



PREREQUISITES

You must be hungry to become all the Lord has for you to be.

WHAT WILL YOU DO AS AN INTERN?

1. Preach the gospel of Jesus Christ and manifest the glory of God
2. Dig deep into the Word of God
3. Step out in faith in ministry settings
4. Learn how to hear God's voice
5. Exercise faith's authority
6. Set the captives free
7. Give words of knowledge
8. Learn to flow in the Spirit
9. Growing in the anointing
10. Demonstrate evangelistic gifting
11. Pray for the sick
12. Enter into prayer and fasting
13. Minister to the poor
14. Win souls
15. Demonstrate prophetic gifting
16. Share testimonies
17. Live a Supernatural lifestyle
18. Serve as a catcher and intercessor
19. Serve in the different departments at the ministry office
20. Demonstrate administrative abilities in working in a non-profit organization
21. Understand the entire infrastructure of a ministry including crusades, fund raising, and the how to's of building a ministry.

REQUIREMENTS

Commitment to a lifestyle of the word of God and prayer, holy hunger and desperation. We are looking for people who are wanting to be part of a group that are going after their destiny with the Lord with all of their heart.

APPLICATION

Please fill out the following forms in your own handwriting and forward it to the above address with enclosed:

1. Personal photo
2. \$50 non-refundable application/processing fee.

APPLICATION PROCESS

Please complete and return the following:

1. Intern Application
2. Liability Release Form for Outreach
3. Pastor's Evaluation and Release Form
4. Confidential Reference Evaluation
5. Application Fee (\$50.00)

Please send all completed forms to the DTM office or fax. Receipt of your deposit tentatively holds your spot pending review and approval of your application package. Space is limited and acceptance is based on a first come, first serve basis and prayerful consideration of each applicant. If a deposit is not received with your application, we regret that we cannot process your application. Make checks & money orders payable to "DTM". All amounts may be in CDN or U.S. dollars.

Payment Procedure

Please note: Your application for D.T.M.I participation cannot be processed unless the deposit amount is included with this form. Make your check payable to DTMI. Also please note on the memo section of your check the name of the applicant and the cycle the deposit is designated for.

Furthermore, regarding your deposit [and/or any further payment], please note: If you are in receipt of financial donations/support (for this internship) please ensure that all donations are collected by yourself and then make your check and/or a money order(s) payable to: DTMI. [We cannot offer a "clearing house" service.] An acceptance letter will be provided upon approval of your application and qualifications. If you have any questions about the application process you may email us at info@davidtomberlin.com

May the Lord bless you and may you receive His guidance and direction as you seek His will.

Wes

Intern Coordinator

PERSONAL INFORMATION:

Full Name: (Last) _____ (First) _____ (Middle) _____

Address: (Number) _____ (Street) _____

(City) _____ (Prov/State) _____ Postal/Zip Code _____

Phone: () _____

Email: _____

Date of Birth: Mo _____ / Day _____ / Year _____

Gender: Male Female Citizenship: _____

Do you presently have a Passport? YES NO Nationality of Passport _____

Marital Status: Single Engaged Married Widowed Separated Divorced Dating

Married Applicants:

Spouse's Name: _____

Name(s) of child(ren) and birth date(s):

Name	Birth date
_____	_____
_____	_____
_____	_____

Is your spouse supportive of your decision to attend the D.T.M.I?

YES NO Unconcerned PLEASE EXPLAIN

Single Applicants: (if still living at home)

Parents' Names: _____

Address: _____

Is your family supportive of your decision to attend D.T.M.I?

