



# DOVE Mission International

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## Internship Application for 2019

*Cape Town, South Africa  
San Lucas, Guatemala  
Karlsruhe, Germany*

### Section 1 — Personal Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mobile phone: \_\_\_\_\_ Other phone: \_\_\_\_\_

Email: \_\_\_\_\_

Sex: Male Female Age: \_\_\_\_\_ Birth date: \_\_\_\_\_

Current career: \_\_\_\_\_

Home church: \_\_\_\_\_ Pastor: \_\_\_\_\_

How are you serving or have served in your church? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ I will obtain a child abuse clearance from my state and forward it to the DMI office.

### Financial

\_\_\_\_\_ Enclosed/attached is my \$100 application fee. (Check payable to DOVE Mission International.)

\_\_\_\_\_ If approved, I will submit \$1,000 for booking a flight **three months prior to my departure**.

\_\_\_\_\_ I am aware that it is my responsibility to raise the monthly living costs set by DMI.

\_\_\_\_\_ I gave a reference form to \_\_\_\_\_, my lead elder.

### Passport

Note: This information **must be accurate**. Write your name exactly as it is written on your passport. If you do not have a current passport, please apply for one now.

Are you a U.S. citizen? yes no If not, where is your citizenship? \_\_\_\_\_

Name as printed on passport: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Passport number: \_\_\_\_\_

Date of issue: \_\_\_\_\_ Date of expiration: \_\_\_\_\_

**Medical**

**Insurance**

Name of health insurance carrier: \_\_\_\_\_ Phone: \_\_\_\_\_

Member's name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**Medical Background**

Do you have any medical or physical limitation that may affect participating in any activity? yes no

If yes, please elaborate: \_\_\_\_\_

Check the boxes of any condition that applies to you. There is space below to explain further if you wish.

- |  |  |   |   |  |
|--|--|---|---|--|
| <input type="checkbox"/> Allergies             | <input type="checkbox"/> Asthma        | <input type="checkbox"/> Diabetes           | <input type="checkbox"/> Operation within last year | <input type="checkbox"/> Bee/Wasp reaction   |
| <input type="checkbox"/> Hay fever             | <input type="checkbox"/> Heart trouble | <input type="checkbox"/> Pregnant           | <input type="checkbox"/> High blood pressure        | <input type="checkbox"/> Physical disability |
| <input type="checkbox"/> Dizziness or fainting | <input type="checkbox"/> Epilepsy      | <input type="checkbox"/> Penicillin allergy | <input type="checkbox"/> Respiratory problems       |  |

Other condition or explanation of above condition: \_\_\_\_\_

Do you currently take medications? yes no

If yes, please list the medications and the condition being treated.

Medication: \_\_\_\_\_ Condition: \_\_\_\_\_

Medication: \_\_\_\_\_ Condition: \_\_\_\_\_

Medication: \_\_\_\_\_ Condition: \_\_\_\_\_

\_\_\_\_\_ I consent to emergency medical treatment deemed necessary in the unlikely event of an accident. I will pay for any and all expenses incurred should insurance not cover them. I also release DOVE Mission International, the host ministry and staff from any liability resulting from any accident or illness.

**Emergency Contacts**

Emergency contact 1: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Emergency contact 2: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

## Section 2 — Outreach Information

Preferred outreach location: \_\_\_\_\_

Are you willing to consider a different location, if necessary? yes no

When would you like to begin your internship? \_\_\_\_\_

Please explain your reasons for choosing this particular assignment.

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What prior mission experience do you have?

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What is your plan to cover finances for your internship? (See below for approximate costs)

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South Africa: Initial \$1,950, monthly \$1,000

Guatemala: Initial \$1,300, monthly \$1,000

Germany: Initial \$1,550, monthly \$1,100

\*These are approximate figures. The precise amount will be agreed during the application process.

## Section 3 — Personal Testimony

How long have you been a Christian? How is God working in your life now?

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\_\_\_\_\_ All of the above information is correct to the best of my knowledge.

\_\_\_\_\_ I understand that the due date for my application is **four months prior to the starting month** of the internship. (For example, if you are applying for an internship starting in June, the application is due at the beginning of February)

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Reference Form**  
**DOVE Mission International Internship, 2019**

Please send this completed form to DMI, 11 Toll Gate Road, Lititz, PA 17543.  
You may also scan and send to Hillary Vargas at HillaryV@dcmi.org.

Applicant's name: \_\_\_\_\_ Outreach location: \_\_\_\_\_

Your name: \_\_\_\_\_

How long have you known the applicant? On what level do you know him/her?

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What are the applicant's strengths and weaknesses?

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Since you have known the applicant, how have you seen growth in his/her relationship with the Lord? Does the applicant seek to obey God's Word? Please explain attitude and behavioral changes consistent with the Word of God, spiritual gifts that are evident, the conviction of the Holy Spirit in his/her life, or anything else you feel we should know about his or her spiritual maturity.

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Please rate the applicant on a scale of 1-5 on the following questions.

How well does the applicant express feelings? \_\_\_\_\_

How does the applicant take constructive criticism? \_\_\_\_\_

How does he/she cooperate with others in a group or team setting? \_\_\_\_\_

Do you have any reservations about the applicant participating in an internship? yes no

If so, please explain. \_\_\_\_\_

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If you have any further comments, please use the back to elaborate.

Signature \_\_\_\_\_ Date \_\_\_\_\_