



Cornerstone  
Internship  
Programme

# APPLICATION FORM

Please affix a recent passport-size photograph of yourself here

**CSCC Internship Programme Office**

11 East Coast Road #02-10  
The Odeon Katong  
Singapore 428722  
Tel: (65) 3444733 Fax (65) 63443877  
Email: internship@csc.org.sg

Name : \_\_\_\_\_  
Mobile : \_\_\_\_\_  
Email Address : \_\_\_\_\_  
Church and Cell Leader : \_\_\_\_\_

Date of Application: \_\_\_\_\_  
dd/mm/yyyy

Application must be received by **2025, April 25**.  
(Application will not be considered complete until the Pastoral Recommendation Form is also received by 2025, April 25).

Administrative Fee: **S\$50**

**All information provided will be kept in strict confidence.**

**SECTION A – Internship Programme Details**

**Local Internship**

Duration of the Internship: 8 weeks  
Dates of the Internship: 2025, May 06 to 2025, June 27  
Start Date End Date

**Note: General**

1. Interns will need to fund their own financial support for the duration of the internship.
2. Interns are responsible for their personal expenses such as meals, accommodation and transport. The estimated personal budget is a minimum of S\$600 per month.
3. It is required for interns to attend the *Cornerstone Family Camp 2024 in June*, in Malaysia. The compulsory module fee is to be borne by the interns. This includes registration and transportation fees. Interns are to make their own camp registration.
4. All submitted Application and Pastoral Recommendation forms will be kept solely by the Internship Programme Office.
5. Administrative fee may only be refundable upon review by the Internship Programme Office.

**Note: For Foreign Interns**

1. Foreign Interns are responsible for their own airfare and visa (if required). Supporting documents for verification would be required. Please enclose a copy of your round-trip air ticket, passport and visa for duration of Cornerstone Internship Programme in Singapore.
2. Please note that visa application may be required for entry into the Singapore and/or Malaysia immigrations.
3. Foreign Interns are responsible for their own accommodation. Assistance can be provided, if required, upon acceptance. Supporting documents for verification would be required.
4. Foreign Interns are strongly recommended to purchase health insurance coverage from their own country of residence.

## Components of Curriculum

Programme: 40%

- Teaching sessions

Values & Ethos: 40%

- Teaching sessions
- Include practical chores in the offices

Practicum: 20%

- Include ministry tracks (refer below)

## Ministry Tracks

Select 2 choices for the Ministry Training you intend to focus on. Acceptance to specific ministry will be reviewed on an individual basis, once accepted into the programme. *(Please tick accordingly)*

- |                                   |  |   |                                     |
|-----------------------------------|--|---|-------------------------------------|
| <input type="checkbox"/> Pastoral | <input type="checkbox"/> Youth             | <input type="checkbox"/> Community Services | <input type="checkbox"/> Facilities |
| <input type="checkbox"/> Media    | <input type="checkbox"/> Children's Church | <input type="checkbox"/> Missions           | <input type="checkbox"/> Worship    |

## SECTION B – Personal Information

### General

Full Legal Name \_\_\_\_\_  
Given Name \_\_\_\_\_ Family/Surname (s) \_\_\_\_\_

Current Residential Address \_\_\_\_\_

Accommodation Address \_\_\_\_\_  
 (During Internship Programme, if different from the above address)

Contact Details \_\_\_\_\_  
Home \_\_\_\_\_ Mobile \_\_\_\_\_

\_\_\_\_\_ Email Address

\_\_\_\_\_ Mailing Address (if different from above)

NRIC/Passport No \_\_\_\_\_ DOB \_\_\_\_\_ Gender  Male  Female  
dd/mm/yyyy

Country of Birth \_\_\_\_\_ Citizenship \_\_\_\_\_ Race \_\_\_\_\_

Marital Status  Single  Married  Divorced  Remarried  Widowed

### ***If married:***

Full Legal Name of Spouse \_\_\_\_\_  
Given Name \_\_\_\_\_ Family/Surname (s) \_\_\_\_\_

