



DOVE Mission International

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Internship Application for Internships Beginning in 2020

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? _____

Agreements (please initial)

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

_____ I gave a reference form to _____, my lead elder (pastor).

_____ 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.

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, or your passport expires six months or less after your trip, please apply for a new 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.

- Allergies
- Asthma
- Diabetes
- Operation within last year
- Bee/Wasp reaction
- Hay fever
- Heart trouble
- Pregnant
- High blood pressure
- Physical disability
- Dizziness or fainting
- Epilepsy
- Penicillin allergy
- 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. (Please initial.)

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: Germany South Africa Guatemala
 Scotland Kentucky

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

When would you like to begin your internship? (month and year) _____

Please explain your reasons for choosing this particular assignment.

What prior mission experience do you have?

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

South Africa Startup \$1,950; monthly \$1,000

Scotland Startup \$1,500; monthly \$1,100

Guatemala Startup \$1,300; monthly \$1,000

Kentucky Startup \$1,100; monthly \$2,000

Germany Startup \$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?

By signing below, I agree that the above information is correct to the best of my knowledge. I also 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 DMI@dcfi.org.

Applicant's name: _____ Outreach location: _____

Your name: _____

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

What are the applicant's strengths and weaknesses?

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.

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. _____

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

Signature _____ Date _____