

**Wilmore Free Methodist Church**  
1200 Lexington Road  
Wilmore, Kentucky 40390  
859-858-3521

**Student Internship/Mentored Ministry/Practicum Application**

**Full Name:** \_\_\_\_\_

**Address during internship/MM/practicum ministry:** \_\_\_\_\_

*Street*

\_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip Code*

**Cell Phone:** \_\_\_\_\_ **Texting?** Yes No

**Home Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Best method to reach you:** Cell Phone Texting Home Phone Email

**Will you have access to transportation?** Yes No

**Educational Institution Attending:** \_\_\_\_\_

**Degree Pursuing:** \_\_\_\_\_ **Projected Graduation Date:** \_\_\_\_\_

**Indicate year for desired internship/MM/practicum:** Spring Summer Fall

**No. of hours needed to fulfill internship/MM/practicum:** Total hours: \_\_\_\_\_ Hours/week: \_\_\_\_\_

**Starting Date:** \_\_\_\_\_ **Ending Date:** \_\_\_\_\_

**Any particular day/date/time constraints?** Yes No

**If yes, please explain:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Why are you interested in doing a internship/MM/practicum at WFMC?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**What, specifically, do you hope to learn/gain?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
*What would you contribute to the ministry of WFMC?* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*What about yourself do you want to change through serving the Lord and others at WFMC?*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Name and contact information of institutional internship/MM/practicum supervisor:*

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

**Institution:** \_\_\_\_\_

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

**Phone Number:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

*Name and contact information for Wilmore Free Methodist Church:*

**Name:** Mrs. Renae Thompson

**Institution:** Wilmore Free Methodist Church

**Address:** 1200 Lexington Road, Wilmore, KY 40390

**Phone Number:** 859-858-3521

**E-mail:** office@wfmc.net

\_\_\_\_\_  
*Signature Internship/MM/Practicum Student* *Date* \_\_\_\_\_

\_\_\_\_\_  
*Signature On-Site Internship/MM/Practicum Supervisor* *Date* \_\_\_\_\_