Date of Marriage \_\_\_\_\_  
Day, Month, Year

Name(s) of Children (if any) \_\_\_\_\_

**SECTION C – Qualifications/ Proficiency**
**Academic**

Highest Qualification \_\_\_\_\_ Specialization \_\_\_\_\_

Name of Institution \_\_\_\_\_

**Theological (if applicable)**

Highest Qualification \_\_\_\_\_

Name of Institution \_\_\_\_\_

**Language Proficiency**

Language / Dialects	Written (Please Tick one)			Spoken (Please Tick one)		
	Poor	Fair	Fluent	Poor	Fair	Fluent
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Computer Literacy Skills**

Type of Software (Microsoft office, design software etc.)	Written (Please Tick one)		
	Advance	Intermediate	Elementary
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please list any other areas of skills:**


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## SECTION D – Employment History

Are you currently employed?  Yes  No

### Current Employment

Name of Employer \_\_\_\_\_ Start Date of Employment \_\_\_\_\_  
dd/mm/yyyy

Name of Organization \_\_\_\_\_ Designation \_\_\_\_\_

### Previous Employment

Name of Employer \_\_\_\_\_ Year of Employment \_\_\_\_\_ to \_\_\_\_\_  
Start (Year) End (Year)

Name of Organization \_\_\_\_\_ Designation \_\_\_\_\_

## SECTION E – Church Life

Name of Church \_\_\_\_\_ Denomination \_\_\_\_\_

Address of Church \_\_\_\_\_

Contact No. of Church \_\_\_\_\_ Name of Senior Pastor \_\_\_\_\_

How long have you attended this church? \_\_\_\_\_

Date of Salvation \_\_\_\_\_  
dd/mm/yyyy

Date of Water Baptism \_\_\_\_\_  
dd/mm/yyyy

Have you received the baptism of the Holy Spirit?  Yes  No  
(with the evidence of speaking in tongues)

Do you attend a cell group on a weekly basis?  Yes  No

How do your parents/ guardians/ spouse feel about your commitment to this Internship Programme?

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Are you currently serving in your local church?  Yes  No

If yes, please indicate the position & areas of service, duration and involvement in your current duties.

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## SECTION F – Referrals Information

Please provide the details of **TWO** referrals that we may approach for recommendations. Referrals should be mature Christians (not a family member/relative) who know you well and are able to comment on your personal and spiritual suitability for Christian education and training.

(Please note that this is in addition to the Pastoral Recommendation Form.)

### Referral 1

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Email Address \_\_\_\_\_ Contact No. \_\_\_\_\_

Length of time known \_\_\_\_\_ Church Name \_\_\_\_\_

### Referral 2

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Email Address \_\_\_\_\_ Contact No. \_\_\_\_\_

Length of time known \_\_\_\_\_ Church Name \_\_\_\_\_

## SECTION G – Personal Evaluation (I)

You may be referred to pastoral care in the local church for the following areas that are highlighted: -

1. Have you ever been in the past or are you currently &/or still struggling with illegal/recreational drugs?  Yes  No
2. Have you ever been in the past or are you currently &/or still struggling with tobacco?  Yes  No
3. Have you ever been in the past or are you currently &/or still struggling with alcoholic beverages?  Yes  No
4. Have you ever been involved/struggled or still struggling in homosexuality/lesbianism?  Yes  No
5. Have you had any professional psychological counseling?  Yes  No
6. Have you ever been arrested/ convicted of a crime?  Yes  No

If yes, what? \_\_\_\_\_

Date of Offence \_\_\_\_\_  
dd/mm/yyyy

**SECTION G – Personal Evaluation (II)**

Please give an honest evaluation of yourself in the following areas:  
Rate 1-10 by checking (✓) the appropriate boxes (with 10 being the highest)

Aspects	1	2	3	4	5	6	7	8	9	10
Personal Discipline										
Consistency/ Faithfulness										
Excellence in Work										
Initiative										
Lifestyle Example										
Listening										
Punctuality										
Positive Speech										
Self-Confidence										
Social Adaptability										
Spiritual Maturity										
Submission to Authority										
Response to Correction										
Leadership Abilities										
Financial Discipline										

Is there a specific area that would usually cause you to feel upset? If yes, please elaborate.