YES NO Unconcerned PLEASE EXPLAIN

CHRISTIAN EXPERIENCE:

Have you accepted Jesus Christ as your Savior? YES NO

If so, when? _____

How? _____

Have you been baptized in water? YES NO Date: _____ / _____ / _____

Have you received the baptism of the Holy Spirit? YES NO DON'T KNOW

What best describes your present relationship with Christ:

- Active and growing Inconsistent Recently committed

CHURCH INFORMATION:

Home Church: _____

Affiliation/ Denomination: _____

Mailing Address: _____

Pastor's Name: _____ Phone: _____

Address: _____

Church Involvement: (check all that applies to you)

- Consistently involved and participates in activities
- Attends services but seldom participates in activities
- Irregular attendance and participation
- Does not presently have a church home

ACADEMIC BACKGROUND:

Name and location of High School attended: _____

Graduation: _____ (year) or Grade 12 Equivalent _____ (Year)

If not a graduate, last grade completed: _____

List below any post-High school education (college, trade school, university, Bible College) you have attended:

Name of Institute	Address	Dates Attended	Degree/Certificate Earned
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PERSONAL HEALTH:

Please complete the following: This confidential record will help us assist you with any health problems, whether emergency or ongoing, which may occur while you are an intern. All students are expected to have sufficient medical coverage.

Private Insurance: Company: _____

Type of Coverage: _____ Policy No.: _____

Please describe any health problems of which you feel we need to be aware:
(e.g. allergies, heart condition, diabetes, depression, epilepsy, etc.)

Do any of these conditions require the use of regular medication?

If so, please indicate what the condition is and what medications you require.
(This information will be given to a doctor in the event of an emergency)

Have you had or are you now receiving assistance for emotional, mental or chronic physical difficulties?

YES NO If yes, please explain:

	Habit	Some	None	Comments:
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tobacco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Illegal Drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pornography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Occult Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Briefly state your view on the use of any of the above:

Emergency Contact

Name: _____

Address: _____

Phone Number: (_____) _____

Relationship to you: _____

FINANCIAL RESOURCES:

If you are not presently a full-time student, what is your work experience since you were last in school?

Dates	Activity/Nature of Work	Employer (if applicable)	Location
_____ to _____	_____	_____	_____
_____ to _____	_____	_____	_____

What is your anticipated source of income while at school? _____

What is the amount and nature of any current indebtedness? _____

REFERENCES:

List information for 2 persons (unrelated adult Christians in addition to your pastor) whom we may phone or write for references:

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

INTERN AGREEMENT:

Do you agree with the views, doctrines and guidelines of DTM? YES NO

Are there areas of disagreement? YES NO If so, what?

I promise that if accepted for admission to the D.T.M.I, I will at all times honor and conduct myself as a follower of Jesus Christ, faithfully and diligently apply myself to the studies required, promptly meet all financial and other obligations, and carefully obey the spirit of the guidelines set by the school.

Signature: _____ Date: _____

LIABILITY RELEASE FORM FOR MINISTRY OUTREACH

WARNING: THIS IS A COMPLETE RELEASE OF POTENTIAL CLAIMS

In consideration of my being accepted by DTM for participation on Ministry Team outreaches to cities in North America within the timeline of October 2008 through February 2009, I make the representations and undertakings set out below:

- ✓ I am 18 years of age or older or will have notarized parental consent form signed by both of my parents.
- ✓ I am in good health and have received or will receive all vaccinations recommended by my county or state health department for travel in the countries or areas to be visited on this trip.
- ✓ I know that International travel involves danger and risk. I acknowledge that the dangers and risks include, but are not limited to, the hazards of travel by air, boat, raft, jeep, automobile, bus, taxi, bicycle, and on foot, travel in foreign countries, in jungles, mountains, high altitudes, steep terrain; travel and/or attendance at meetings among possibly unfriendly persons; sickness or injury in areas where medical assistance may be primitive or inadequate, unavailable or not readily available, and/or where rapid evacuation is not available; or where there is exposure to crime, to civil unrest and to forces of nature or other dangers. I understand that the above and other possibilities are risks in ministry/missions travel.
- ✓ I know that DTM carries medical insurance described in an attachment to this Release as secondary insurance, that DTM does not accept any responsibility for injury, illness or loss suffered by me, and that all medical or personal expenses in connection with or made necessary by my illness or injury on this trip are my own responsibility.
- ✓ I know that DTM does not carry any insurance other than the secondary medical insurance noted above, and I acknowledge that DTM has advised me that DTM does not accept any responsibility for any injury, loss or damage not covered by the above-mentioned insurance. I further acknowledge that DTM has recommended that I carry or obtain primary medical insurance to cover possible medical needs including evacuation occurring during this trip and that DTM has recommended that I obtain travel insurance covering personal injury, trip delay, change or cancellation, loss of or damage to baggage, and other standard risk coverage for this trip.
- ✓ I hereby assume all risk of personal injury, sickness, or death, and damage to or loss of my personal property, and any delay, change or cancellation of travel arrangements, and any and all other damage or expenses I may suffer as a result of participation in this ministry/mission trip or in activities related to it. I agree to be fully responsible for my actions. Should I become ill or injured or suffer other damage, I will pay all costs involved including costs of evacuation and medical care I might receive.

