



Cord of 3

Counseling Services, Inc.

Internship Application

PO Box 1176 Blackshear, GA 31516
(912) 282-0992/Phone ~ (912) 285-8817/Fax

Cord of Three provides Christ-centered services that will impact, protect, and preserve the God ordained institution of the family.

Personal Information (Please Print or Type) Date of Application: _____

Name: _____
Last First (nickname) Middle

Address: _____
Street City State Zip

Daytime Phone Number: () _____ Home Work Cell

Nighttime Phone Number: () _____ Home Work Cell

E-Mail Address: _____ Social Security #: _____

Date of Birth: ___/___/___ Sex: _____ U.S. Citizen? Yes No

Driver's License Number: _____ State: _____

Emergency Contact: _____
Name Relationship Phone #

If accepted, on what date could you begin your internship? _____

How did you hear about this position? _____

Degree Program is in: Professional Counseling Clinical Social Work
 Marriage & Family Therapy

Marital Status: Single Married Re-married Widowed Divorced
 Separated

If Married, for how long? _____

If you are or have been divorced or are separated, please explain the situation.

If married, Spouses name: _____

Do you have children? Yes No

If you do have children, please list the information below:

Child's Name	Age	Gender

Please share your goals and values for your own family.

Education

Please list background education, starting with most recent

	Name/Location of School	Diploma/Degree	Major/Minor	Graduated?
High School				
College/University				
College/University				
Other				

Other educational experiences (workshops, seminars, etc.), dates attended.

Why would you like to intern with Cord of Three?

Church Affiliation - Current

Church of Membership: _____

Pastor's Name: _____ Phone #: _____

Number of years you have attended this church: _____

Tell us about your spiritual walk with the Lord:

List current or past ministry responsibilities (e.g., pastor, youth director, Sunday school teacher, elder)

Spiritual

(Please be thorough in your responses, attach separate pages if necessary)

What is your definition of a Christian? How does one become a Christian?

How would you describe your relationship with Jesus Christ?

What is your basic view of scripture?

What does the Bible say about Homosexuality?

What does the Bible say about Abortion?

Associates and Colleagues – Letters of Reference

Please list below 5 references who can attest to work ethics, character, and your Christian walk. The first reference must be the pastor of the church of your membership, the second reference must be from your most recent employer and the third reference (if you are applying for a counselor position) must be from your most recent clinical supervisor. Otherwise, at least two must come from colleagues who are familiar with your professional work and the remaining two can be close associates or colleagues (professional, educational, or personal). ***Please complete this section, do not respond with “references available upon request.”***

	<i>Name</i>	<i>Company/Title</i>	<i>Address/Phone #</i>	<i>Years Known</i>
1.	_____			
2.	_____			
3.	_____			

Cord of Three Statement of Faith

We believe the Bible to be the inspired, inerrant, authoritative Word of God. We believe that there is one God, eternally existent in three (3) persons – Father, Son, and Holy Spirit. We believe in the deity of Christ, in His virgin birth, in His sinless life, in His atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal return in power and glory. We believe that, for the salvation of sinful people, regeneration by the Holy Spirit is absolutely essential and solely the work of God. We believe in the present ministry of the Holy Spirit, by whose indwelling the Christian is enabled to live a life reflective of the commandments of God. We believe the scriptures of the Old and New Testaments to be the inspired Word of God and are the final authority in the life of man. We believe that the scriptures, alone, are to govern God's People both in faith and practice. We believe in the spiritual unity of believers in our Lord Jesus Christ.

Without mental reservation, I hereby subscribe to the above Statement of Faith.

Signature

Printed Name

Date

Other Information

If you have been convicted, pled guilty, or pled "no contest" or "nolo contendere" to an offense other than a minor traffic violation, give date, offense, court and sentence:

Is there any reason why you might be unable to perform the duties of the position for which you are applying? If so, please explain:

Consent to Background Investigation

Cord of Three certifies that all reports, whether oral or written, will be kept strictly confidential and, except as required by law, information will only be revealed to the applicant or person whose duty requires him or her to participate in the decision for the transaction for which the report was ordered. Cord of Three further certifies that the purpose of the investigation is very limited in scope and information received will be used for the sole purpose of making a determination regarding the qualifications of an individual for employment purposes, which term includes initial employment, promotion, reassignment, or retention as an employee.

I, _____, hereby authorize Cord of Three and/or its agents to make an independent investigation of my background, references, character, credit history, criminal or police records, including those maintained by both public and private organizations, and all public records for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for employment.

I release Cord of Three and/or its agents and any person or entity which provides information pursuant to this authorization from any and all liabilities, claims, or lawsuits regarding the information obtained from any and all of the above-referenced sources used. The following is my true and complete legal name and all information is true and correct to the best of my knowledge.

Full Name (printed)

Maiden Name or Other Name Use

Social Security # of Applicant

Signature

Date

Please return to:

Cord of Three Counseling Services, Inc.
PO Box 1984 ~ Waycross, Georgia 31502
(912) 285-8817/Fax ~ cgill@cotcs.org

Attn: Clinical Internship Program

THANK YOU FOR COMPLETING THIS APPLICATION