

Boise Bible College Internship Learning Covenant

Intern Name: _____
Personal phone #: _____
Office Phone #: _____
Email address: _____
Skype: (missions): _____
Facebook: (missions): _____
Mailing Address: _____

Organization: _____
Field Supervisor: _____
Office Phone #: _____
Personal Phone #: _____
Email address: _____
Mailing Address: _____

Today's Date: _____
Class Code: _____
of expected credits: 1 2
Dates of Internship: _____ _____
Faculty Supervisor: _____
Academic Advisor: _____

Primary/Overall Purpose for Internship:

(What is the primary reason or outcome for doing this internship?)

Ministry Responsibilities:

(list specific tasks/actions you will be responsible for)

Personal Goals for Ministry:

(List goals based on those competencies you intend to learn or
How you hope to grow through your internship)

Intern Signature: _____ Date: _____

Field Supervisor Signature: _____ Date: _____

Faculty Supervisor Signature: _____ Date: _____