



INTERN/SHORT-TERM MISSIONARY APPLICATION

APPLICANT INFORMATION (attach sheet to add information)												
Last Name				First Name				Middle Name				
Current Address								Apt/Unit #				
City						State		Zip Code				
Are you a US Citizen?		Yes	No	Do you have a valid Passport?			Yes	No				
Passport #:				Issue Date:				Expiration Date:				
Birthdate:						Birthplace:						
Marital Status:		Single	Married	Other								
Health Status:		Good	Fair	Poor	Height:				Weight:			
Are there any physical, mental, emotional, relational or spiritual issues that we should be aware of or that may affect your ability to perform your ministry responsibilities?											Yes	No
If yes, please describe:												

SPIRITUAL INFORMATION (attach sheet to add information)
Briefly describe your Christian conversion:
Name & Address of your church:

List any ministries you are currently involved in:

List any practical experience in Christian work:

SPIRITUAL INFORMATION - continued (attach sheet to add information)

How were you led to consider full-time mission work?

How do you maintain your spiritual & devotional growth?

What is your personal position and practice with regard to the use of alcohol, tobacco and narcotics?

Are you willing to give up personal habits or attitudes which might affect or distract from your influence with fellow interns, missionaries and/or nationals?

Yes No

Are you willing to submit yourself to the leadership and direction of Hope of the Nations?

Yes No

MINISTRY INFORMATION (attach sheet to add information)

For each area of ministry listed below, place either a "1" to indicate experience in that area, or a "2" to indicate an area of interest.

Evangelism	<input type="checkbox"/>	Education	<input type="checkbox"/>	Church Planting	<input type="checkbox"/>	Bible Study Teaching	<input type="checkbox"/>
Discipleship	<input type="checkbox"/>	Medical	<input type="checkbox"/>	Administration	<input type="checkbox"/>	Micro-Business	<input type="checkbox"/>
Student/Youth	<input type="checkbox"/>	Translation	<input type="checkbox"/>	Accounting	<input type="checkbox"/>	Agriculture	<input type="checkbox"/>

List any practical experience you have had in the ministry areas above

FINANCIAL INFORMATION

Do you understand that you must raise the total cost of your internship with Hope of the Nations, including airfare, room & board, transportation, spending money, etc.?

Yes No

EDUCATIONAL INFORMATION (attach sheet to add information)

High School	Address		

Begin Date	End Date	Did you graduate	Diploma/Degree Received
 	 	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Trade School	Address		

Begin Date	End Date	Did you graduate	Diploma/Degree Received
 	 	Yes <input type="checkbox"/> No <input type="checkbox"/>	

College/University	Address		

Begin Date	End Date	Did you graduate	Diploma/Degree Received
 	 	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Graduate School	Address		

Begin Date	End Date	Did you graduate	Diploma/Degree Received
 	 	Yes <input type="checkbox"/> No <input type="checkbox"/>	

EMPLOYMENT HISTORY (from most recent to oldest)

Company Name	Address		

Begin Date	End Date	Main responsibilities

Supervisor Name	Phone Number

Reason for leaving

Company Name	Address		

Begin Date	End Date	Main responsibilities

Supervisor Name	Phone Number

Reason for leaving

REFERENCES (Please list four references (non-relatives) with complete information)	
Full Name	Relationship
E-mail Address	Phone Number (include area code)
Complete Address	
Full Name	Relationship
E-mail Address	Phone Number (include area code)
Complete Address	
Full Name	Relationship
E-mail Address	Phone Number (include area code)
Complete Address	
Full Name	Relationship
E-mail Address	Phone Number (include area code)
Complete Address	

ACKNOWLEDGEMENTS & SIGNATURE	
Initial each statement below, acknowledging that you have read and understood each.	
I understand that cross-cultural ministry may involve the following: -- Long separation from loved ones -- Learning a new language -- Health hazards -- Living with modern conveniences -- Working in isolation -- Managing on limited finances -- Adjusting to different environments -- Assuming personal & group responsibilities -- Submitting to leadership & group decisions -- Working as an effective team	Initial below:
I am willing to submit to the leadership and direction established by Hope of the Nations	Initial below:
By my signature below, I certify that the information contained in this application is true.	
Signature	Date