

Word and Service Internship Arrival Form



Student Contact Information:

Name: _____ Pronouns: _____
Address: _____ City/State/Zip: _____
Email: _____ Phone: _____

Internship Information:

Name of Congregation: _____
Name of Organization (if applicable): _____

Period of Internship:

Start Date: _____
End Date: _____

Congregation Supervisor's Contact Information:

Name: _____ Pronouns: _____
Address: _____ City/State/Zip: _____
Email: _____ Phone: _____

Organization Supervisor's Contact Information (if applicable):

Name: _____ Pronouns: _____
Address: _____ City/State/Zip: _____
Email: _____ Phone: _____

Congregation Supervisor Meetings:

Day: _____
Time: _____

Intern Committee:

Chair Name: _____
Pronouns: _____
Email: _____
Phone: _____

Site Supervisor Meetings:

Day:

Time:

Financial Commitment:

Monthly Stipend Amount:

Business Mileage Reimbursement per mile:

If site assists with FICA payments,
To what degree? (dollar amount):

Is housing provided? (explain in box below):

Travel Pool Contribution (\$500):

Internship Fee (\$500):

If housing is provided or covered financially, please describe the arrangement. Include information regarding stipend, ministry expenses, mileage, and who is assisting with these.

Additional Comments

Please return via email to
Contexted@plts.edu