Application for CSJ Internship in Leadership through Ministry

Due: Monday, April 8, 2024



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| Name: |  | | | | | | | | | | | | | |
| Email: |  | | | | | | | | Cell Phone: | | | |  | |
| Address: | | |  | | | | | | | | | | | |
| City: | | |  | | | | | State: | |  | | Zip: | |  |
| Date of Birth: | | | |  | | | |
| Covid Vaccine | | | | If YES please list Date/s received: | | | | | | | | | | |
|  | | | | Type: | | | |
| If applicable, from whom or where did you receive information about this internship? | | | | | | | | | | | | | | |
| Name: | |  | | | | | | | | | | | | |
| Email: | |  | | | | | | Cell Phone: | | |  | | | |
|  | |  | | | | | | | | | | | | |
| What is your connection, if any, with the Congregation of St. Joseph? | | | | | | | | | | | | | | |
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| Ministry for which I am applying: | | | | | | |  | | | | | | | |
| Education I’ve completed: | | | | |  | | | | | | | | | |
| Skills for this Ministry: | | | | | |  | | | | | | | | |

I understand that there is pay but no benefits provided for this May 28-July 26, 2024 Internship\_\_(Yes)

**I think this Internship in Leadership through Ministry will be helpful for me because:**

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**I think I would enhance this ministry through this internship because:**

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**Please list any information that you think will help in choosing you for this CSJ Internship and attach your resume, if available.**

***Please send this completed application NO later than Monday, April 8, 2024***

***to Mary Ann Wyllie at*** [***mwyllie@csjoseph.org***](mailto:mwyllie@csjoseph.org)