9705 Patuxent Woods Dr. Columbia MD. 21046 \* (443) 391-7201 \* Fax (443-259-4884 \* treasury@nadadventist.org

## **BUSINESS INTERNSHIP APPLICATION**

Please **COMPLETE** this form (double-sided), secure the recommendation required from the college/university, and send this form to the sponsoring union or conference office treasurer.

General Information										
Full Name			5	Spouse N	ame					
Address			•		·					
Telephone Number					Cell Number					
Email Address	Date			Date of Birth						
Citizenship					Nationality					
Marital Status	<b>←</b> Married	Date of Marriage		←Single	←Engag	ped Date for Marriage				
Children's Names & Dates of Birth										
Educational Experience										
Academy/High	School – Name	and Date Graduated								
College/University – Name(s)		Years Attended	Date Graduated		Program/Degree(s)					
						<b>147</b> 1 <b>-</b>				
Work Experience										
Positions Held		Place				Dates				
Denominational License/Credential		<b>←</b> Ministerial	←Credentialed ←Co		Commissioned	<b>←</b> Missionary	←None			
Relevant Church/Volunteer Services (i.e. local church office, volunteer)										
			_		Reli	igious Expe	erience			
Life-long Seventh-day Adventist		<b>←</b> Yes	←No		Year Baptiz	zed				
Prior Religious Affiliation										
Applicant's Signature and Photograph										
Applicant's Signature_  Please note that signat grades and/or transcrip										

	College/Unive	rsity Faculty	Recommendation					
The faculty of COLLEGE/UNIVERSITY recommend to be sponsored as a Business Intern for the Seventh-day Adventist Church in NAD.								
Signature of College/University Officer	Date	e (month/day/yea	·)					
◆Please complete and forward original application to the	ne local union conference	e treasurer.						
	Sp	onsoring Co	onference Approval					
In harmony with the action of the CONFERENCE Committee and in harmony with the Business Internship Plan as outlined in the North American Division Policy C 60, I make application in behalf of to begin a Business Internship on								
(Name of Applicant)	.g u business internsi		eate (month/day/year)					
Date of Conference Committee Approval:			(month/day/year)					
Signature of Conference Treasurer		Date (month/	day/year)					
☞Please complete and forward original application to the union treasurer.								
		Union Co	onference Approval					
Approved by action of the	UNION Conference	Committee, on						
			(month/day/year)					
Beginning date approved by Union:	month/day/year)							
Signature of Union Treasurer	D	ate (month/day/ye	ear)					
<b>☞</b> Please complete and forward original application to the office of the North American Division Treasurer								
		Propos	ed Intern Schedule					
In harmony with NAD Working Policy C 60 35 Training Emphasized: " the training feature of the assignments shall be emphasized, to provide to provide as wide and varied experience as possible in the business activities of various types of denominational organizations and institutions." A proposed description and schedule for the intern's exposure follows:								
Assignment/Exposure (i.e. Conference, Acader	my, Union Treasury/HR/	ITS/ABC	Date(s)					
			NADCOA Approval					
Approved by the North American Division Committee on								
NAD TREASURY • August 2024	Date (mo/day/year)	Signature of NA	AD Associate Treasurer					