**In consideration of my being permitted to participate as a DTM Ministry Team Member on the above Ministry Trips:
(Please initial each paragraph)**

I ACCEPT AND ASSUME ALL RISKS AND HAZARDS FROM THIS ACTIVITY, BOTH KNOWN AND UNKNOWN, INCLUDING BUT NOT LIMITED TO THE RISKS AND HAZARDS IDENTIFIED ABOVE.

Initials: _____

I HEREBY VOLUNTARILY RELEASE, FOREVER DISCHARGE, AND AGREE TO HOLD HARMLESS AND INDEMNIFY DTM, ITS DIRECTORS, OFFICERS, AGENTS, EMPLOYEES, COORDINATORS, FACILITATORS, VOLUNTEERS, AND OTHER TEAM MEMBERS FROM ANY AND ALL LIABILITY, CLAIMS, DEMANDS, ACTIONS OR RIGHTS OF ACTIONS, WHICH ARE RELATED TO, ARISE OUT OF, OR ARE IN ANY WAY CONNECTED WITH MY PARTICIPATION IN THIS ACTIVITY, WHICH I NOW HAVE OR MAY HAVE IN THE FUTURE, SPECIFICALLY INCLUDING BUT NOT LIMITED TO THE NEGLIGENT ACTS OR OMISSIONS OF ANY PERSON SO RELEASED, HELD HARMLESS AND INDEMNIFIED, AND SPECIFICALLY INCLUDING CLAIMS RELATING TO ANY PERSONAL INJURY THAT I MAY SUFFER.

Initials: _____

I AGREE NOT TO MAKE A CLAIM, FILE SUIT OR DEMAND ANYTHING FOR ANY INJURY, DEATH OR LOSS THAT ARISES FROM MY PARTICIPATION IN THIS ACTIVITY.

Initials: _____

I AGREE TO PAY THE COSTS AND/OR LEGAL EXPENSES INCURRED BY THE TRIP LEADER(S), ORGANIZERS AND/OR PARTICIPANTS AS A RESULT OF ANY CLAIM OR SUIT FILED BY ME, OR FILED BY ANYONE ELSE AS A RESULT OF MY CONDUCT.

Initials: _____

I CONSENT AND AGREE TO PAY FOR ANY MEDICAL TREATMENT RENDERED TO ME BY ANYONE FOR ANY INJURY OR OTHER MEDICAL SITUATION DURING, OR RESULTING FROM, MY PARTICIPATION.

Initials: _____

I UNDERSTAND THAT I AM TO ARRANGE FOR TRANSPORTATION, FOOD, AND LODGING FOR MYSELF ON ALL MINISTRY TRIPS.

Initials: _____

I AGREE THAT THESE PROMISES, AGREEMENTS, ASSUMPTIONS OF RISK AND RELEASES BIND ME, MY FAMILY, ALL MINORS WITH ME OR ON WHO'S BEHALF I SIGN, AND MY HEIRS OR LEGAL REPRESENTATIVES AND ASSIGNS.

Initials: _____

I HEREBY MAKE EACH OF THE ABOVE STATEMENTS, ACKNOWLEDGEMENTS, AUTHORIZATIONS, RELEASES, DISCHARGES, HOLD HARMLESS AGREEMENTS, INDEMNITIES AND OTHER AGREEMENTS ON BEHALF OF MY MINOR CHILD OR CHILDREN, ACCOMPANYING ME OR PARTICIPATING ALONE ON THIS TRIP WHOSE NAME(S) APPEAR(S) BELOW, AND AGREEE THAT THEY SHALL BE BINDING ON EACH MINOR CHILD, HIS HEIRS, SUCCESSORS AND ASSIGNS:

Initials: _____

I AM AWARE THAT I AM GIVING UP IMPORTANT LEGAL RIGHTS AND SIGN OF MY OWN FREE WILL.