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How do you generally spend your free time?

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## SECTION H – Medical History & Declaration

### I. PHYSICAL EXAMINATION – To be completed by a Medical Doctor

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: Systolic \_\_\_\_\_ Diastolic \_\_\_\_\_

Please indicate (mark with √) if the applicant has suffered any of the following:

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Asthma   | <input type="checkbox"/> Malaria  | <input type="checkbox"/> Skin Disease  | <input type="checkbox"/> Hypertension           |
| <input type="checkbox"/> Diabetes   | <input type="checkbox"/> Epilepsy   | <input type="checkbox"/> Heart Disease   | <input type="checkbox"/> HIV+/AIDS              |
| <input type="checkbox"/> Gout   | <input type="checkbox"/> Tuberculosis   | <input type="checkbox"/> Blood Disorder  | <input type="checkbox"/> High Altitude Sickness |
| <input type="checkbox"/> Cancer/Tumor                                       | <input type="checkbox"/> Gastric Disorder   | <input type="checkbox"/> Sleep Disorder  |   |
| <input type="checkbox"/> Eating Disorder<br><i>(E.g. anorexia, bulimia)</i> | <input type="checkbox"/> Mental Disorder<br><i>(E.g. Depression, schizophrenia)</i> | <input type="checkbox"/> Allergies<br><i>(E.g. drug, food, pollen, insect bites)</i> |   |

Explain in detail any “Yes” answers (use a separate sheet if necessary).

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Hearing:  Normal  Abnormal Explain: \_\_\_\_\_

Vision:  Normal  Glasses  Contact Lenses Explain: \_\_\_\_\_

Physical Disabilities/Deformities: \_\_\_\_\_

Diet Restrictions: \_\_\_\_\_

Surgery (if any) and Date of Surgery: \_\_\_\_\_

List any medical problems, illnesses or chronic conditions experienced in the last three years.

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List of any medications or drugs required:

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### II. DOCTOR’S DECLARATION – To be completed by a Medical Doctor

I certify that I have examined the candidate \_\_\_\_\_ and certify that he/she is medically fit to travel &/or attend the 2-month Cornerstone Internship Programme in Singapore.

\_\_\_\_\_  
Name of Doctor and Qualifications

\_\_\_\_\_  
Official Stamp

\_\_\_\_\_  
Address

\_\_\_\_\_  
Country

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Doctor’s Signature

\_\_\_\_\_  
Date

**III. PERSONAL DECLARATION – To be completed by Applicant****Emergency Contact**

Name \_\_\_\_\_ Contact Number \_\_\_\_\_

Address \_\_\_\_\_

Relationship of Emergency Contact to Applicant \_\_\_\_\_

**Current Physician / Family Doctor (if any)**

Name \_\_\_\_\_ Contact Number \_\_\_\_\_

Address \_\_\_\_\_

**I certify that the above medical information is correct to the best of my knowledge.****Applicant**Name & Signature \_\_\_\_\_ Date \_\_\_\_\_  
dd/mm/yyyy



## SECTION I – Finances

You have prayed and believe that this is the time to participate in the Cornerstone Community Church (CSCC) Internship Programme. Planning and securing the financial resources needed is the initiation of your internship training.

We recommend that you create a personal budget of expected expenses and then prayerfully seek God and step out in faith to appropriate the funds you will need for the duration of your time at the Internship Programme. The Apostle Paul believed that one should work to support oneself, and so he also developed the skill of tent making to help with this provision. Also remember that we serve a good God who provides abundantly, and thus He will make a way for you to receive or acquire the initial funds to register for this Programme.

