



**THE DANIEL COMPANY**  
A P P L I C A T I O N

Date: \_\_\_\_\_

Name: \_\_\_\_\_

First Middle Last

Please paste or staple  
a recent photograph  
of yourself in the space  
provided

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ PC: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Gender: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

**PERSONAL / FAMILY INFORMATION:**

A. Father or Guardian: \_\_\_\_\_  Living  Deceased

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ PC: \_\_\_\_\_

Telephone: \_\_\_\_\_

B. Mother or Guardian: \_\_\_\_\_  Living  Deceased

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ PC: \_\_\_\_\_

Telephone: \_\_\_\_\_

C. Marital Status: Single  Married  Separated  Divorced  Engaged  Widow

D. Health Insurance # \_\_\_\_\_

Social Insurance # \_\_\_\_\_

E. Emergency Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ PC: \_\_\_\_\_

Telephone: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

**APPLICANT HISTORY:**

\*Please type or print neatly (no cursive) answers to the following questions & attach to the application.

\*Answer as completely as possible.

**Spiritual Growth**

- Outline your conversion, the events and steps leading up to that time.
- Describe your spiritual growth since your conversion.
- Comment on events or spiritual experiences in your life, which led to new levels of understanding and commitment.
- Include the character issues that God has dealt with in your life and what lessons you have learned from them.

- e. Describe your life. Include: prayer, Bible reading, Bible study, worship, devotions, etc.
- f. Are you meeting your expectations for personal spiritual growth?

**Relationships and Experience**

- a. This is an advanced leadership development intern track. What other intern programs or leadership programs qualify you for this track?
- b. Please describe your relationship with your local church or primary ministry affiliation. Comment on areas of ministry, service, leadership experience, gifts and abilities.
- c. Please describe your relationship with your mother and your father.
- d. Briefly describe your relationship with the rest of your family.
- e. How does your family feel about your intentions to attend The Daniel Company internship?
- f. What languages do you speak and how proficiently?

**Goals and Expectations**

- a. Tell us why you decided to apply for this intern program.
- b. Why do you want to attend The Daniel Company internship?
- c. Please describe the spiritual and ministry goals you hope the internship will help you fulfill.
- d. Briefly explain your plans following the internship.

**God’s Work**

- a. Give examples of how the Holy Spirit is working in your life.
- b. Have you ever experienced miracles in your life? Please describe some of these experiences.
- c. What do you think your spiritual gifts are?
- d. Do you have the opportunity to exercise these gifts in your local church body or ministry?

**We realize that the following questions are very personal. Please be assured that all answers are held in strict confidentiality and are not the basis of your acceptance to the internship. Please answer in detail. One sentence is not sufficient.**

- 1. Have you used any of the following substances? If so, please explain how recently, in what quantities and what ministry/and or treatment you have had to overcome any addictions:
  - i. Tobacco
  - ii. Drugs (e.g. marijuana, cocaine, chemicals)
  - iii. Alcohol
- 2. Have you ever had psychiatric treatment? If so, please describe the treatment received, dates and any lingering difficulties.
- 3. Have you been involved in any of the following? If so, please explain the circumstances briefly, the time and length of involvement and what ministry you have had to overcome them:
  - i. The occult
  - ii. Cult or Sect (new age, eastern mysticism, naturalistic philosophies, Mormonism, Jehovah’s Witnesses, etc.)
  - iii. Heterosexual sin, including pornography and promiscuity
  - iv. Homosexual sin
- 4. Do you have a history of abuse, verbal, physical or sexual?
  - i. Have you had counseling? Briefly explain length and type of counseling.

**HEALTH INFORMATION:**

- 1. Do you have a physical handicap, disability, chronic illness, or disease that might affect your ability to fully function as an intern? If so, please explain: \_\_\_\_\_  
\_\_\_\_\_
- 2. Are you personally under medication prescribed by a doctor? If so, what kind(s)? \_\_\_\_\_  
\_\_\_\_\_
- 3. Do you have insurance? If so, what kind(s) of coverage? \_\_\_\_\_  
\_\_\_\_\_

## **FINANCIAL AGREEMENT:**

- a. The Daniel Company internship cost is \$ 3,000. This price includes full room and board as well as several short term outreach ministry trips.
- b. Application Fee: Please include a \$25 non-refundable application fee (cheques written out to Frontline Worship Centre) and send to Frontline Worship Centre P.O. Box 9020, Sylvan Lake, Alberta, T4S 1S6.
- c. Internship Deposit: A \$500.00 non-refundable deposit is due within 14 days of acceptance into the internship.
- d. The rest of the internship fee is required at check-in of internship.

If you have any questions e-mail us at: [jonny@thedanielcompany.org](mailto:jonny@thedanielcompany.org)

## **AGREEMENT:**

**Please acknowledge your agreement with the following statements by checking each of the boxes and signing your name below:**

I have read and agree with The Daniel Company Mandate

I have read and agree with The Daniel Company Statement of Faith

I understand that I will be expected to minister to the Lord in and through serving others.

I understand that I must secure contributions sufficient to cover my ministry expenses and personal support, or provide support from my own resources

---

*Signature*

*Date*



Openness to correction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to serve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courtesy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments on any of the above:

9. Would you have the applicant on your staff?  Yes  No

10. This is an advanced leadership training program. What leadership skills & experience do you believe this person possesses in order to qualify for this program?

11. I recommend this applicant for the Daniel Company Internship.

Highly recommend     Recommend     Recommend with reservations\*     Do not recommend\*

\*Please explain concerns below Comments/ Concerns:

---

Signature

Date



Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courtesy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments on any of the above:

8. This is an advanced leadership training program. What leadership skills & experience do you believe this person possesses in order to qualify for this program?

9. I recommend this applicant for the Daniel Company Internship.

Highly recommend     Recommend     Recommend with reservations\*     Do not recommend\*

\*Please explain concerns below Comments/ Concerns:

---

Signature

Date