



APPLICATION FOR MISSIONARY INTERNSHIP

1. Name: _____ Date: ____/____/____
2. Present Address: _____ City: _____ State: ____ Zip: _____
3. Telephone Number: _____ Email: _____
4. Place of Birth: City: _____ State: _____ Country: _____
5. Date of Birth: (MM/DD/YY) ____/____/____
6. Marital Status: ____ Single ____ Married ____ Separated ____ Divorced* ____ Remarried
____ Widowed ____ Engaged ** If divorcee, please supply a statement of explanation.*
7. Name of Parents: _____ Phone: _____
8. Address: _____ City: _____ State: ____ Zip: _____
9. In case of emergency, who should be contacted? _____
Relationship: _____ Phone: _____
10. Please give the name of your pastor and church as well as your church address and phone number.
 1. Pastor: _____
 2. Church Name: _____
Address: _____
Phone: _____
11. Are you a member? _____ How long? _____
12. How long has he been your pastor? _____
13. What ministries in your church have you worked/participated in?
_____ How long? _____
_____ How long? _____
_____ How long? _____

14. Job Experience:

<u>Dates</u>	<u>Place of Employment</u>	<u>Position</u>	<u>Reason for Leaving</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

15. Name of high school attended: _____

16. Did you graduate? _____ Year _____

17. Since high school, list any schools, colleges or universities attended:

<u>Schools /Colleges/ Universities</u>	<u>Yrs. of Attendance</u>	<u>Yr. Graduated</u>	<u>Degree</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

18. What are you currently studying? _____

19. Are you requesting that your college grant you credit hours for your internship? _____

20. Have any disciplinary or administrative actions (i.e. suspension, expulsion) been taken against you by any school during high school or college? _____ If so, explain: _____

21. If you are an education major and will be graduating after this school year, would you consider dedicating two years teaching in our Christian school? _____

22. Do you have any missions experience (short-term, summer, etc.)? _____

If yes, explain what you did and in what country. _____

23. Why would you like to be a DR intern? _____

24. Do you speak Spanish fluently? (not required) _____
25. Do you play any musical instruments? _____
26. Are you involved in a choir, praise team, musical group or band? _____
27. Do you play any competitive sports? If yes, which one(s)? _____

28. Briefly describe your salvation experience. _____

29. What dreams, hopes, or goals do you wish to pursue over the next 5-10 years? _____

30. What do you consider gaining through this internship experience? Express any personal goals you wish to achieve. _____

31. Are you considering full-time missions? _____
32. Have you personally lead someone to the Lord? _____
33. Do you have any experience in personal discipleship? If yes, explain. _____

34. In your opinion, what principles or concepts does a person need to understand in order to be saved? _____

BASIC HEALTH FORM - TO BE FILLED OUT BY APPLICANT

General information:

Last Name: _____ First Name: _____ Middle: _____

Ethnic Background: _____ Age: _____ Gender: _____ Height: _____ Weight: _____

Medical History:

Hospitalizations: _____

Serious injuries: _____

Are you currently taking any medication? _____ If so, what is your condition and treatment?

Allergies:

Medications, animals, foods, pollens, other: _____

Are there any conditions for which you take regular treatment? _____

If yes, what is your condition and treatment? _____

Diseases: (Please list and explain indicating any past complications)

Chicken Pox

Diphtheria

Hepatitis

Malaria

Measles

Mumps

Pneumatic Fever

Pneumonia

Scarlet Fever

Tuberculosis

Typhoid

Whooping Cough

Complications: _____

Health Evaluation: (List and explain below)

Asthma	Depression	Joints	Ulcers
Back Trouble	Diarrhea	Menstrual	Urinary
Bipolar	Dizziness	Nervousness	Vision
Blackouts	Fainting	Obsessive compulsive	
Convulsions	Hearing	Severe headaches	
Cough ramps	Heartburn	Skin	
Cramps	Heart condition	Sore throat	

Explanation/Other: _____

Have you ever had a life-threatening disease? _____ If yes, please explain: _____

Do you have any reactions to medicine or serum? _____

Are you currently on any medication? _____ If yes, please explain: _____

Any special dietary needs? _____

Do you have any physical limitations? _____

By signing this form you are stating, "I have thoroughly read, understood, and answered all of these questions truthfully and to the best of my ability."

Type full name: _____ Date: ____/____/____

PLEASE RETURN APPLICATION TO TEAM.DR@DBMI.ORG