Signature: _____ **Date:** _____

Print Name: _____

Full Address: _____

Emergency Contact: _____ **Phone:** _____

PASTORAL RECOMMENDATION

David Tomberlin Ministries

1308 E Colorado Blvd. #177 Pasadena, CA 91106

Phone: (626) 356-9346 Fax: (626) 356-9570 Email: info@davidtomberlin.com

Pastor: please fax or email this portion of the application to our office

To the Applicant: Print your name and address on the next lines and give this form to your pastor. If a family member is your pastor, please refer the form to another minister or elder in your church. If otherwise, please enclose an explanation.

Full Name: (Last) _____ (First) _____ (Middle) _____

Address: (Number) _____ (Street) _____

(City) _____ (Prov/State) _____ Postal/Zip Code _____

Phone: () _____ Email: _____

Dear Pastor: The applicant above is in the process of applying for acceptance in the DTMI. We would greatly appreciate if you would take the time to answer the questions below. Please provide an accurate and candid appraisal of the applicant's suitability for our school at this time. This information will be kept strictly confidential.

Home Church: _____

Denomination: _____

Name: _____

Address: _____

Phone No. _____ Email: _____

What is your position in the church? (pastor, elder, etc.) _____

How long have you know the applicant? _____

How well would you say that you know the applicant?

- Just by name and sight Fairly well; a number of contacts
 Casually; a few personal contacts Close personal relationship

Has the applicant demonstrated a personal commitment to Jesus Christ?

To what extent is the applicant engaged in church activities?

- Consistently involved and participates in activities
- Attends service but seldom participates in activities
- Irregular attendance and participation
- Do not presently have a church home

	Habit	Some	None	Comments:
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tobacco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Illegal Drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pornography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Occult Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Please comment on the applicant's family background:

Describe what you feel is motivating the applicant to attend this internship:

What do you consider to be the applicant's strong points and special abilities?

Any other comments/observations?

Do you recommend the applicant for this internship?

YES NO Any reservations? EXPLAIN

Signature: _____ Date: _____

PERSONAL REFERENCE

David Tomberlin Ministries
1308 E Colorado Blvd. #177 Pasadena, CA 91106
Phone: (626) 356-9346 Fax: (626) 356-9570 Email: info@davidtomberlin.com

Referrer: please fax or email this portion of the application to our office

To the Applicant: Print your name and address on the next lines and give this form to your pastor. If a family member is your pastor, please refer the form to another minister or elder in your church. If otherwise, please enclose an explanation.

Full Name: (Last) _____ (First) _____ (Middle) _____

Address: (Number) _____ (Street) _____

(City) _____ (Prov/State) _____ Postal/Zip Code _____

Phone: () _____ Email: _____

To the Referrer: The applicant above is in the process of applying for acceptance in the DTMI. We would greatly appreciate if you would take the time to answer the questions below. Please provide an accurate and candid appraisal of the applicant's suitability for our school at this time. This information will be kept strictly confidential.

Home Church: _____

Denomination: _____

Name: _____

Address: _____

Phone No. _____ Email: _____

What is your position in the church? (pastor, elder, etc.) _____

How long have you know the applicant? _____

How well would you say that you know the applicant?

- Just by name and sight Fairly well; a number of contacts
 Casually; a few personal contacts Close personal relationship

Has the applicant demonstrated a personal commitment to Jesus Christ?

To what extent is the applicant engaged in church activities?

- Consistently involved and participates in activities
- Attends service but seldom participates in activities
- Irregular attendance and participation
- Do not presently have a church home

	Habit	Some	None	Comments:
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tobacco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Illegal Drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pornography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Occult Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Please comment on the applicant's family background:

Describe what you feel is motivating the applicant to attend this internship:

What do you consider to be the applicant's strong points and special abilities?

Any other comments/observations?

Do you recommend the applicant for this internship?

YES NO Any reservations? EXPLAIN

Signature: _____ Date: _____