

**DEACONESS PROGRAM
CONCORDIA UNIVERSITY - RIVER FOREST, ILLINOIS**

Student Intern Financial Agreement

Return to:
Deaconess Program
Concordia University
7400 Augusta St.
River Forest, IL 60305-1499

The undersigned have been authorized to request an intern for:
Congregation / Agency

Address:

Phone FAX
Intern Supervisor Phone

E-mail address:

Internship period	Start	Month	Date	Year
	End	Month	Date	Year

The undersigned agree to pay the following remuneration and intern-related costs:

Salary (\$950/month min.)	\$	x	mos.	=\$
Housing (\$550/month min.)	\$	x	mos	=\$
Concordia Health Plans (\$400/month est)*see	\$	x	mos	=\$
Concordia Plan Services' web site				
Social Security (employer's portion)				\$
Moving expenses to Internship Site (estimate)				\$
Est. Mileage Reimbursement	IRS rate	x	mi/mo	x mos = \$
	\$___/mi			
Concordia Deaconess Conference registration, lodging, meals, and travel <i>(estimate \$500)</i>				\$500.00
Education Expenses (workshops, conferences, etc.) <i>determined by site</i>				\$

Please complete and attach the Intern Application Form and the deaconess intern's job description. If desired, include materials that describe your congregation or agency.

Retain a signed copy of this document for your records and return the original to the Deaconess Program.

Signature of Congregational or Institutional Officer	Date	Position
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Signature of Intern Supervisor	Date	Position
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**DEACONESS PROGRAM
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Student Intern Application Form

Return to:
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Concordia University
7400 Augusta St.
River Forest, IL 60305-1499

The undersigned have been authorized to request an intern for:

Congregation / Agency

Address:

Phone:

FAX:

Intern Supervisor

Phone

E-mail address:

Internship period	Start	Month	Date	Year
	End	Month	Date	Year

1. List other staff with whom the intern will be working:

2. What are your congregation or agency's reasons for seeking a deaconess intern?

3. Information about the congregation/agency and community:

Community Demographics:	
Check the type of community in which your congregation/agency is found:	
<input type="checkbox"/> Rural	<input type="checkbox"/> Small City 25,001 – 100,000
<input type="checkbox"/> Town under 2500 people	<input type="checkbox"/> Large City over 100,000
<input type="checkbox"/> Town 2501 – 25,000	<input type="checkbox"/> Suburb
What aspects about your community are affecting the ministry of your congregation/ agency (i.e. housing boom, immigration of a certain racial group, farming issues, etc.)	

Information about the Intern Supervisor: (if additional space is needed, please use back)

1. Educational background:

Place	Dates	Degree/Certificate Awarded

2. Previous congregations /agencies served:

Place	Dates	Position

<p>3. List experience working with other full-time professional church staff:</p>
<p>4. List previous experience supervising interns, vicars, students:</p>
<p>5. What does the intern supervisor understand as the role of the deaconess intern in relationship to his/her ministry:</p>
<p>6. <i>Intern Job Description: PLEASE ATTACH</i></p>
<p>7. Any other matters of which the Deaconess Program should be aware: * Please let us know if housing is arranged by the congregation, or if the intern will be responsible.</p>
<p>8. Does the congregation/agency have any plans at this time to eventually call a full-time certified deaconess? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe</p>

Congregation Only:			
Year Organized:		Communicant Members:	
Baptized Members:		Weekly Worship Attendance:	
Median age of Membership:			
Important background information about the congregation:			
List Ministries and activities in which your congregation is involved (Sunday school, confirmation, youth, men's and women's groups, soup kitchen, VBS, etc.)			
Agency Only:			
Year Organized:			
Purpose of Agency:			
Number of People Served:			
Median Age of People Served:			
Important background information about the agency:			
List ministries and activities in which your agency is involved:			

Please complete and attach the Deaconess Intern Financial Agreement and the deaconess intern's job description. If desired, include materials that describe your congregation or agency.

Retain a signed copy of this document for your records and return the original to the Deaconess Program.

Signature of Institutional Officer

Date

Position

Signature of Intern Supervisor

Date

Position

Deaconess Jennie J. Asher, Director

7400 Augusta, #47G

River Forest, IL 60305-1499