Internship Program

CSB Internship Application **Date:_____**

Name:_____

Email:_____

Phone:_____

Address:_____

University:_____

1. Share your testimony of your personal faith in God.

2. Have you had any experience with CSB? If so, please describe.

3. Describe briefly your personal goals for applying for an internship with CSB.

4. What gifts/skills/experience would you hope to use to enhance the ministry of CSB during your internship?

5. Briefly describe your passion for ministry to men, young men and boys.

6. Please indicate in what area of ministry you wish to focus your internship.

7. What is the time period over which you wish to serve your internship?

8. Please provide 2 references.

Please return to jfiscus@csbministries.org or Joel W. Fiscus, 54 Saddler Dr, Christiana, Pa. 17509