Will you have the total amount by the required date?  Yes  No

**What is your plan to fulfil the financial requirements to meet your personal living expenses during the internship?**

Will you work before you join the internship?  Yes  No

Will you need to work while you are in the internship?  Yes  No

Do you have other sources of income?  Yes  No

Do you have any outstanding financial debts or monthly payments?  Yes  No

## SECTION J – Acknowledgement of Financial Commitment

**I/We understand the financial commitment involved and agree to the Programme fee guidelines.**

**Applicant**

Name & Signature \_\_\_\_\_

Date \_\_\_\_\_  
dd/mm/yyyy

**Parent/Guardian (if applicant is under 21 years of age)**

Name & Signature \_\_\_\_\_

Date \_\_\_\_\_  
dd/mm/yyyy





## SECTION L – Declaration of Personal Commitment

### A. Internship Guidelines

**Spiritual Standards:** You will be expected to maintain consistent spiritual disciplines on a daily basis, because our Internship Programme is focused on deepening, discovering and developing your walk with God. You will be expected to maintain a daily journal, as well as maintaining personal devotions.

**Academic Standards:** You will be expected to complete all of the assignments that are given out and turn them in at the appropriate time. You are also expected to maintain at least an 80% average for the credit courses. We are committed to maintain a spirit of academic excellence in our Internship Programme to go along with its spiritual emphasis.

**Social Standards:** You will be expected to set aside this time for the purpose of growing in your walk with the Lord as well as being involved in ministry. Because the nature of the Programme includes meeting new people and being socially engaged with others and because intimacy with God is the focus, we will expect all of the interns to refrain from dating, and developing an intimate relationship.

**Ministry Standards:** You will be given a unique opportunity to represent both the Lord and Cornerstone Community Church to our community. Because we are very committed to maintaining a high level of integrity and a spirit of excellence in all we do, the standard of your ministry involvement is to be of the highest level.

**Living Standards:** If you will be living with a host family or roommates, you will be expected to be clean, neat, considerate, and respectful at all times. You will be expected to honour the other interns, as well as the host families and the staff at all times.

**Disciplinary Standards:** You will be given every opportunity to make any adjustments needed to raise your level of performance to meet our standard for involvement. However, if the guidelines and/or the expectations are not maintained, the following actions will be taken:

*Verbal Warning:* If and when it becomes apparent that the standards and the expectation of the Programme are being compromised, a verbal warning will be given. After two verbal warnings, a written warning would be in order.

*Written Warning:* If a violation occurs, a written warning will be given and the Intern will be placed on a 30-day “probation” period. If there is no measurable change within the time frame, plans for dismissal will be initiated.

*Dismissal of an Intern:* If for any reason the warnings have not resulted in measurable change, the Intern will be dismissed from the Programme and released from any further obligations to the Programme.

*Immediate Removal:* Should the unfortunate occasion arise in which the moral character of an Intern should come into question or his/her attitude becomes disrespectful, dishonest, or disloyal, the Intern will be dismissed from the Programme with immediate effect.

### B. Code of Conduct

As a committed participant in the Internship Programme at Cornerstone Community Church, I hereby adhere to the Mission Statement, Values, Statement of Faith, Standards of Living and the Word of God.

I understand that the following conduct outlined below is deemed not to be in conformity with the Code of Conduct at the CSCC Internship Programme:

- Engaging in pre-marital, extra-marital or common-law sexual relationships.
- Engaging in or the promotion of homosexual activities or organizations.
- Engaging in sexual assault or harassment.
- Reading or viewing of pornographic material.
- Use of non-medicinal drugs.
- Use of alcoholic beverages and tobacco after applying for the CSCC Internship Programme.
- Engaging in gambling activities, lying or deceptive behavior.
- Adherence to or participation in cult groups or practices.
- Support of or participation in abortions or abortion-related activities.
- Engaging in racist conduct or expressing racist viewpoints.
- Use of profane or blasphemous language.
- Engaging in behaviour contrary to the Criminal Code of Singapore.

Although the above list is not exhaustive, it outlines behaviour inconsistent with the Cornerstone Community Church Code of Conduct, and Biblical standards as practiced by Cornerstone Community Church and outlined in the Bible.

### C. Pledge of Honor

As a Cornerstone Intern you must comply with all aspects of the Pledge of Honour in order to remain eligible for the CSCC Internship Programme.

