

MISSION OF HOPE INTERN PROGRAM

PERSONAL REFERENCE SURVEY

APPLICATION DATE

TERM DESIRED FOR INTERNSHIP

- Submit completed application via e-mail to Internships@mohhaiti.org
 - Send in or submit via mohhaiti.org, a \$25 payment for application processing
 - Please attach a recent picture of yourself
 - Recommendations can be emailed or mailed in if necessary to: PO BOX 6004, Fort Myers, FL 33906
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GENERAL INFORMATION

Name:

Age:

Date of Birth:

Gender:

Male

Female

Address:

City:

State:

Zip Code:

Marital Status:

If married,
how long?

Spouse's Name:

Single

Married

Home Phone Number:

Cell Phone:

Can we text you?

Best time to call?

Yes

No

E-mail Address:

T-Shirt Size:

EDUCATION

High School Attended:

Address:

City:

State:

Zip Code:

Did you
graduate?

Year:

College Attended:

Major of Study:

Address:

City:

State:

Zip Code:

Did you
graduate?

Dates Attended:

Other schools attended, please include pertinent certifications or degrees:

EXPERIENCE

Have you previously been on a mission trip? If yes, with what organization?

Address:

City:

State:

Zip Code:

Mission's Name:

Currently Employed?

Present Employer?

Yes

No

Date Hired:

Position:

Address:

City:

State:

Zip Code:

Phone Number:

Past Employer:

Position:

Dates Employed:

Address:

City:

State:

Zip Code:

Phone Number:

SPIRITUALITY

Have you accepted Jesus Christ as your personal Savior?

Yes

No

Have you been baptized in water?

Yes

No

Do you attend church regularly?

Yes

No

Are you a member?

Yes

No

Home Church:

Denomination:

Address

City

State:

Zip Code:

Phone Number:

Senior Pastor:

Youth Pastor:

How long have you attended?

FAMILY

Name of Father or Guardian:

Address:

City:

State:

Zip Code:

Phone Number:

Work Phone Number:

Occupation:

Denominational Preference:

Has he accepted Christ?

Yes

No

Are you applying to this internship with his consent?

Yes

No

Name of Mother or Guardian:

Address:

City:

State:

Zip Code:

Phone Number:

Work Phone Number:

Occupation:

Denominational Preference:

Has she accepted Christ?

Yes

No

Are you applying to this internship with her consent?

Yes

No

How many siblings do you have? Please list names and ages:

HEALTH

Do you have
insurance?

Insurance Provider:

How would you describe
your health?

Yes

No

List any physical limitations:

List any medications you are currently taking:

Have you ever taken drugs other than prescribed drugs? If yes, what drug and last date used?

EMERGENCY INFORMATION

Emergency Contact:

Relationship:

Phone Number:

Emergency Contact
(other than parent):

Relationship:

Phone Number:

MISCELLANEOUS

Will you be willing to share a room?

Yes

No

Have you prayed concerning this commitment?

Yes

No

What is your definition of a "servant"?

What are your plans after this internship?

How do your parents feel about you coming into this internship program?

MINISTRY INFORMATION

Do you speak a foreign language?

Yes

No

If yes, which one(s):

Language proficiency:

Do you have certification in the following?

CPR

First Aid

Other

Do you have experience in dealing with abused, neglected, or abandoned children?

Yes

No

Do you have any vocational or ministry training?

Yes

No

If yes, explain:

MINISTRY REFERENCES

If you were a leader, worker, volunteer, sponsor or helper in any ministry, please fill out the following:

Ministry:		Position:	
Church:		How Long?	Contact Name:
Phone Number:		Address:	
City:	State:	Zip Code:	
Ministry:		Position:	
Church:		How Long?	Contact Name:
Phone Number:		Address:	
City:	State:	Zip Code:	
Ministry:		Position:	
Church:		How Long?	Contact Name:
Phone Number:		Address:	
City:	State:	Zip Code:	

PERSONAL REFERENCES

(Not former employers, relatives, or persons completing the pastoral and confidential references)

Name: Relationship

Address City

State: Zip Code: Phone Number:

Name: Relationship

Address City

State: Zip Code: Phone Number:

Name: Relationship

Address City

State: Zip Code: Phone Number:

PERSONAL PROFILE

Do you have any previous experience in working with the following types of people or ministries?

Children

Homeless

Senior Citizens

Worship Team

Photography

Sound/Lights

Select all the words that you believe accurately describe you:

Modest

Loving

Socially Awkward

Mature

Sarcastic

Patient

Kind

Selfish

Considerate

Abrasive

Trustworthy

Motivated

Organized

Tactful

Impulsive

Quiet

Compassionate

Relaxed

Moody

Hard Working

Friendly

Teachable

Adaptive

Determined

Self-Motivated

Lazy

Leader

Genuine

Punctual

Detail

Oriented

Sensitive

Are you an early morning or a late night person?

Do you keep your room messy or neat?

List below four strengths and four weaknesses you have. Please avoid generalities.

Strengths:

Weaknesses:

Were you ever abused, neglected or abandoned as a child?

Yes

No

Have you ever been involved in any homosexual relations?

Yes

No

Have you ever been married?

Yes No

Have you ever had children?

Yes No

Have you ever been arrested?

Yes No

Have you ever been convicted of a felony or misdemeanor?

Yes No

If you answered "Yes" to any of the above, please explain:

Please explain the Gospel in 75 words or less:

PERSONAL SKETCH

The Mission of Hope Internship Program desires to help its interns in every way possible. In order to do this, it is important for us to have some background information, including:

- A description of your Christian experience (past and present).
- Experiences which have significantly influenced your life.
- A statement on why you desire to attend the Internship Program.
- Why MOH Internship Program should accept you.

Please limit your statement to 200 words. Use the page provided, or provide your own.