibility to act with reasonable care for the safety of myself or my property.*

*I certify that my answers are true and complete to the best of my knowledge and I authorize Push The Rock to make such investigations and inquiries of my personal, employment, educational and other related matters as may be necessary for an internship acceptance decision. I hereby release employers, schools or individuals from all liability when responding to inquiries in connection with my application. I grant permission for Push The Rock to perform a background check.*

*In the event that I am accepted as an intern, I understand that false or misleading information given in my application or interview(s) may result in discharge.*

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Signature of Applicant

Date

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Please mail this completed application and your school's internship requirements (if applicable) to:

Push The Rock  
c/o Internships  
P.O. Box 95  
Emmaus, PA 18049

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