**Intimacy:** I pledge to deepen my relationship with God and make knowing Him my first priority.

**Character:** I pledge to let God shape my character and transform me into His image.

**Authority:** I pledge to come under the authority and covering of Cornerstone Community Church and its leaders.

**Study:** I pledge to study to show myself approved and grow in my knowledge of the Word of God.

**Stewardship:** I pledge to be responsible in the area of my finances and all my financial commitments.

**Health:** I pledge to maintain my body as God's temple and practice sound eating, sleeping and exercise habits.

**Faithfulness:** I pledge to be prompt and faithful in my attendance to all prayer times, class times, ministry times and services.

**Purity:** I pledge to avoid immoral or illegal activities or engage in any behaviour that is contrary to Biblical conduct and ethics.

**Fellowship:** I pledge to be an encouragement to my fellow interns and build solid relationships with others.

**Leadership:** I pledge to develop my leadership gifts by taking initiative, both verbally and practically.

**Focus:** I pledge to keep my relationship with God and members of the opposite sex in proper priority.

**Excellence:** I pledge to communicate a spirit of excellence in my speech, conduct, appearance and attitude.

Keep the above outlines to the Internship Guidelines, Code of Conduct and Pledge of Honour for your future reference. You can further use them to guide you in your prayer in asking God for His grace to run this internship race with endurance and purpose.

## SECTION M – Your Agreement

In this section, we ask that you fill out your name, sign and date as acknowledgement and agreement in your application to the CSCC Internship Programme.

I, \_\_\_\_\_ (Full Legal Name), am fully persuaded that it is the will of God for me to be enrolled in the CSCC Internship Programme from \_\_\_\_\_ (Day, Month, Year) to \_\_\_\_\_ (Day, Month, Year). I sincerely believe that I am here by the direction of the Holy Spirit and that God desires to do a unique work in my life which includes a deeper understanding of His word and works, the development of a stronger personal relationship to God, the further maturing of my Christian character, the strengthening of personal disciplines in my life, the sharpening of my ministry skills and the development of life-long friendships.

I pledge that if admitted to the CSCC Internship Programme, I will at all times conduct myself as a Christian, faithfully and diligently adhering to the CSCC Internship Programme requirements, and promptly meeting all financial and other obligations.

I have thoroughly considered the time commitment, financial obligations, leadership role and personal devotion required to succeed as a Cornerstone Intern and am willing to apply myself to these standards. Also, I have honestly completed this application, and have answered the questions to the best of my ability. I understand that the CSCC Internship Programme is a limited ministry, and that I may not be accepted.

I accept the entire Code of Conduct & Pledge of Honour and agree that I will comply with it to remain eligible for the CSCC Internship Programme if accepted into the Programme.

Name & Signature \_\_\_\_\_ Date \_\_\_\_\_  
dd/mm/yyyy

## SECTION N – Upon Completion

By submitting this form, I confirm that all information furnished above is true, accurate and complete. I agree that Cornerstone Community Church ("Church") may collect, use and disclose my personal data for the purposes of processing my Cornerstone Internship Application in accordance with the Personal Data Protection Act. I also consent to the Church contacting me by calls, text messages, post and emails. I give permission to the Church, to publicize in any manner any photo or video of me taken during the programme. I will alert the Church if I do not wish to be photographed.

You may submit your application by one of the following:

### EMAIL

internship@csc.org.sg

### DROP-OFF / MAIL TO:

#### CSCC Internship Programme Office

Cornerstone Community Church  
11 East Coast Road #02-10  
The Odeon Katong  
Singapore 428722

Operation Hours: Tues – Fri (10am - 5pm)  
Tel: (65) 6344 4733

### FINAL CHECKLIST

- Complete application form, short essays, and signed & dated agreements.
- Attach a photo (jpg or passport-size photo).
- Include a copy of your Qualifications/Proficiency certificates.
- Ensure that the Pastoral Recommendation from the Pastor of your home church has been sent to the CSCC Internship Programme Office.