

INTERNATIONAL INTERNS, INC.
LEADERSHIP DEVELOPMENT INSTITUTE
FACULTY APPLICATION

Name: _____ Spouse: _____

Address: _____ City, State, Zip, _____

Home ☎: _____ Email _____ FAX _____

Church: _____ Position: _____

Church Address: _____ City, State, Zip: _____

Church ☎: _____ Email _____ FAX _____

Ministry Experience:

Dates(From/To): _____ Responsibilities: _____

Dates(From/To): _____ Responsibilities: _____

Education:

School: _____

Dates(From/To): _____ Degree/Certificate: _____

School: _____

Dates(From/To): _____ Degree/Certificate: _____

Statement of Interest:

Why would you like to teach at a Leadership Development Institute? _____

Statement of Faith:

I have read and agree with International Interns' Statement of Faith: Yes No

If you answer no, please explain specifically on additional paper.

Teaching Plan:

Course(s) to be taught: _____

Teaching Dates: _____ Location: _____

FACULTY FINANCIAL PARTICIPATION AGREEMENT:

I understand and accept the Faculty Participation agreement (p.13 of Booklet). I agree to personally invite my church, friends and family to join me in providing the necessary funds to make possible this strategic training for National pastors and leaders.

MY RESPONSE: YES _____ NO _____

Signatures:

Teacher Date V.P. of Leadership Development Date