



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